Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury

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

Inspection

Inter	nal Reve	enue Ser	.	iniormat	ion.			spec	lion
A	For th	e 2020	calendar year, or tax year beginning $10/01$, 2020, and ending				30, 20		
B	beck if a	applicable:	C Name of organization	DI	Employer ider		n numbe	r	
	_		CHILD WELFARE LEAGUE OF AMERICA		13-1641	L066			
	Addr chan		Doing business as CWLA						
	Name	e change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		Felephone nur		-		
	-	l return	727 15TH STREET NW, 12TH FLOOR	(2	202) 68	8-416	5		
	termi	return/ inated	City or town, state or province, country, and ZIP or foreign postal code						1.60
	Amer retur	n	WASHINGTON, DC 20005		Gross receipts				,167.
	pend	ication ling	F Name and address of principal officer: CHRISTINE JAMES-BROWN		 a) Is this a grou subordinates' 			Yes	X No
			727 15TH STREET NW, 12TH FLOOR, WASHINGTON, DC 20005	> H(Are all subordi			Yes	No
<u> </u>		kempt st				tach a list.		ctions	
<u>J</u>			WWW.CWLA.ORG		Croup exemp				
		of organ		ormation:	1921 M s	State of I	egal dom	icile:	NY
Ρ	art I		mmary						
	1		describe the organization's mission or most significant activities: CWLA PROMOTES	AND S	UPPORTS	THE			
nce		WEL.	L-BEING OF ALL CHILDREN AND THEIR FAMILIES.						
rna									
Governance	2		this box if the organization discontinued its operations or disposed of more than						26
Ğ			er of voting members of the governing body (Part VI, line 1a)			3			26.
es	4		er of independent voting members of the governing body (Part VI, line 1b)			4			26.
viti	5		number of individuals employed in calendar year 2020 (Part V, line 2a)			5			17.
Activities &	6		number of volunteers (estimate if necessary)			6		11	58.
-			unrelated business revenue from Part VIII, column (C), line 12			7a		⊥⊥,	478.
	b	Net u	nrelated business taxable income from Form 990-T, Part I, line 11			7b			0.
			-	Р	FRANCE	1	Curre		
ne	8		butions and grants (Part VIII, line 1h)		532,86				,852.
Revenue	9		am service revenue (Part VIII, line 2g)		909,19		1,4		,247.
Re			ment income (Part VIII, column (A), lines 3, 4, and 7d)		401,80				,189. ,879.
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1	401,80				,879. ,167.
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	,040,20	<u> </u>	۷,۱	.09,	, <u>107.</u> 0.
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)			0.			0.
	14		its paid to or for members (Part IX, column (A), line 4)	1	,244,20		1 2	70	,423.
Expenses	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		18,00		1,3		, 900.
ben	16a		ssional fundraising fees (Part IX, column (A), line 11e)		10,00	0.		50	,000.
Ĕ					459,88	5		120	,368.
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1	,722,08				,308. ,791.
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		126,17				,376.
28	19	Rever	ue less expenses. Subtract line 18 from line 12	Poginning	of Current Y		End o		
Net Assets or Fund Balances	20	Tatal		beginning	590,47				,091.
Asse Bala	20		assets (Part X, line 16)	1	,631,86				,0 <u>91</u> . ,797.
let /	21 22		liabilities (Part X, line 26) ssets or fund balances. Subtract line 21 from line 20		,031,00				,706.
	art II		gnature Block	±	,011,35	1.		, 10	100.
-			of perjury, I declare that I have examined this return, including accompanying schedules and statemet complete. Declaration of preparer (other than officer) is based on all information of which preparer has	ents, and t	to the best of	my know	wledge a	nd be	lief, it is
tru	e, corre		complete. Declaration of preparer (other than officer) is based on all information of which preparer has Christine James Brown	any knowi					
Sig	in					2/202	2		
He			Signature of officer		Date				
			CHRISTINE JAMES-BROWN PRESIDENT-CEO						
			ype or print name and title						
Pai	b		Type preparer's signature Date	2022	Check	if PTIN		0	2
	- parer		Y JANE PIERONI CPA Mary Jane Taran 08/12/		self-employe		20053	8///	۷
	Only		sname BDO USA, LLP		m's EIN ▶ 1			0.0	
		_	address 101 S. HANLEY RD STE 800 ST LOUIS, MO 63105			14-88			
_			iscuss this return with the preparer shown above? (see instructions)		<u></u>	[X Ye		No
For	Раре	rwork	Reduction Act Notice, see the separate instructions.				Form	990	(2020)
JSA									

	CHILD WELFARE LEAGUE OF AMERICA 13-1041000
	m 990 (2020) Page 2
P	art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CHILD WELFARE LEAGUE OF AMERICA ENGAGES ITS NETWORK OF PUBLIC AND
	PRIVATE AGENCIES AND PARTNERS TO ADVANCE POLICIES, BEST PRACTICES AND
	COLLABORATIVE STRATEGIES THAT RESULT IN BETTER OUTCOMES FOR CHILDREN,
	YOUTH, AND FAMILIES THAT ARE VULNERABLE.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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?
	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.
4.0	(Code:) (Expenses \$ 546,560. including grants of \$ 0.) (Revenue \$ 1,104,481.)
40	SEE SCHEDULE O. $(Code)(Code. $
	SEE SCHEDULE 0.
46	(Code:) (Expenses \$ 487,163. including grants of \$ 0.) (Revenue \$ 342,983.)
40	
	CONSULTATION:
	CWLA BRINGS ITS KNOWLEDGE AND EXPERTISE TO AGENCIES AND
	COMMUNITIES THROUGH ITS FORMAL AND INFORMAL CONSULTATION. THIS
	INCLUDES AGENCY ASSESSMENTS, POLICY REVIEWS AND ANALYSIS,
	ASSISTANCE WITH STRATEGIC PLANNING, CRITICAL INCIDENT REVIEWS, AND
	PROGRAM CONSULTATION FOR PUBLIC AND PRIVATE CHILD WELFARE AGENCIES
	AND FEDERAL AND STATE LEGISLATURES BASED ON BEST PRACTICE
	STANDARDS. IN 2020, CWLA PROVIDED TECHNICAL ASSISTANCE AND
	IN-DEPTH CONSULTATION TO LEGISLATORS, COMMUNITY LEADERS, PUBLIC
	AND PRIVATE CHILD WELFARE INDIVIDUALS AND AGENCIES AND MEDIA AND
	OTHER STAKEHOLDERS ACROSS THE COUNTRY.
4r	(Code:) (Expenses \$ 2,145. including grants of \$ 0.) (Revenue \$ 0.)
40	RESEARCH:
	CWLA COLLECTS AND ANALYZES BEST PRACTICES AND TREND DATA ON
	MULTIPLE ISSUES RELEVANT TO THE FIELD OF CHILD AND FAMILY
	SERVICES. CWLA ALSO DISSEMINATES INFORMATION TO ITS MEMBERS AND
	OTHER STAKEHOLDERS THROUGH PUBLICATIONS, SOCIAL MEDIA, AND
	CONFERENCES TO ENHANCE OUTCOMES FOR CHILDREN, YOUTH, FAMILIES, AND
	COMMUNITIES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
A -	
40	Total program service expenses ► 1,035,868.

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			37
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	x	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	11a	21	
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		37	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			37
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			37
~~	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	~		х
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

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22	V Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26	X	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			x
~~	"Yes," complete Schedule L, Part IV	28c		x x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			x
.	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			X
~~	<i>complete Schedule N, Part II</i> . Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33				x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
24	Mon the organization related to any tax exampt or taxable antity? If "Van" complete Schodule D. Dort II. III.	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or I// and Part I// line 1			
	or IV, and Part V, line 1	34		x
35 a	or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)?			x
35 a	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	34 35a		x
35a b	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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>	34		x
35a b	or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	34 35a 35b		x
35a b 36	or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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> . 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> .	34 35a		x
35a b 36	or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. Did the organization conduct more than 5% of its activities through an entity that is not a related organization	34 35a 35b 36		x x x
35 a b 36 37	or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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> . 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> . 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>	34 35a 35b		x x x
35a b 36 37	or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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> . 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> . 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> . Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	34 35a 35b 36 37	x	x x x
35 a b 36 37 38	or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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> 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> 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> 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.	34 35a 35b 36	X	x x x
35 a b 36 37 38	 or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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>. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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>. 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. V Statements Regarding Other IRS Filings and Tax Compliance 	34 35a 35b 36 37 38	x	x x x
35 a b 36 37 38	or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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> 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> 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> 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.	34 35a 35b 36 37 38	X	x x x
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35 a b 336 337 38 Part	or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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? If "Yes," complete Schedule R, Part VI 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. 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 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6	34 35a 35b 36 37 38		
35a b 36 37 38 Part 1a b	or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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. 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 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6 1b 0.	34 35a 35b 36 37 38		X X X X
b 36 37 38 Part 1a b	or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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? If "Yes," complete Schedule R, Part VI 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. 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 Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6	34 35a 35b 36 37 38		x x x x

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
• •	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	•		
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 0h		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
D	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 9	990 (2020) CHILD WELFARE LEAGUE OF AMERICA 13-164	1066	I	Page 6
Par				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See ir	nstruc	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management		N	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 26	-		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 26	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		v	
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X	A
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7.	x	
	one or more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		x
-	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	x	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	00		
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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		x
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	ـــــــــــــــــــــــــــــــــــــ	
		00000	Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	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	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
-	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright ATTACHMENT 1			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	(Sec	tion 5	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	of inte	rest p	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 record THE ORGANIZATION 727 15TH STREET, NW SUITE 1200, WASHINGTON, DC 20005 202-688-4165	ls 🕨		
			000	(0000)
ISA		Form	330	(2020)

Page **7**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a Independent Contractors											
	Check if Schedule	θOo	contains a r	esponse or n	ote to any line	e in this	s Part VII				
Section A	. Officers, Direc	ctors	s, Trustees	s, Key Empl	oyees, and	Highe	est Compensa	ated Empl	oyees		

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.

					C)					
(A)	(B)	(da			ition			(D)	(E)	(F)
Name and title	Average hours					e than c is both		Reportable compensation	Reportable compensation	Estimated amount of other
	per week			•		or/trust		from the	from related	compensation
	(list any	9 .	Ξ	Q	2	역 표	T	organization	organizations	from the
	hours for	Individual trustee or director	stitu	Officer	Key employee	ghe:	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related organizations	ector	Ition	-	nplo	st cc yee	Ť			related organizations
	below	trus	al tru		yee	ompe				
	dotted line)	ee	Institutional trustee			Highest compensated employee				
						ted				
(1) CHRISTINE JAMES-BROWN	40.00									
PRESIDENT & CEO	0.			Х				125,972.	0.	25,564.
(2)DONNA PETRAS	40.00									
VP, MODELS OF PRACTICE & TRAIN	0.					X		109,984.	0.	9,819.
(3)RAY BIERRIA	40.00									
CHIEF FINANCIAL OFFICER	0.			Х				90,403.	0.	16,885.
(4) KEITH LIEDERMAN	4.00									
CHAIR	0.	Х		Х				0.	0.	0.
(5) VICTORIA KELLY	2.00									
VICE CHAIR	0.	Х		Х				0.	0.	0.
(6) KRISZTINA UDVARDI	4.00									
TREASURER	0.	Х		Х				0.	0.	0.
(7) LAUREN ARNOLD	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(8)CARL AYERS	2.00								_	
BOARD MEMBER	0.	X						0.	0.	0.
(9)RICK AZZARO	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(10) ALLISON BLAKE	2.00								0	
BOARD MEMBER	0.	X						0.	0.	0.
(11) EMILIO BENITEZ	2.00	37						0	0	
BOARD MEMBER	0.	X						0.	0.	0.
(12) ANGELA CONNOR	2.00	v						0	0	0
BOARD MEMBER	0.	X						0.	0.	0.
(13) JOSEPH COSTA BOARD MEMBER	2.00	X						0.	0.	0.
(14) LESLIE GROSS	2.00						<u> </u>	0.	0.	<u> </u>
BOARD MEMBER	2.00	x						0.	0.	0.
	0.	A						0.	0.	<u> </u>

CHILD WELFARE LEAGUE OF AMERICA

Form	990	(2020)
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	VII Section A. Officers, Directors, Tr (A)	(B)				C)			(D)	(E)	(F)
	Name and title	Average hours per week (list any hours for	box,	unles	Pos heck ss pe	ition more erson	e than of is both or/truste	an	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
	RICHARD HEYL DE ORTIZ BOARD MEMBER	2.00	x						0.	0.	
	MARILYN DEMONTROND BOARD MEMBER	2.00	x						0.	0.	
L7) '	YARDIS GARCIA BOARD MEMBER	2.00	x						0.	0.	
8)	MARVA HAMMONS BOARD MEMBER	2.00	x						0.	0.	
9)	ED KELLEY BOARD MEMBER	2.00	X						0.	0.	
20)	FOARD MEMBER FODD LANDRYBOARD MEMBER	2.00	x						0.	0.	
1)_	ALISA LEEBOARD MEMBER	2.00	x						0.	0.	
2)	LARRY LIEDERMAN BOARD MEMBER	2.00	x						0.	0.	
3)	MIKE JACKSON BOARD MEMBER	2.00							0.	0.	
4)	DARCEY MERRITT BOARD MEMBER	2.00	X X						0.	0.	
5)	ALEX MORALES	3.00							0.		
	BOARD MEMBER		X					•	326,359.	0.	52,26
d T	otal from continuation sheets to Part VII, \$ otal (add lines 1b and 1c)			•••	•••	•••			0. 326,359.	0.	52,26
	otal number of individuals (including but not eportable compensation from the organization			liste 2	ed al	bove	e) who	o re	ceived more than	\$100,000 of	
	id the organization list any former offi mployee on line 1a? <i>If</i> "Yes," complete Sched										Yes N 3 2
0	or any individual listed on line 1a, is the rganization and related organizations g	reater than	\$15	50,0	00?	lf If	"Yes	," (complete Schedu	le J for such	4 X
5 D fc	id any person listed on line 1a receive or or services rendered to the organization? If "	accrue co	mpen	sati	on f	from	n any	uni	related organization	on or individual	5 2
1 C	ion B. Independent Contractors complete this table for your five highest cor compensation from the organization. Report ear.										

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

CHILD WELFARE LEAGUE OF AMERICA

Form 990 (2020)	Form	990	(2020)	
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	(A) Name and title	(B) Average hours per week (list any hours for related organizations	box, office	unles r and	s pe d a d	ition more rson lirect	e than o is both or/truste emp	an	(D) Reportable compensation from the organization	(E) Reportable compensation related organizatio (W-2/1099-M	from	(F) Estimated amount of other compensation from the organization
		below dotted line)	Individual trustee or director	Institutional trustee	Э Э С	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)			and related organizations
	SARAH SAINT LAURENT BOARD MEMBER	2.00	Х						0.	•	0.	
	JULIE SPRINGWATER BOARD MEMBER	2.00	Х						0.		0.	
	ANAYRA TUA-LOPEZ BOARD MEMBER	2.00	Х						0.		0.	
	CANITRA WHITE BOARD MEMBER	2.00	х						0.	•	0.	
		+										
		+										
сT	ub-total otal from continuation sheets to Part VII, S otal (add lines 1b and 1c)						· · ·		0.		0.	
2 T	otal number of individuals (including but not eportable compensation from the organizatio	limited to tl	nose				e) who	o re	ceived more than	\$100,000 of	·	
	id the organization list any former offic mployee on line 1a? If "Yes," complete Sched											Yes M 3
0	or any individual listed on line 1a, is the rganization and related organizations gr	eater than	\$15	0,0	00?	lf	"Yes	," (complete Schedu	sation from th le J for suc	ne ch	4 X
fc	id any person listed on line 1a receive or or services rendered to the organization? If "Y											5
1 C	ion B. Independent Contractors complete this table for your five highest com ompensation from the organization. Report o ear.											
	(A) Name and business add	dress							(B) Description of se	ervices	Co	(C) ompensation

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CHILD WELFARE LEAGUE OF AMERICA Part VIII Statement of Revenue

		Check if Schedule O	contains a r	espor	ise or note to any	y line in this Part V	/111		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ដ ដ	1a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		1b					
	c	Fundraising events		1c					
	d	Related organizations		1d					
	е	Government grants (contri	Г	1e					
Sin	f	All other contributions, gift	í ľ						
ontribution of Other		and similar amounts not inclu	-	1f	384,852.				
	g	Noncash contributions inc	luded in						
	5	lines 1a-1f		1g 3	\$				
ရှိပိ	h	Total. Add lines 1a-1f	-			384,852.			
					Business Code				
8	2a	MEMBERSHIP DUES			624200	669,219.	669,219.		
Program Service Revenue		CONSULTING & TRAINING			900099	342,983.	342,983.		
nu Nu	b	CONFERENCES			541800	257,345.	257,345.		
an Sve	C L	LICENSE FEES			900099	139,700.	139,700.		
2 B Z Z	d								
Pro	e								
_	f g	All other program service r Total. Add lines 2a-2f			►	1,409,247.			
	3	Investment income (inc							
	5	other similar amounts).	0	-		0.			
	4	Income from investment of				0.			
	5	Royalties	•		•	24,102.			24,102.
			(i) Rea		(ii) Personal				
	6a	Gross rents 6a	, <u> </u>						
	b	Less: rental expenses 6k							
	c	Rental income or (loss) 60							
	d	Net rental income or (loss)	•			0.			
	7a	Gross amount from	(i) Secur		(ii) Other				
	1 a		(1) 00001						
			13	,189.					
		other than inventory 72	1 15	,105.					
nu	b	Less: cost or other basis							
evenue		and sales expenses 7k		,189.					
Re	ר ה	Gain or (loss)				13,189.			13,189.
Jer	a	Net gain or (loss)		•••	· · · · · · · · · · · · · · · · · · ·	15,109.			15,105
Other	8a	Gross income from	-						
-		events (not including \$							
		of contributions reported							
		1c). See Part IV, line 18		8a	0.				
	b	Less: direct expenses		8b	0.				
	c	Net income or (loss) from	-	vents	•••••	0.			
	9a	Gross income from	0 0	_					
		activities. See Part IV, line	19		0.				
	b	Less: direct expenses		9b	0.				
	с	Net income or (loss) from	gaming acti	vities .		0.			
	10a	Gross sales of inve							
		returns and allowances			239,560.				
	b	Less: cost of goods sold			0.				
	C	Net income or (loss) from	sales of invent	tory		239,560.	228,082.	11,478.	
ns					Business Code				
leo(11a	MISCELLANEOUS REVENUE			900099	38,217.	38,217.		
lan	b				ļ ļ				
sev Sev	с				ļ ļ				
Miscellaneous Revenue	d	All other revenue							
~	е	Total. Add lines 11a-11d			<u></u> ▶	38,217.			
	12	Total revenue. See instruc	tions			2,109,167.	1,675,546.	11,478.	37,291.
101									000 (000

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Form 990 (2020) CHILD WELF Part IX Statement of Functional Expenses	ARE LEAGUE OF A			941066 Page 1
Section 501(c)(3) and 501(c)(4) organizations mus		All other organization	ns must complete colun	nn (A).
Check if Schedule O contains a respo				1
Do not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
3b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and	0			
foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,	200 026		200 026	
trustees, and key employees	308,836.		308,836.	
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and	0			
persons described in section 4958(c)(3)(B)	0.	601 761	212 241	6 E 0 (
7 Other salaries and wages	911,502.	691,761.	213,241.	6,500
8 Pension plan accruals and contributions (include	0			
section 401(k) and 403(b) employer contributions)	0.	40.014		
9 Other employee benefits	71,356.	42,814.	28,542.	F 0
10 Payroll taxes	87,729.	55,340.	31,869.	52
11 Fees for services (nonemployees):				
a Management	0.		1 005	
b Legal	1,005.		1,005.	
c Accounting	11,825.		11,825.	
d Lobbying	0.			26.00
e Professional fundraising services. See Part IV, line 17.	36,000.			36,000
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column	125 005	116 000	10 410	4.07
(A) amount, list line 11g expenses on Schedule O.)	135,905.	116,007.	19,418.	480
12 Advertising and promotion	0.	20 500	16 001	2.5
13 Office expenses	47,037.	30,588.	16,071.	378
14 Information technology	0.		0.154	
15 Royalties	3,154.		3,154.	
I6 Occupancy	91,941.	74,511.	17,430.	
17 Travel	0.			
18 Payments of travel or entertainment expenses	_			
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	6,531.		6,531.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	40,269.		40,269.	
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 ^{MISCELLANEOUS EXPENSES}	36,112.		36,112.	
bBANK CHARGES	30,742.		30,742.	
cDUES AND SUBSCRIPTIONS	21,027.	21,027.		
dALL OTHER EXPENSES	3,820.	3,820.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,844,791.	1,035,868.	765,045.	43,878
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraicing collectation. Check here bergin the second statement of the second seco				
fundraising solicitation. Check here if	0			
following SOP 98-2 (ASC 958-720)	0.			

0.

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following SOP 98-2 (ASC 958-720)

orm 990				Page 11
Part)				
	Check if Schedule O contains a response or note to any line in this Pa			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	399,192.	1	377,560.
2	Savings and temporary cash investments	0.	2	0
3	Pledges and grants receivable, net	0.	3	0
4	Accounts receivable, net	124,406.	4	125,215
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	0.	5	0 .
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).	0.	6	0
2 7	Notes and loans receivable, net	0.	7	0
Assets 8 8 9	Inventories for sale or use	20,376.	8	32,815
¥ 9	Prepaid expenses and deferred charges	42,601.	9	42,601
10 a	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 17,175.			
ł	D Less: accumulated depreciation	0.	10c	0
11	Investments - publicly traded securities	0.	11	0
12	Investments - other securities. See Part IV, line 11	0.	12	0
13	Investments - program-related. See Part IV, line 11	0.	13	0
14	Intangible assets	0.	14	0
15	Other assets. See Part IV, line 11	3,900.	15	3,900
16	Total assets. Add lines 1 through 15 (must equal line 33)	590,475.	16	582,091
17	Accounts payable and accrued expenses	412,940.	17	410,678.
18	Grants payable	0.	18	0
19	Deferred revenue.	650,408.	19	415,410
20	Tax-exempt bond liabilities	0.	20	0
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0
g 22	Loans and other payables to any current or former officer, director,			
2	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	146,984.	22	110,984
23	Secured mortgages and notes payable to unrelated third parties	200,000.	23	200,000
24	Unsecured notes and loans payable to unrelated third parties	0.	24	0
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	221,537.	25	285,725.
26	Total liabilities. Add lines 17 through 25	1,631,869.	26	1,422,797
ICes	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	-1,122,768.	27	-924,756
28	Net assets with donor restrictions.	81,374.	28	84,050.
27 28 29 30 31 32 32 32 32	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
5 29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
2 1 1 3	Retained earnings, endowment, accumulated income, or other funds		31	
5 32	Total net assets or fund balances	-1,041,394.	32	-840,706.
ž 33	Total liabilities and net assets/fund balances	590,475.	33	582,091.
				Form 990 (2020

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CHILD	WELFARE	LEAGUE	OF	AMERICA

Form 99	00 (2020)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		.09,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,8	44,7	′91.
3	Revenue less expenses. Subtract line 2 from line 1	3		64,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-1,0	41,3	\$94.
5	Net unrealized gains (losses) on investments	5			0.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8	_	63,6	588.
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	-8	40,7	/06.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	piled or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	sight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant	t?	2c		
	If the organization changed either its oversight process or selection process during the tax year, exp	olain on			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fort	h in the			
	Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	•			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such aud	dits	3b		
			Form	990	(2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

		venue Service	•	Go to www.irs.go	//Form990 for instruction	ons and t	he latest i	nformation.	Inspection
Nam	e of t	ne organization						Employer identif	ication number
CH	LD	WELFARE L						13-16410	
Ра					organizations must			,	S
The	orga				is: (For lines 1 through		•	,	
1					tion of churches desc				
2					. (Attach Schedule E	-			
3		-	-	-	rganization described				
4			-	-	conjunction with a hos	spital de	scribed in	section 170(b)(1)(A)	(III). Enter the
5		hospital's nam					d or one	rated by a governme	ental unit described in
5		-	-	Complete Part II.)	a college of universit	y owne	u or ope	fated by a governme	antai unit described in
6					rnmental unit describe	d in sect	tion 170($h(1)(\mathbf{A})(\mathbf{v})$	
7	x		-	-			-		om the general public
•		-		(1)(A)(vi). (Compl	-	ipport in	onn a go		eni ine general public
8					b)(1)(A)(vi). (Complete	e Part II.)			
9		-		-	ed in section 170(b)(1	-		in conjunction with a	land-grant college
		-		-	griculture (see instruct		-	-	
		university:			, ,			•	-
10 11		An organization receipts from support from acquired by the	activities rela gross investm ne organizatio	ted to its exempt f nent income and u n after June 30, 1	ore than 331/3% of its unctions, subject to c nrelated business tax 975. See section 509 usively to test for publi	ertain ex able inco (a)(2). (0	xceptions ome (less Complete	s; and (2) no more that s section 511 tax) from Part III.)	n 331/3 % of its
12		An organizatio	on organized a	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	carry out the purposes
		of one or mor	re publicly su	pported organizati	ons described in sec	tion 509	(a)(1) or	section 509(a)(2). S	Gee section 509(a)(3).
	_	Check the box	t in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	ation and complete li	nes 12e, 12f, and 12g.
а		Type I. A ຣເ	upporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	_		-	-	e Part IV, Sections A				
b					ed or controlled in co				
					rganization vested in	the sam	e persor	is that control or mar	age the supported
		-			, Sections A and C.				
С					ng organization opera				lly integrated with,
اء	Г		-		s). You must comple				tod organization(a)
d	L		-		porting organization on nization generally must	-			
					omplete Part IV, Sect	-		-	a an allentiveness
е	Γ		-		a written determinatio				II. Type III
•			-		ionally integrated sup				., ., .,
f	En								
g	Pro	ovide the follow	ving informatio	on about the suppo	orted organization(s).				
	(i) N	ame of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10		organization our governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))	docu	ment?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								
For I	Paper	work Reduction A	ct Notice, see the	e Instructions for Form	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020

13-1641066

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	212,259.	346,571.	253,375.	532,861.	384,852.	1,729,918.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	212,259.	346,571.	253,375.	532,861.	384,852.	1,729,918.
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) ATCH 1						370,294.
$\frac{6}{2}$	Public support. Subtract line 5 from line 4						1,359,624.
	tion B. Total Support	(-) 2010	(1-) 2047	(-) 2019	(4) 2010	(-) 2020	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019 532,861.	(e) 2020	(f) Total
7	Amounts from line 4	212,259.	346,571.	253,375.	532,861.	384,852.	1,729,918.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	26,075.	41,316.	37,891.	4,404.	24,102.	133,788.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	139,892.	417,171.	345,129.	182,818.	38,217.	1,123,227.
11	Total support. Add lines 7 through 10						2,986,933.
12	Gross receipts from related activities, etc. (se	ee instructions) .				12	6,829,410.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.	<u></u>	<u></u>	, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
Sec	tion C. Computation of Public Supp	port Percenta	ge				
14	Public support percentage for 2020 (lin	ne 6, column (f)	, divided by line	11, column (f))		14	45.52 %
15	Public support percentage from 2019 \$					15	48.19 %
16a	331/3% support test - 2020. If the org	anization did n	ot check the box	x on line 13, an	d line 14 is 33	1/3 % or more, cl	
	box and stop here. The organization qu						
b	331/3% support test - 2019. If the org	anization did no	ot check a box o	n line 13 or 16	a, and line 15 is	s 331/3 % or moi	e, check
	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test - 2	020. If the org	anization did no	ot check a box	on line 13, 16a	a, or 16b, and li	ne 14 is
	10% or more, and if the organization					-	
	Part VI how the organization meets t	he facts-and-c	ircumstances te	st. The organiz	ation qualifies	as a publicly su	upported
	organization						
b	10%-facts-and-circumstances test - 2		•				
	15 is 10% or more, and if the organiz					-	
	in Part VI how the organization meets			-	-		
	organization						
18	Private foundation. If the organization						
	instructions						<u> ► ∟</u>

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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.) Part III

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
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						
7 a	Amounts included on lines 1, 2, and 3						
h.	received from disqualified persons						
D	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	[
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from						
0	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6.						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b							
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	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.)	L					
14	First 5 years. If the Form 990 is for	-			•		
	organization, check this box and stop here			<u></u>		<u></u>	<u></u> ▶
	tion C. Computation of Public Sup	•					
15	Public support percentage for 2020 (line 8					15	<u>%</u>
$\frac{16}{800}$	Public support percentage from 2019 Sche					16	%
	tion D. Computation of Investmen			12 column (f))		17	%
17	Investment income percentage for 2020 (li					17	<u> % </u> %
18 19 a	Investment income percentage from 2019 331/3% support tests - 2020. If the or					18	
1 3 d	17 is not more than 331/3%, check thi	-					
h	331/3% support tests - 2019. If the org	-	-	•			
J	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	•			
JSA						Schedule A (Form 9	
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13-1641066

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

JSA 0E1229 1.010 10b Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

			Yes	N
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
				+

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

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part** VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

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)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's</i>			
	supported organizations played in this regard.	3		

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 in	structio	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (s	ee instru	ictions	s).
2	Activities Test. Answer lines 2a and 2b below.	,,	Yes	No

а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify
	those supported organizations and explain how these activities directly furthered their exempt purposes,
	how the organization was responsive to those supported organizations, and how the organization determined
	that these activities constituted substantially all of its activities.

- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

2a

2b

3a

13-1641066

1

2

Schedule A (For	m 990 or 990-EZ) 2020
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Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property 6 held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 1e 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 6

emergency temporary reduction (see instructions).

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

Schedule A (Form 990 or 990-EZ) 2020

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Schedu Part	Ie A (Form 990 or 990-EZ) 2020 V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		Page 7
	on D - Distributions		1 /		Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer		ed	-	
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	zations	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	IS	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
 	Applied to underdistributions of prior years Applied to 2020 distributable amount				
 C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
5	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
v	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				
-					A (Farm 000 ar 000 F3) 2020

Schedule A (Form 990 or 990-EZ) 2020

Page 8

Schedule A (Form 990 or 990-EZ) 2020

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

ATTACHMENT 1

SCHEDULE A, PART II - EXCESS CONTRIBUTIONS

(NOT OPEN TO PUBLIC INSPECTION)

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

Name of the organization

CHILD WELFARE LEAGUE OF AMERICA

13-1641066

Employer identification number

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

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

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

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

Part I Co	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>		\$185,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u>4</u>		\$17,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$16,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
<u> 6 </u>		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

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

JSA

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

JSA

Name of organization CHILD WELFARE LEAGUE OF AMERICA

Employer identification number 13-1641066

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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

JSA

PAGE 27

me of orga	anization CHILD WELFARE LEAGUE O	F AMERICA		Employer identification number 13-1641066	
(t c	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	the year from any ions completing Par e year. (Enter this in	one contributor. C t III, enter the total of formation once. Se	complete columns (a) through (e) a construction of <i>exclusively</i> religious, charitable, e	
a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	
-	(e) Transfer of gift			ship of transferor to transferee	
-	Transferee's name, address, ar	ιu ΔIF + +			
(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, ar	nd ZIP + 4	Relation	nship of transferor to transferee	
(a) No					
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held	

Part I			
	Transferee's name, address, and ZIP -	(e) Transfer of gift + 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

JSA

	t of the Treasury venue Service	Go to www.irs.gov/Form990 for	instructions and the	latest information.	Inspection
-		s," on Form 990, Part IV, line 3, or Form		6 (Political Campaign Activi	
	()()	ns: Complete Parts I-A and B. Do not comp			
		ction 501(c)(3)) organizations: Complete	Parts I-A and C below.	Do not complete Part I-B.	
	ion 527 organizations: Co	omplete Part I-A only. s," on Form 990, Part IV, line 4, or Form	000 EZ Dant VI lina 4	7/Labbuirg Activities) they	
0		ns that have filed Form 5768 (election up			
	()()	ns that have NOT filed Form 5768 (elect		•	•
lf the org Tax) (See	anization answered "Ye separate instructions), t	s," on Form 990, Part IV, line 5 (Proxy hen	•	<i>,,</i> ,	•
		organizations: Complete Part III.			
	organization				ntification number
	WELFARE LEAGUE			13-164	
Part I-A	•	e organization is exempt under	· · /	•	
	•	he organization's direct and indirect	political campaign a	ctivities in Part IV. (See ii	nstructions for
	inition of "political cam			۰. ¢	
		v expenditures (See instructions)			
3 Vol Part I-B		al campaign activities (See instruction of the second second second second second second second second second s			
	-				
		excise tax incurred by the organization excise tax incurred by organization m			
		d a section 4955 tax, did it file Form			
	Yes," describe in Part IV				
Part I-C		e organization is exempt under	section 501(c), ex	xcept section 501(c)(3	s).
1 Ent	er the amount directly	expended by the filing organization		•	
		iling organization's funds contributed			
		vities			
		penditures. Add lines 1 and 2. En			
		file Form 1120-POL for this year?			
org the	anization made paymo amount of political co	es and employer identification numb ents. For each organization listed, er ontributions received that were pron fund or a political action committee (nter the amount pain nptly and directly de	d from the filing organiz elivered to a separate po	ation's funds. Also enter olitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(2) (12.110		(0) 2	filing organization's funds. If none, enter -0	contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)			-		
(2)			_		
(3)					
(4)			_		
(5)			-		
(6)			_		
For Paper	work Reduction Act No	tice, see the Instructions for Form 990 o	or 990-EZ.	Schedul	e C (Form 990 or 990-EZ) 2020

Political Campaign and Lobbying Activities

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

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SCHEDULE C (Form 990 or 990-EZ)

	Complete
Department of the Treasury	•

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

_		on is exempt under section 501(c)(3) and	filed Form 5768 (elec	ction under
A		longs to an affiliated group (and list in Part IV e and share of excess lobbying expenditures).	ach affiliated group mem	ber's name,
В	Check ► if the filing organization ch	ecked box A and "limited control" provisions app	oly.	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
b c d	Total lobbying expenditures to influence Total lobbying expenditures (add lines 1 Other exempt purpose expenditures Total exempt purpose expenditures (add	public opinion (grassroots lobbying) a legislative body (direct lobbying) a and 1b) d lines 1c and 1d) e amount from the following table in both		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 28	5% of line 1f)		
h	Subtract line 1g from line 1a. If zero or le	ess, enter -0-		
i		ss, enter -0-		
j		on either line 1h or line 1i, did the organiza	tion file Form 4720	
-	reporting section 4911 tax for this year?			Yes No
		4-Year Averaging Period Under Section 501(h)		

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

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total				
2a Lobbying nontaxable amount									
b Lobbying ceiling amount (150% of line 2a, column (e))									
c Total lobbying expenditures									
d Grassroots nontaxable amount									
e Grassroots ceiling amount (150% of line 2d, column (e))									
f Grassroots lobbying expenditure	s								

Schedule C (Form 990 or 990-EZ) 2020

Page 3

Schedule	C (Form	990 or	990-EZ)	2020
	- (,	

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

For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	1)	(b)
	cription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:			
а	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		Х	
с	Media advertisements?		Х	
d	Mailings to members, legislators, or the public?		Х	
е	Publications, or published or broadcast statements?		Х	
f	Grants to other organizations for lobbying purposes?		Х	
q	Direct contact with legislators, their staffs, government officials, or a legislative body?	v		20,345
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х	
i	Other activities?		Х	
i	Total. Add lines 1c through 1i			20,345
, 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Pa	t III A Complete if the experimentian is exampt under section 501(a)(4) section 504			a atlan

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LOBBY ACTIVITIES INVOLVE EDUCATING MEMBERS OF CONGRESS AND THEIR STAFF

AND POLICY STAFF IN THE ADMINISTRATION OF IMPORTANT ISSUES, POLICIES AND

LEGISLATION.

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Page 4

Part IV Supplemental Information (continued)

PAGE 32

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Depandent of the adaptive service Image of the organization Employer identification Name of the organization Image of the organization Image of the organization CHILD WELFARE LEAGUE OF AMERICA 13-1641066 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and oth 1 Total number at end of year (a) Donor advised funds (b) Funds and oth 1 Total number at end of year (a) Donor advised funds (b) Funds and oth 1 Total number at end of year (a) Donor advised funds (b) Funds and oth 1 Total number at end of year (a) Donor advised funds (b) Funds and oth 1 Total number at end of year (a) Donor advised funds (b) Funds and oth 1 Total number at end of year (a) Donor advisers in writing that the assets held in donor advised (b) Funds and oth 1 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used (b) for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose 2 Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s)	
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Department of the Treasury Intermal Revenue Service Name of the organization CHILD WELFARE LEAGUE OF AMERICA Part II Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation easements held by the organization or education) Preservation of land for public use (tor example, recreation or education) Preservation of a historically impor Preservation of open space 2a 2 2a 2 2b 2 2a 4 2a 5 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purpose asements. <td< th=""><th>Open to Public Inspection</th></td<>	Open to Public Inspection
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Name of the organization Employer identification CHILD WELFARE LEAGUE OF AMERICA 13-1641066 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and oth 1 Total number at end of year (a) Donor advised funds (b) Funds and oth 2 Aggregate value of contributions to (during year) . . 3 Aggregate value of grants from (during year) . . 4 Aggregate value at end of year. . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor advisor, or for any other purpose conferring impermissible private benefit? . Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically impor Prosection of natural habitat Preservation of a centified historic : 2a 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a cons	her accounts
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Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year	
(a) Donor advised funds (b) Funds and oth 1 Total number at end of year	
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 Aggregate value of grants from (during year)	Yes No
 Aggregate value at end of year	Yes No
 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically import Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a)	Yes No
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 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 	
 Preservation of land for public use (for example, recreation or education) Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (c) acquired after 7/25/06, and not on a 	
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 Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a 	
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b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organized	zation during the
tax year 🕨	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
violations, and enforcement of the conservation easements it holds?	_ Yes └─ No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements	ts during the year
Amount of our and in manitoring, inspecting, handling of violations, and enforcing concernation accompany.	to during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easement	ts during the year
 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 	
and section 170(h)(4)(B)(ii)?	Yes No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement a	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that des	
organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bala of art, historical treasures, or other similar assets held for public exhibition, education, or research in further service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	ance sheet works rerance of public
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	e sheet works of
(ii) Assets included in Form 990, Part X	e sheet works of of public service,
2 If the organization received or held works of art, historical treasures, or other similar assets for financial g	e sheet works of of public service,
following amounts required to be reported under FASB ASC 958 relating to these items:	e sheet works of of public service,
a Revenue included on Form 990, Part VIII, line 1	e sheet works of of public service, gain, provide the

For Paperwo	rk Red	luction	Act Notice,	see the	Instructions	for For	n 9	90.
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Schedule D (Form 990) 2020

13-1641066

		D WELFARE L	EAGUE OF	AMERIC	A			13-10	041066		
Schee	dule D (Form 990) 2020										Page 2
Ра	rt III Organizations Maintainin	ng Collections of	of Art, Histo	orical Tre	asures,	, or (Other S	imilar Assets	(continu	ied)	
3	Using the organization's acquisition	n, accession, and	l other reco	rds, check	any of	the	followin	g that make si	gnificant	use	of its
	collection items (check all that apply								-		
а	Public exhibition	,	d	Loan c	or exchar	nae r	orogram				
b	Scholarly research		e	Other		3 1	- 0 -				
c	Preservation for future genera	ations									
4	Provide a description of the organ		ne and evol	ain how t	hav furtl	har t	the oras	nization's even	nt nurne	iso in	Part
-	XIII.				ney ruru		ine orga		pr puipe	/3C III	ran
5	During the year, did the organization	a a aliait ar raaaiyo	donationa	fort bioto	rical tra	00115	oo or ot	haraimilar			
5									Yes		
	assets to be sold to raise funds rathe		itaineu as pa	ant of the c	nganizai	lions	collecti	011?	Tes		No
Pa	IT IV Escrow and Custodial Ar		/			ine (orted on orne	unt on F		
	Complete if the organizat	ion answered	res on For	m 990, P	an iv, i	ine s	s, or rep	boned an amo		onn	
	990, Part X, line 21.										
1a	Is the organization an agent, trust										٦
	included on Form 990, Part X?					• • •			Yes	s _	No
b	If "Yes," explain the arrangement in	Part XIII and cor	nplete the fo	llowing tab	ole:						
								Amou	nt		
С	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year				••••	1e					
f	Ending balance					1f					
2a	Did the organization include an amo	ount on Form 990	, Part X, line	e 21, for e	scrow or	r cus	todial a	ccount liability?	Yes	\$ L	No
b	If "Yes," explain the arrangement in	Part XIII. Check	here if the e	xplanation	has bee	en pro	ovided or	n Part XIII			
Pa	rt V Endowment Funds.										
	Complete if the organizat	tion answered "	Yes" on For	m 990, F							
		(a) Current year	(b) Pric	or year	(c) Two	years	back	(d) Three years back	(e) For	ur years	back
1a	Beginning of year balance	75,000	. 7	5,000.		75,	000.	75,000	•	75	,000.
b	Contributions										
	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
-	and programs										
f	Administrative expenses										
	End of year balance	75,000	. 7	5,000.		75,	000.	75,000	•	75	,000.
2	Provide the estimated percentage of	of the current vea	r end balanc	e (line 1a	column ((a)) h	held as:				
a	Board designated or quasi-endown	ent	%	o (into 19,	Column	(a)) 1					
b	Permanent endowment > 100.0										
с	Term endowment	%									
	The percentages on lines 2a, 2b, a	nd 2c should equa	l 100%.								
3a	Are there endowment funds not in t			ation that	are held	and	adminis	tered for the			
	organization by:	·	-							Yes	No
	(i) Unrelated organizations								3a(i)		X
	(ii) Related organizations								3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate										
4	Describe in Part XIII the intended us	•	•								
Ра	rt VI Land, Buildings, and Equ	ipment.									
	Complete if the organiza	tion answered ").
	Description of property		or other basis estment)	(b) Cost c	or other bas ther)	sis	(c) Accur deprec		(d) Book	alue	
1a	Land	,					acpiec				
b	Buildings										
c c	Leasehold improvements										
d	Equipment				17,175	5.	1	7,175.			
	Other				,						
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Fo	orm 990. Part	X. colum	n (B). line	ə 10c	:.)				
			, . urt	.,	1=7,10		/ • • • •				

Schedule D (Form 990) 2020

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Part VII	Investments - Other Securities.			
	Complete if the organization answered			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
) Financia	al derivatives			
2) Closely	held equity interests			
) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) 🔒 🕨			
art 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 valuat	
			Cost or end-of-year mark	et value
1)				
2)				
3)				
4)				
5)				
6)				
7) 7)				
8)				
9)				
	n (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.
	· · ·	scription	, ,	(b) Book value
1)		•		
2)				
_/				
4)				
-) 5)				
6)				
7) 9)				
8) 0)				
9) otal (Colu	ımn (b) must equal Form 990, Part X, col. (B) li	ing 15)		
Part X	Other Liabilities.	ne 10.)		
	Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,
		tion of lightly		
1) Endor		tion of liability		(b) Book value
	al income taxes			00E 70
/	NDS PAYABLE			285,72
3)				
4)				
5)				
6)				
7)				
8)				
-				
9)	nn (b) must equal Form 990, Part X, col. (B) line 25.)			

Schedu	le D (Form 990) 2020	15 10	Page 4
Part		n.	
	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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	-	
b	Donated services and use of facilities	-	
С	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a L		-	
b c	Other (Describe in Part XIII.) 4b Add lines 4a and 4b 4b	4c	
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	-	
b	Prior year adjustments	-	
С	Other losses	-	
d	Other (Describe in Part XIII.)	20	
e	Add lines 2a through 2d	2e 3	
3	Subtract line 2e from line 1	5	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b		
a b	Other (Describe in Part XIII.)	1	
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).	5	
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inforr		
		iation.	
PART	V, LINE 4:		
THES	E FUNDS ARE PERMANENTLY RESTRICTED FOR CHILD WELFARE SPECIFIC		
PURP	OSES BY THE FUNDER.		

Schedule D (Form 990) 2020

Part XIII Supplemental Information (continued)

SCHEDULE G (Form 990 or 990-EZ)		Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ.						OMB No. 1545-0047	
								2020	
Department of the Treasury Internal Revenue Service		► Attach to to www.irs.gov/Form			Open to Public Inspection				
Name of the organization							Employer identification number		
CHILD WE	LFARE L	ARE LEAGUE OF AMERICA 13-164106							
		g Activities. Comp	•			Yes" on Form 99	90, Part IV, line 2	17.	
		EZ filers are not re							
	te whether 1ail solicita	the organization rais	0		0	activities. Check a non-government g	,		
		l email solicitations	e f						
d 🔄 Ir	n-person se	olicitations							
		tion have a written o							
b If "Yes	s," list the	es listed in Form 990 10 highest paid indi least \$5,000 by the	viduals or entities					X Yes No fundraiser is to be	
(i) Name and address of individual or entity (fundraiser)		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization		
				Yes	No		col. (i)		
1									
	HMENT 1								
2									
3									
4									
5									
6									
7									
8									
9									
10									
Total					•		36,000		
3 List al regist	II states in ration or lic	which the organiza	tion is registered o			contributions or			
		MI, MN, MS, NH, NJ		,					
		IN, UT, VA, WA, WV							
For Paperwork	Reduction A	Act Notice, see the Instruc	tions for Form 990 or 9	90-EZ.			Schedule G (Fo	orm 990 or 990-EZ) 2020	

Schedule G (Form 990 or 990-EZ) 2020

Page **2**

Pa	art II Fundraising Events. Complete more than \$15,000 of fundra events with gross receipts grea	ising event contribut	answered "Yes" on I ions and gross incom	Form 990, Part IV, ie on Form 990-EZ	line 18, or reported , lines 1 and 6b. List
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	(oron type)			
<u></u>	 2 Less: Contributions 3 Gross income (line 1 minus line 2) 				
	4 Cash prizes				
	5 Noncash prizes				
səsuə	6 Rent/facility costs				
Direct Expenses	7 Food and beverages				
Direc	8 Entertainment				
	9 Other direct expenses				
Pa	10 Direct expense summary. Add line11 Net income summary. Subtract lineart IIIGaming. Complete if the organic	e 10 from line 3, col	umn (d)	<u></u>	reported more than
	\$15,000 on Form 990-EZ, line	e 6a.	1		(d) Total gaming (add
Revenue	-	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Re	1 Gross revenue				
xpenses	2 Cash prizes				
ш	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses	Yes %	%Yes%	Yes%	
	6 Volunteer labor	No			
	7 Direct expense summary. Add line	es 2 through 5 in colu	ımn (d)		
	8 Net gaming income summary. Sul	otract line 7 from line	1, column (d)		
	Enter the state(s) in which the organization licensed to cond Is the organization licensed to cond If "No," explain:	luct gaming activities	in each of these state	es?	YesNo
10a I		licenses revoked, sus		uring the tax year?	Yes No

JSA

CHILD	WELFARE	LEAGUE	OF	AMERICA
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13-1641066

Sched	dule G (Form 990 or 990-EZ) 2020	Page 3
11	Does the organization conduct gaming activities with nonmembers?	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?	No
13	Indicate the percentage of gaming activity conducted in:	
а	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 ►	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	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 ► \$	
с	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:	
а		٦
	retain the state gaming license?	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
Par	or spent in the organization's own exempt activities during the tax year ► \$ t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and	
Fai	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	

Schedule G (Form 990 or 990-EZ) 2020

13-1641066

ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
IRAINMAKERS LTD	GRANT APPLICATION	х		36,000.	
304 HARDING AVENUE CLIFTON					

NJ 07011

(Forn	EDULE J n 990) nent of the Treasury Revenue Service	For certain Officers, Dire Con ► Complete if the organizatio ►	Association Information ectors, Trustees, Key Employees, and Highest mpensated Employees on answered "Yes" on Form 990, Part IV, line 2 Attach to Form 990. 990 for instructions and the latest information.	23.	омв No. 20 Open to Inspo	20 Put	olic
	of the organization	,		Employer identification			
CHII	LD WELFARE	LEAGUE OF AMERICA		13-164106	6		
Part	Question	s Regarding Compensation					
	Check the app	propriate box(es) if the organization pro	ovided any of the following to or for a pers provide any relevant information regarding		1	Yes	No
	First-cla	ss or charter travel	Housing allowance or residence for	personal use			
	Travel fo	or companions	Payments for business use of perso				
	Tax inde	emnification and gross-up payments	Health or social club dues or initiation	on fees			
		onary spending account	Personal services (such as maid, ch	auffeur, chef)			
b	If any of the or reimburse	boxes on line 1a are checked, did the exempt of provision of all of the ex	ne organization follow a written policy re penses described above? If "No," com	egarding paymen plete Part III to	t) 1b		
2	Did the orac	anization require substantiation prior	to reimbursing or allowing expenses	incurred by a			
2	-		D/Executive Director, regarding the items	-			
					2		
3	Indicate which organization's	n, if any, of the following the organizations CEO/Executive Director. Check all the	on used to establish the compensation of at apply. Do not check any boxes for metho e CEO/Executive Director, but explain in P	ds used by a	_		
	X Comper	nsation committee	X Written employment contract				
		dent compensation consultant	X Compensation survey or study				
	X Form 99	00 of other organizations	X Approval by the board or compensa	ation committee			
4	During the year organization of	ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing			
а	Receive a sev	verance payment or change-of-control page	ayment?		4a		Х
b	Participate in	or receive payment from a supplemen	tal nonqualified retirement plan?		4b		Х
С	Participate in	or receive payment from an equity-bas	sed compensation arrangement?		4c		Х
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
5	For persons compensation	listed on Form 990, Part VII, Section contingent on the revenues of:	rganizations must complete lines 5-9. ion A, line 1a, did the organization pa				v
	-				5a		X X
b	If "Yes" on lin	e 5a or 5b, describe in Part III.			5b		
6	compensation	n contingent on the net earnings of:	ion A, line 1a, did the organization pa	-	/		
а	The organizat	ion?			6a		X
b	-	-			6b		X
	If "Yes" on lin	e 6a or 6b, describe in Part III.					
7			on A, line 1a, did the organization prov				v
~			escribe in Part III		7		X
8	to the initial	I contract exception described in	paid or accrued pursuant to a contract tha Regulations section 53.4958-4(a)(3)? If	"Yes," describe			37
					8		X
9			low the rebuttable presumption proced				
	Regulations s	ection 53.4958-6(c)?			9		0) 2020

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
CHRISTINE JAMES-BROWN	(i)	125,972.	0.	0.	3,100.	22,464.	151,536.	0
1PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
1	(ii)							
	(i)							
2	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
5	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

Part III Supplemental Information

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

Page 3

		-		-				Persons		$ \vdash$	OME /	າ NO. 1 ລຸດ	545-00	47
-orm 990 or 93	90-EZ) ► Coi	mplete if the o	rganization ai 28b, or 28c,	or Fo	ed "Ye orm 99(s" on Form 99)-EZ, Part V, I	90, Pai ine 38	rt IV, line 25a, 25l a or 40b.	o, 26, 27, 2	.8a,	Ĺ	20	20	
epartment of the Ti Iternal Revenue Sei		Co to				990 or Form		Z. a latest informatior				pen To specti	Public	
ame of the organiz		P 60 10	www.ii3.gov/i	onna	301011				Employer	identifi		•		
HILD WELF		E OF AMER	ICA							1641			•	
				(c)(3)	. secti	1000000000000000000000000000000000000	and	501(c)(29) orga						
								25a or 25b, or F				line 4	0b.	
	e of disqualified	person	(b) Relatio		oetween organiz	disqualified perso ation	on and	(c) [escription	of trans	action			Correct
(1)														
(2)														
(3) (4)														_
(4) (5)														
(6)														
under sec	tion 4958 .							d persons durin		>	►\$_ ►\$_			
Con	nplete if the onization repo	From Interest organization a orted an amo	answered "Ye	es" or 990,			22.	ine 38a or Form (f) Balance due	-		1	or if th		ritter
ATTACHMEN		with organization	Ioan	fron	n the ization?	principal amo					by bo	ard or hittee?	agreer	
				То	From				Yes	No	Yes	No	Yes	No
<u>(1)</u>														
(2)														
(3) (4)														
(4) (5)														
(6)														
(7)														
(8)														
(9)														
10)														
otal							. ►	\$ 110,98	34.					
		tance Benefit					.	-						
(a) Name of inte	•		answered "Ye ip between intere I the organization	sted (c				(d) Type of assistance	e	(e)	Purpos	se of as	sistance	e
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9) (9) 10)														

Schedule L (Form 990 or 990-EZ) 2020

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh organi: reven	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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

ATTACHMENT 1

Schedule L (Form 990 or 990-EZ) 2020

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	-	aring of zation's nues?
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
10)					

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

SCHEDULE L, PART II

NAME	CHRISTINE JAMES BROWN
RELATIONSHIP WITH ORGANIZATION	PRESIDENT AND CEO
PURPOSE OF LOAN	UNPAID SALARY
LOAN TO OR FROM THE ORG.?	X TO FROM
ORIGINAL PRINCIPAL AMOUNT	241,589.
BALANCE DUE	110,984.
IN DEFAULT?	YES X NO
APPROVED BY BOARD OR COMMITTEE	X YES NO
WRITTEN AGREEMENT?	X YES NO

SCHEDULE O (Form 990 or 990-EZ)

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.



 Department of the Treasury Internal Revenue Service
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

 Name of the organization
 Employer ide

 CHILD WELFARE LEAGUE OF AMERICA
 13-164

FORM 990, PART III, LINE 4A:

EDUCATION AND NATIONAL ADVOCACY:

CWLA IS THE NATION'S LEADING VOICE FOR MILLIONS OF CHILDREN WHO ARE ABUSED, NEGLECTED, OR VULNERABLE. CWLA ADVOCATES FOR PUBLIC POLICIES THAT BENEFIT CHILDREN AT THE FEDERAL, STATE, AND LOCAL LEVELS. CWLA WORKS WITH ITS MEMBERS, PARTNER ORGANIZATIONS AND OTHER ADVOCATES AND NATIONAL ORGANIZATIONS WITH THE GOAL OF IMPROVING THE QUALITY OF SERVICES SO THAT CHILDREN, YOUTH, FAMILIES, AND COMMUNITIES CAN FLOURISH. A KEY ASPECT OF CWLA'S WORK IS COLLABORATING WITH MEMBERS AND OTHER STAKEHOLDERS TO ESTABLISH GUIDELINES FOR BEST PRACTICES FOR CHILD WELFARE SERVICES THROUGH CWLA'S STANDARDS OF EXCELLENCE. CWLA BRINGS ITS KNOWLEDGE AND EXPERTISE DIRECTLY TO AGENCIES AND COMMUNITIES THROUGH ITS ADVOCACY, PROGRAMS, PUBLICATIONS, TRAINING, CONFERENCES, AND PROFESSIONAL DEVELOPMENT ACTIVITIES. DURING THE YEAR OF THE PANDEMIC, CWLA HOSTED TWO VIRTUAL CONFERENCES, A SERIES OF WEBINARS AND ACTIVITIES PROVIDING BEST PRACTICES AND EXCELLENCE IN CHILD WELFARE.

FORM 990, PART VI, SECTION A, LINE 1:

THE EXECUTIVE COMMITTEE CONSISTS OF THE ELECTED OFFICERS AND SUCH OTHER DIRECTORS AS THE BOARD OF DIRECTORS MAY ELECT. IN THE INTERVALS BETWEEN MEETINGS OF THE BOARD, THE EXECUTIVE COMMITTEE SHALL POSSESS AND MAY EXERCISE ALL THE POWERS OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE CHILD WELFARE LEAGUE OF AMERICA, EXCEPT WITH RESPECT TO THE ELECTION OR REMOVAL OF ANY OFFICER. THE EXECUTIVE COMMITTEE DOES NOT HAVE THE AUTHORITY TO HIRE OR REMOVE THE PRESIDENT/CHIEF EXECUTIVE OFFICER, OR TO INCUR ANY MATERIAL FINANCIAL OBLIGATION ON BEHALF OF THE CORPORATION.

FORM 990, PART VI, SECTION A, LINE 2: KEITH LIEDERMAN AND LARRY LIEDERMAN HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6: ANY AGENCY DIRECTLY ENGAGED IN PROVIDING SOCIAL SERVICES FOR CHILDREN AND THEIR FAMILIES MAY BECOME A VOTING MEMBER UPON A DETERMINATION BY THE BOARD OF DIRECTORS THAT SUCH AGENCY MEETS THE CONDITIONS OF MEMBERSHIP. EACH MEMBER RECEIVES ONE VOTE.

FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF DIRECTORS IS ELECTED BY A MAJORITY VOTE OF THE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B: PRIOR TO BEING FILED, THE FORM 990 IS REVIEWED BY THE CHIEF FINANCIAL OFFICER AND THE CHIEF EXECUTIVE OFFICER, THEN REVIEWED AND APPROVED BY THE AUDIT COMMITTEE. EACH MEMBER OF THE BOARD OF DIRECTORS RECEIVES A COPY AND THE BOARD OF DIRECTORS REVIEWS THE RETURN AND MAKES ANY APPROPRIATE CHANGES DEEMED NECESSARY PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S OFFICERS AND BOARD MEMBERS ANNUALLY REVIEW THE CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL AND ACTUAL CONFLICTS OF INTEREST. THESE DISCLOSURES ARE REVIEWED BY THE EXECUTIVE

JSA

COMMITTEE. INDIVIDUALS ARE REQUIRED TO FULLY DISCLOSE ALL ACTUAL AND POTENTIAL CONFLICTS. THE DISINTERESTED EXECUTIVE COMMITTEE MEMBERS DETERMINE IF A CONFLICT EXISTS AND WHAT SUBSEQUENT ACTION IS APPROPRIATE (IF ANY); HOWEVER, THE BOARD OF DIRECTORS HAS THE ULTIMATE ENFORCEMENT AUTHORITY WITH RESPECT TO THE CONFLICT OF INTEREST POLICY AND HAS THE RIGHT TO MODIFY OR REVERSE ANY DECISIONS MADE BY THE EXECUTIVE COMMITTEE. THE INTERESTED INDIVIDUAL(S) ARE RECUSED FROM PARTICIPATING AND VOTING ON THE MATTER.

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

THE COMPENSATION LEVEL WAS SET AT THE TIME OF HIRE BASED ON A REVIEW OF SALARIES OF COMPARABLE POSITIONS. THE EXECUTIVE COMMITTEE REVIEWS THE PRESIDENT'S PERFORMANCE ANNUALLY AND THE RESULTS OF THE REVIEW ARE REPORTED TO THE BOARD. ANY CHANGE IN COMPENSATION WOULD BE RECOMMENDED BY THE EXECUTIVE COMMITTEE FOR BOARD ACTION. THE RESULTS OF THE PERFORMANCE REVIEW AND ANY SALARY ADJUSTMENTS ARE DOCUMENTED IN A LETTER FROM THE CHAIRPERSON OF THE BOARD TO THE PRESIDENT. A COMPENSATION COMMITTEE OF THE EXECUTIVE COMMITTEE REVIEWS SALARIES OF COMPARABLE NON-PROFIT ORGANIZATIONS BASED ON THEIR 990'S AND ALSO USES A SALARY SURVEY DONE BY THE NATIONAL ASSOCIATION OF ASSOCIATION EXECUTIVES. THIS SURVEY HAS A SECTION FOR NONPROFIT EXECS BROKEN OUT BY SIZE OF ORGANIZATION, AND LOCATION. THIS PROCESS OCCURS YEARLY.

OTHER OFFICER AND KEY EMPLOYEE COMPENSATION IS DETERMINED BY THE CEO WITHIN THE PARAMETERS OF THE BOARD APPROVED BUDGET. THE COMPENSATION SETTING PROCESS OCCURS ANNUALLY FOR THE APPROPRIATE INDIVIDUALS.

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Schedule O (Form 990 or 990-EZ) 2020	Pag
Name of the organization	Employer identification number
CHILD WELFARE LEAGUE OF AMERICA	13-1641066

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,

DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,

MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI,SC,TN,UT,VA,WA,WV,WI,

PAGE 51

ATTACHMENT 1

0398167

Form	990-T	Ех	cempt Organization Business Income Tax Return (and proxy tax under section 6033(e))		OMB No. 1545-0047
		2 1	2020		
	ment of the Treasury Revenue Service		► Go to www.irs.gov/Form990T for instructions and the latest information. not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3	-	Open to Public Inspection for
Interna			501(c)(3) Organizations Only yer identification number		
A	Check box if address changed.		Name of organization (Check box if name changed and see instructions.) D CHILD WELFARE LEAGUE OF AMERICA	•	L641066
B Ev		Print			exemption number
	empt under section	or	727 15TH STREET, NW, 12TH FLOOR		structions)
^	501(C)(3)	Туре			
	408(e) 220(e)		City or town, state or province, country, and ZIP or foreign postal code WASHINGTON DC 20005		Check box if
	408A 530(a)	0			an amended return.
	529(a) 529A		K value of all assets at end of year		
	heck organization t	21	X 501(c) corporation 501(c) trust 401(a) trust Other trust		pplicable reinsurance entity
	heck if filing only to	-	Claim credit from Form 8941 Claim a refund shown on Form 24		
			ation filing a consolidated return with a 501(c)(2) titleholding corporation		
			Schedules A (Form 990-T)		
	•		corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		▶ Yes X No
_			identifying number of the parent corporation	<u> </u>	4165
LI	he books are in care	e of 🕨 🗆	THE ORGANIZATION Telephone number ► 202-	-088-	4105
		-			
			727 15TH STREET, NW SUITE 1200,		
		-	VASHINGTON DC 20005		
			Business Taxable Income		
1	Total of unrelat	ed busir	ness taxable income computed from all unrelated trades or businesses (see		20.004
					-28,204.
2					0.0.004
3					-28,204.
4			see instructions for limitation rules)		
5			axable income before net operating losses. Subtract line 4 from line 3		-28,204.
6			g loss. See instructions	6	
7			ness taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 fro	om line 5		7	-28,204.
8	•		ally \$1,000, but see instructions for exceptions)		1,000.
9	Trusts. Section 1	99A dedu	uction. See instructions	9	
10	Total deductions.	Add line	s 8 and 9	10	1,000.
11	Unrelated busin	ess taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
_				11	0.
Pai	t 🛛 Tax Com				
1	Organizations ta	xable as	corporations. Multiply Part I, line 11 by 21% (0.21)	1	
2	Trusts taxable	at trust	rates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from	n:	Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See in	structions	s	3	
4	Other tax amount	s. See in:	structions	4	
5	Alternative minim	um tax (t	rusts only)	5	
6	Tax on noncomp	liant faci	lity income. See instructions	6	
7	Total. Add lines 3	through	6 to line 1 or 2, whichever applies	7	
For I			lotice, see instructions.		Form 990-T (2020)

Form **990-T** (2020)

Form	ααΛ.Τ	(2020)
1 01111	330-1	(2020)

Par	t III Tax and Payments		
1 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a		
b	Other credits (see instructions)		
С	General business credit. Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 1a through 1d		
2	Subtract line 1e from Part II, line 7		
3	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866		
	Other (attach statement) 3		
4	Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under		
	section 1294. Enter tax amount here		0.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4		
6 a	Payments: A 2019 overpayment credited to 2020		
b	2020 estimated tax payments. Check if section 643(g) election applies ► 6b		
С	Tax deposited with Form 8868		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d		
е	Backup withholding (see instructions)		
f	Credit for small employer health insurance premiums (attach Form 8941) 6f		
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ 6g		
7	Total payments. Add lines 6a through 6g 7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed 9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax Refunded 11		
Par	t IV Statements Regarding Certain Activities and Other Information (see instructions)		
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a		
	foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax-exempt interest received or accrued during the tax year \ldots		
4 a	Did the organization change its method of accounting? (see instructions)		X
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"		
	explain in Part V		
Par	t V Supplemental Information		

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

	tru	nder penalties of perjury, I declare that I have example. Correct. and complete. Declaration of preparer (other					o the best of my k	nowledge and belief, it is
Sign Here	∣	Christine James Brown		08/12/2022		ENT-CEO	with the pre	discuss this return eparer shown below
	S	gnature of officer		Date	Title		(see instructions)	?XYYes No
		Print/Type preparer's name		parer's signature 🧹	$\overline{)}$	Date	Check if	PTIN
Paid		MARY JANE PIERONI CPA	4	nary Jane	Lerai	08/12/2022	self-employed	P00538772
Prepa		Firm's name 🕨 BDO USA, LLP					Firm's EIN ► 1	3-5381590
Use O	пу	Firm's address ▶ 101 S. HANLEY B	RD STE	800, ST LOU	JIS, MO	63105	Phone no. 314	-889-1100
JSA 0X2741 1	000							Form 990-T (2020)

0X2741 1.000

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0074

20

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

20

►	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
atic	B Employer id	entification number

A Name of the organization	B Employer identification number
CHILD WELFARE LEAGUE OF AMERICA	13-1641066
C Unrelated business activity code (see instructions) ► 541800	D Sequence: 1 of 1

C Unrelated business activity code (see instructions) \blacktriangleright 541800

E Describe the unrelated trade or business ► ADVERTISING

Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expense	es	(C) Net
1a	Gross receipts or sales					
b	Less returns and allowances c Balance ►	1c				
2	Cost of goods sold (Part III, line 8).	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)) (see instructions)	4a				
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Part IV)	6				
7	Unrelated debt-financed income (Part V)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Part VI)	8				
9	Investment income of section 501(c)(7), (9), or (17)					
	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII).	10				
11	Advertising income (Part IX)	11	11,478.	39,6	582.	-28,204.
12	Other income (see instructions; attach statement)					
13	Total. Combine lines 3 through 12	40		20 6	201	-28,204.
1			11,478.	39,6		
1	t II Deductions Not Taken Elsewhere (See instructions					
Pa	t II Deductions Not Taken Elsewhere (See instructions connected with the unrelated business income	s for l	mitations on dedu	ctions) Deduc	ctions	
Pa 1	Deductions Not Taken Elsewhere (See instructions connected with the unrelated business income Compensation of officers, directors, and trustees (Part X)	s for l	mitations on dedu	ctions) Deduc	tions	
Pa 1 2	Deductions Not Taken Elsewhere (See instructions connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) Salaries and wages	s for l	imitations on dedu	ctions) Deduc	1 2	
Pa 1 2 3	Deductions Not Taken Elsewhere (See instructions connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance	s for li	mitations on dedu	ctions) Deduc	1 2 3	
Pa 1 2 3 4	Deductions Not Taken Elsewhere (See instructions connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts.	s for li	mitations on dedu	ctions) Deduc	1 2 3 4	
Pa 1 2 3 4 5	Deductions Not Taken Elsewhere (See instructions connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts Interest (attach statement) (see instructions)	s for li	mitations on dedu	ctions) Deduc	1 2 3 4 5	
Pat 1 2 3 4 5 6	Deductions Not Taken Elsewhere (See instructions connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts. Interest (attach statement) (see instructions) Taxes and licenses	s for li	mitations on dedu	ctions) Deduc	1 2 3 4	
Pat 1 2 3 4 5 6 7	Deductions Not Taken Elsewhere (See instructions connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts. Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions)	s for li	mitations on dedu	ctions) Deduc	1 2 3 4 5 6	
Pai 1 2 3 4 5 6 7 8	Deductions Not Taken Elsewhere (See instructions connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts. Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return	s for li	mitations on dedu 7 8a	ctions) Deduc	1 2 3 4 5 6 8b	
Pat 1 2 3 4 5 6 7 8 9	Deductions Not Taken Elsewhere (See instructions connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts. Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion	s for li	mitations on dedu	ctions) Deduc	1 2 3 4 5 6 8b 9 9 9	
Pat 1 2 3 4 5 6 7 8 9 10	Deductions Not Taken Elsewhere (See instructions connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts. Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion. Contributions to deferred compensation plans	s for li	mitations on dedu	ctions) Deduc	1 2 3 4 5 6 8b 9 10	
Pat 1 2 3 4 5 6 7 8 9 10 11	Deductions Not Taken Elsewhere (See instructions connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts. Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs	s for li	mitations on dedu	ctions) Deduc	1 2 3 4 5 6 8b 9 10 11	
Pat 1 2 3 4 5 6 7 8 9 10 11 12	Deductions Not Taken Elsewhere (See instructions connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts. Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion. Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Part VIII)	s for li	mitations on dedu	ctions) Deduc	1 2 3 4 5 6 8b 9 10 11 12	
Pat 1 2 3 4 5 6 7 8 9 10 11 12 13	Deductions Not Taken Elsewhere (See instructions connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts. Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion. Contributions to deferred compensation plans Excess exempt expenses (Part VIII) Excess readership costs (Part IX)	s for li	mitations on dedu	ctions) Deduc	1 2 3 4 5 6 8b 9 10 11 12 13	
Pat 1 2 3 4 5 6 7 8 9 10 11 12 13 14	Deductions Not Taken Elsewhere (See instructions connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts. Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return. Depletion. Contributions to deferred compensation plans Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement)	s for li	mitations on dedu	ctions) Deduc	1 2 3 4 5 6 8b 9 10 11 12 13 14	
Par 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	Deductions Not Taken Elsewhere (See instructions connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts. Interest (attach statement) (see instructions) Taxes and licenses Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return Depletion. Contributions to deferred compensation plans Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions. Add lines 1 through 14	s for li	mitations on dedu	ctions) Deduc	1 2 3 4 5 6 8b 9 10 11 12 13	
Pat 1 2 3 4 5 6 7 8 9 10 11 12 13 14	III Deductions Not Taken Elsewhere (See instructions connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts. Interest (attach statement) (see instructions) Taxes and licenses. Depreciation (attach Form 4562) (see instructions) Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return. Depletion. Contributions to deferred compensation plans Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement) Other deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction	s for li	7 8a ract line 15 from Page	ctions) Deduc	1 2 3 4 5 6 8b 9 10 11 12 13 14 15	must be directly
Pat 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	III Deductions Not Taken Elsewhere (See instructions connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts. Interest (attach statement) (see instructions) Taxes and licenses. Depreciation (attach Form 4562) (see instructions) Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return. Depletion. Depletion. Contributions to deferred compensation plans Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement) Unrelated business income before net operating loss deduction column (C)	s for li	7 8a rract line 15 from Page	ctions) Deduc	1 2 3 4 5 6 8b 9 10 11 12 13 14 15 16	
Par 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15	III Deductions Not Taken Elsewhere (See instructions connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) Salaries and wages Repairs and maintenance Bad debts. Interest (attach statement) (see instructions) Taxes and licenses. Depreciation (attach Form 4562) (see instructions) Depreciation (attach Form 4562) (see instructions) Less depreciation claimed in Part III and elsewhere on return. Depletion. Contributions to deferred compensation plans Excess exempt expenses (Part VIII) Excess readership costs (Part IX) Other deductions (attach statement) Other deductions. Add lines 1 through 14 Unrelated business income before net operating loss deduction	s for li	T T 8a 8a stract line 15 from Pa	ctions) Deduc	1 2 3 4 5 6 8b 9 10 11 12 13 14 15	must be directly

Sched	ule A (Form 990-T) 2020 CHILD WEL	FARE LEAGUE OF	AMERICA	13-	-1641066	Page 2
Par	t III Cost of Goods Sold	Enter method of inver	ntory valuation 🕨			
1	Inventory at beginning of year			1		
2	Purchases					
3	Cost of labor			3		
4	Additional section 263A costs (attach statement)	4				
5	Other costs (attach statement)			5		
6	Total. Add lines 1 through 5			6		
7	Inventory at end of year					
8	Cost of goods sold. Subtract line 7 from line 6.					
9	Do the rules of section 263A (with respect to pr				Yes	No
	t IV Rent Income (From Real Property					
1	Description of property (property street address,	city, state, ZIP code). Che	eck if a dual-use (see instru	ictions)		
	A					
	B					
	c					
	D	Α	В	С	D	
2	Rent received or accrued	~ ~	5	•		
z a	From personal property (if the percentage of					
a	rent for personal property is more than 10%					
	but not more than 50%)					
b	From real and personal property (if the					
	percentage of rent for personal property					
	exceeds 50% or if the rent is based on profit or					
	income)					
с	Total rents received or accrued by property.					
	Add lines 2a and 2b, columns A through D					
3	Total rents received or accrued. Add line 2c cold	umns A through D. Enter	here and on Part I, line 6, o	column (A)		
	ſ				- <u>_</u>	
4	Deductions directly connected with the income					
	in lines 2(a) and 2(b) (attach statement)					
5	Total deductions. Add line 4 columns A through	D. Enter here and on Par	rt I, line 6, column (B)	•••••		
Dar	t V Unrelated Debt-Financed Income	(coo instructions)				
1	Description of debt-financed property (street add) Check if a dual-use (see	instructions)		
1	A	iless, city, state, ZIF code). Check if a dual-use (see	linstructions)		
	B					
	c					
	D					
		Α	В	C	D	
2	Gross income from or allocable to debt-financed					
	property					
3	Deductions directly connected with or allocable					
	to debt-financed property					
а	Straight line depreciation (attach statement)					
b	Other deductions (attach statement)					
С	Total deductions (add lines 3a and 3b,					
-	columns A through D)				+	
4	Amount of average acquisition debt on or allocable					
_	to debt-financed property (attach statement)				+	
5	Average adjusted basis of or allocable to debt-					
•	financed property (attach statement)	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		-	,	
6	Divide line 4 by line 5	%	%	%	2	%
7 9	Gross income reportable. Multiply line 2 by line 6	(ab D) Entor here and an	Part Lling 7 Johnson (A)			
8	Total gross income (add line 7, columns A through	agin D). ⊏nter here and on	r art i, ine 7, column (A)	••••••		
9	Allocable deductions. Multiply line 3c by line 6					
9 10	Total allocable deductions. Add line 9, columns	A through D. Enter here	and on Part L line 7 colum	n (B) -	<u> </u>	
11	Total dividends-received deductions included in	U U				
JSA					hedule A (Form 99	0-T) 2020
0X2751						,

CHILD WELFARE LEAGUE OF AMERICA

Schedule A (Form 990-T) 2020					Page 3
Part VI Interest, Ann	uities, Royalt	ies, and Rents		izations (see instructions)	
			Exempt Cor	ntrolled Organizations	
1. Name of controlled organization	2. Employer identification number	3. Net unrelated income (loss) (see instructions)	 Total of specified payments made 	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
	•	Nonexe	mpt Controlled Organizatio	ins	
7. Taxable income	in	Vet unrelated come (loss) e instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Totals				Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
			7), (9), or (17) Organiza	ntion (see instructions)	I
1. Description of income		ount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)					
(2)					
(3)					
(4)					
	Enter he	ounts in column 2. ere and on Part I, 9, column (A)			Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals					
-		/ Income, Othe	r Than Advertising Inco	me (see instructions)	
1 Description of exploited ac	·				
				art I, line 10, column (A)	2
3 Expenses directly conne	ected with pro	oduction of unre	elated business income. Er	nter here and on Part I,	
line 10, column (B)					3
4 Net income (loss) from	n unrelated tra	de or business.	Subtract line 3 from lin	e 2. If a gain, complete	
lines 5 through 7					4
5 Gross income from activit	y that is not unre	lated business inco	me		5
6 Expenses attributable to in					6
				than the amount on line	
4. Enter here and on Part I	I, line 12	<u> </u>	<u> </u>	<u> </u>	7

Schedule A (Form 990-T) 2020

CHILD WELFARE LEAGUE OF AMERICA

	ule A (Form 990-T) 2020				Page 4
	t IX Advertising Income				
1	Name(s) of periodical(s). Check box if r	eporting two or more periodicals of	on a consolidated basis.		
	A <u>CWLA JOURNAL</u>				
	в				
	с				
	D				
Enter	amounts for each periodical listed above	in the corresponding column.			
		Α	В	С	D
2	Gross advertising income	11,478.			
	6				▶ 11,478.
а	Add columns A through D. Enter here a	nd on Part I, line 11, column (A).		• • • • • • • • • • •	·
		39,682.			
3	Direct advertising costs by periodical				20 (02
а	Add columns A through D. Enter here a	nd on Part I, line 11, column (B)			▶ 39,682.
				1	
4	Advertising gain (loss). Subtract line 3 fr	om line			
	2. For any column in line 4 showing	a gain,			
	complete lines 5 through 8. For any co	lumn in			
	line 4 showing a loss or zero, do not co				
	lines 5 through 7, and enter zero on line				
5	Readership costs				
	•				
6	Circulation income				
7	Excess readership costs. If line 6 is le				
	line 5, subtract line 6 from line 5. If li				
	less than line 6, enter zero	• • • •			
8	Excess readership costs allowed	as a			
	deduction. For each column showing a	gain on			
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D.	Enter the greater of the line	8a, columns total or	zero here and on	
	Part II, line 13				•
Dev	V Company attion of Officers	Directory, and Tructory	· · · · · · · · · · · · · · · · · · ·		
Par	t X Compensation of Officers,	Directors, and Trustees (see instructions)		
				3. Percentage	 Compensation
	1. Name	2. Title	C	f time devoted	attributable to
				to business	unrelated business
(1)				0/	
				%	
(2)				%	
(3)				%	
(4)				%	
	I. Enter here and on Part II, line 1		<u> </u>	<u></u>	
Pai	t XI Supplemental Information	(see instructions)			