(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Open to Public Inspection

Α	For the	e 2019 calend	dar year, or ta	x year begi	nning 7/	01	, 2019,	, and endir	n g 6/	30	,	2020	
В	Check if applicable: C									D Employ	er identif	ication number	
	Addı	dress change CHILDREN'S NETWORK OF SOLANO COUNTY									00145	506	
	\vdash	007 MICCOUDI CEDERE UE								E Telepho			
	\vdash	FATRETEIN CA 9/533											
	Initia	Initial return								707	-421-	-7229	
	Final	Final return/terminated											
	Ame	Amended return								G Gross r	eceipts \$	1,426	.780.
	App	lication pending	F Name and ad	F Name and address of principal officer: JOHN ANDERSON H(a) Is this a									3.7
										I subordinates " attach a list	included ¹		
_	Tau au	rament ataturas	X 501(c)(3) 501(c) () 4947(a)(1) or 527							" attach a list	(see inst	tructions)	ш
<u>_</u>		cempt status:) • (insert no.)	4947(a)(1) or	527					
J	Webs	site: ► CH	111							Group exemption number			
K	Form o	of organization:	X Corporation	Trust	Association	Other ►	L	Year of forma	tion: 198	2 M s	tate of le	gal domicile: CA	4
Pa	art I	Summar	У										
	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE 0												
ည	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net asset Number of voting members of the governing body (Part VI, line 1a)												
nai	-	2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.											
Ve	2 -												
ලි	3		oting members of the governing body (Part VI, line 1a)								3	0013.	7
•ઇ	4		dependent vot								4		7
es	5 T		•	-	-		•				5		7
₹	6 7		nber of individuals employed in calendar year 2019 (Part V, line 2a)								6		112
Activities &	7a T		ed business re								7a		0.
A			l business taxa								7a 7b		
	D I	vet uniterated	i business taxa	able income	HOIH FOITH	990-1, IIIIe .	39				70		0.
					415					Prior Year		Current Y	
Φ			ontributions and grants (Part VIII, line 1h)								92.	1,419	,703.
Revenue	l .		ervice revenue (Part VIII, line 2g)							705,4			
e Ve	l .		t income (Part VIII, column (A), lines 3, 4, and 7d)										78.
ď	11 (Other revenue	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							-/		6	,999.
	12 T	Total revenue	e — add lines 8	8 through 11	(must equa	al Part VIII,	column (A), li	ine 12)	[1,482,1	95.	1,426	,780.
	13	Grants and si	imilar amounts	s paid (Part	IX, column	(A), lines 1-	3)					407	,974.
	14 E	Benefits paid						,					
		•			176 7	/112	,563.						
S	13		es, other compensation, employee benefits (Part IX, column (A), lines 5-10) ssional fundraising fees (Part IX, column (A), line 11e)								/		
Expenses	16a ⊦	Professional	tundraising tee	es (Part IX,	column (A),	line IIe)							
ed	b⊺	Total fundrais	sing expenses	(Part IX, co	lumn (D), lii	ne 25) 🟲		4,457.					
ŵ	1 7 C	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)							1,018,4	525,168.		
	l .				1,495,1		,705.						
	l .		al expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)enue less expenses. Subtract line 18 from line 12								-		•
- "		, November 1655 expenses. Outstract fine 10 from fine 12								-12,9			<u>,075.</u>
3 or										Beginning of Current Year		End of Ye	
set:	20 ⊺	otal assets (Part X, line 16)								331,3		,400. ,131.	
Net Assets Fund Balanc	21 ⊺	Total liabilitie	tal liabilities (Part X, line 26)								86,146.		
S E	22 N	Net assets or fund balances. Subtract line 21 from line 20								245,194.			,269.
	art II	Signatur	e Block						<u> </u>				,
				vamined this re-	turn including a	ecompanying co	hadulas and stata	ments and to	the best of n	ny knowledge	and balia	of it is true correc	t and
com	plete. Dec	claration of prepa	eclare that I have e arer (other than offi	cer) is based or	all information	of which prepar	er has any knowle	edge.	the best of h	ily kilowieuge	and bene	ii, it is true, correc	i, anu
		T.											
٥.		Signatu	re of officer						Da	ate			
Sign Here			ignature of officer										
										SURER			
		Type or	print name and tit	le									
Paid Preparer Use Only		Print/Type p	reparer's name		Preparer's sig	gnature		Date		Check	if F	PTIN	
		JAMES H	ES H. FRITZSCHE, CPA							self-employe	ed F	200423351	
				•				1			1+		
			THE LEGISLE MED COLLIED										
		Firm's addre	Firm's address 1511 CORPORATE WAY STE 220							Firm's EIN ► 320343346			
			SACRAMENTO, CA 95831							Phone no. 916-422-2111			
Ma	y the IR	RS discuss th	cuss this return with the preparer shown above? (see instructions)									X Yes	No