

Form 990

OMB No. 1545-0047

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 7/01, 2020, and ending 6/30, 2021

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C CHILDREN'S NETWORK OF SOLANO COUNTY, 827 MISSOURI STREET #5, FAIRFIELD, CA 94533. D Employer identification number 68-0014506. E Telephone number 707-421-7229. G Gross receipts \$ 1,857,374. H(a) Is this a group return for subordinates? Yes No. H(b) Are all subordinates included? Yes No.

I Tax-exempt status: 501(c)(3), 501(c) ( ) (insert no.), 4947(a)(1) or 527

J Website: CHILDNET.ORG. H(c) Group exemption number

K Form of organization: Corporation, Trust, Association, Other. L Year of formation: 1982. M State of legal domicile: CA

Part I Summary

Table with 22 rows and 3 columns: Description, Prior Year, Current Year. Rows include mission statement, governance metrics, revenue, expenses, and net assets.

Part II Signature Block

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

Sign Here: Signature of officer BARRETT ADAMS, Date, Title TREASURER

Paid Preparer Use Only: Print/Type preparer's name JAMES H. FRITZSCHE, CPA, Preparer's signature, Date, Check self-employed, PTIN P00423351, Firm's name FRITZSCHE ASSOCIATES, Firm's address 1511 CORPORATE WAY STE 220, SACRAMENTO, CA 95831, Firm's EIN 320343346, Phone no. 916-422-2111

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

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

SEE SCHEDULE O

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

4a (Code: ) (Expenses \$ 983,250. including grants of \$ 483,991.) (Revenue \$ )

FAMILY SUPPORT - WE PROVIDE SUPPORT TO A NETWORK OF THE COUNTY'S FAMILY RESOURCE CENTERS, SITES THAT OFFER COMPREHENSIVE FAMILY SUPPORT SERVICES IN EVERY CITY IN SOLANO COUNTY, PROVIDING FAMILIES WITH INFORMATION AND REFERRALS, IN-HOME SERVICES, PARENT EDUCATION, AND ASSISTANCE WITH SOCIAL AND HEALTH EMERGENCY NEEDS.

4b (Code: ) (Expenses \$ 180,727. including grants of \$ ) (Revenue \$ )

COUNCIL AND ADVOCACY - WE PROVIDE STAFF SUPPORT TO THE SOLANO CHILDREN'S ALLIANCE AND CHILD ABUSE PREVENTION COUNCIL, APPOINTED BY THE BOARD OF SUPERVISORS. THIS SUPPORT INCLUDES CONVENING MEETINGS AND EVENTS TO DISCUSS AND IDENTIFY CHILDREN'S NEEDS IN THE COUNTY, SEEKING FUNDING TO MEET THOSE NEEDS, AND MONITORING AND ADVISING THE BOARD OF SUPERVISORS ON THE NEEDS OF CHILDREN IN SOLANO COUNTY.

4c (Code: ) (Expenses \$ 24,389. including grants of \$ ) (Revenue \$ )

CHILD CARE - WE PROVIDE STAFF SUPPORT TO THE CHILD CARE PLANNING COUNCIL AND ITS PROGRAMS AND ACTIVITIES WITH THE GOAL OF IMPROVING ACCESSIBILITY, AFFORDABILITY AND QUALITY OF CHILDCARE COUNTYWIDE. THE CHILD CARE PLANNING COUNCIL MEMBERS ARE APPROVED BY BOTH THE SOLANO COUNTY BOARD OF SUPERVISORS AND THE SOLANO COUNTY OFFICE OF EDUCATION.

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O

(Expenses \$ 2,827. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,191,193.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and disclosures.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding IRS filings and gaming winnings.

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets?... 6 Did the organization have members or stockholders?... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body?... 8b Each committee with authority to act on behalf of the governing body?... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?... 10b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?... 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?... 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O... 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13... 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?... 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done... 13 Did the organization have a written whistleblower policy?... 14 Did the organization have a written document retention and destruction policy?... 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? 15a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O... 15b Other officers or key employees of the organization. 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?... 16b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O
20 State the name, address, and telephone number of the person who possesses the organization's books and records ACCOUNTANT 827 MISSOURI STREET, SUITE 5 FAIRFIELD CA 94533 707-421-7229

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

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

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

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

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

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

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

| (A)<br>Name and title                | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|--|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
|                                      |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former  |  |   |   |
| (1) RONDA KOGLER<br>EXECUTIVE DIR.   | 40<br>0  |   |                       | X       |              |                              | 87,512. | 0.   | 11,568.   |   |
| (2) JOHN ANDERSON<br>PRESIDENT       | 3<br>0   | X   |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| (3) TONY INTINTOLI<br>VICE PRESIDENT | 2<br>0   | X   |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| (4) BARRETT ADAMS<br>TREASURER       | 2<br>0   | X   |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| (5) MARY DICKEY<br>DIRECTOR          | 1<br>0   | X   |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (6) MILDRED GAINS<br>DIRECTOR        | 1<br>0   | X   |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (7) GABRIELLA AREAS<br>DIRECTOR      | 1<br>0   | X   |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (8) LUKE FOSTER<br>DIRECTOR          | 1<br>0   | X   |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (9) ANITA LOWERY<br>DIRECTOR         | 1<br>0   | X   |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| (10)                                 |  |   |                       |         |              |                              |         |  |   |   |
| (11)                                 |  |   |                       |         |              |                              |         |  |   |   |
| (12)                                 |  |   |                       |         |              |                              |         |  |   |   |
| (13)                                 |  |   |                       |         |              |                              |         |  |   |   |
| (14)                                 |  |   |                       |         |              |                              |         |  |   |   |

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

| (A)<br>Name and title | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|---|-----------------------|---------|--------------|------------------------------|--|---|---|
|                       |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee |  |   |   |
| (15) -----            |  |   |                       |         |              |                              |  |   |   |
| (16) -----            |  |   |                       |         |              |                              |  |   |   |
| (17) -----            |  |   |                       |         |              |                              |  |   |   |
| (18) -----            |  |   |                       |         |              |                              |  |   |   |
| (19) -----            |  |   |                       |         |              |                              |  |   |   |
| (20) -----            |  |   |                       |         |              |                              |  |   |   |
| (21) -----            |  |   |                       |         |              |                              |  |   |   |
| (22) -----            |  |   |                       |         |              |                              |  |   |   |
| (23) -----            |  |   |                       |         |              |                              |  |   |   |
| (24) -----            |  |   |                       |         |              |                              |  |   |   |
| (25) -----            |  |   |                       |         |              |                              |  |   |   |

|  |         |    |         |
|--|---------|----|---------|
| <b>1 b Subtotal</b> .....  | 87,512. | 0. | 11,568. |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... | 0.      | 0. | 0.      |
| <b>d Total (add lines 1b and 1c)</b> .....                           | 87,512. | 0. | 11,568. |

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

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**Part VIII Statement of Revenue**

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

|   |  |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |  |
|---|--|--|----------------------|--|---|--|--|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>             | <b>1 a</b> Federated campaigns .....   | <b>1 a</b>   |                      |  |   |  |  |
|   | <b>b</b> Membership dues .....   | <b>1 b</b>   |                      |  |   |  |  |
|   | <b>c</b> Fundraising events .....  | <b>1 c</b>   |                      |  |   |  |  |
|   | <b>d</b> Related organizations .....   | <b>1 d</b>   |                      |  |   |  |  |
|   | <b>e</b> Government grants (contributions) .....   | <b>1 e</b> 479,954.  |                      |  |   |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above .....   | <b>1 f</b> 1,377,301.                                      |                      |  |   |  |  |
|   | <b>g</b> Noncash contributions included in<br>lines 1a-1f .....  | <b>1 g</b>   |                      |  |   |  |  |
|   | <b>h Total.</b> Add lines 1a-1f .....  |  | 1,857,255.           |  |   |  |  |
|   | <b>Program Service Revenue</b>   | <b>2 a</b> Business Code                                   |                      |  |   |  |  |
| <b>b</b> -----  |  |  |                      |  |   |  |  |
| <b>c</b> -----  |  |  |                      |  |   |  |  |
| <b>d</b> -----  |  |  |                      |  |   |  |  |
| <b>e</b> -----  |  |  |                      |  |   |  |  |
| <b>f</b> All other program service revenue .....                              |  |  |                      |  |   |  |  |
| <b>g Total.</b> Add lines 2a-2f .....   |  |  |                      |  |   |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) .....   |  | 33.                  |  |   | 33.  |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....  |  |                      |  |   |  |  |
|   | <b>5</b> Royalties .....   |  |                      |  |   |  |  |
|   | <b>6 a</b> Gross rents .....   | (i) Real   |                      |  |   |  |  |
|   |  | (ii) Personal  |                      |  |   |  |  |
|   |  | <b>6 b</b> Less: rental expenses                           | <b>6 b</b>           |  |   |  |  |
|   |  | <b>6 c</b> Rental income or (loss)                         | <b>6 c</b>           |  |   |  |  |
|   | <b>d</b> Net rental income or (loss) .....   |  |                      |  |   |  |  |
|   | <b>7 a</b> Gross amount from<br>sales of assets<br>other than inventory  | (i) Securities   |                      |  |   |  |  |
|   |  | (ii) Other   |                      |  |   |  |  |
|   |  | <b>7 b</b> Less: cost or other basis<br>and sales expenses | <b>7 b</b>           |  |   |  |  |
|   |  | <b>7 c</b> Gain or (loss) .....                            | <b>7 c</b>           |  |   |  |  |
|   | <b>d</b> Net gain or (loss) .....  |  |                      |  |   |  |  |
|   | <b>8 a</b> Gross income from fundraising events<br>(not including \$ _____<br>of contributions reported on line 1c).<br>See Part IV, line 18 ..... | <b>8 a</b>   |                      |  |   |  |  |
|   |  | <b>8 b</b> Less: direct expenses .....                     | <b>8 b</b>           |  |   |  |  |
| <b>c</b> Net income or (loss) from fundraising events .....                   |  |  |                      |  |   |  |  |
| <b>9 a</b> Gross income from gaming activities.<br>See Part IV, line 19 ..... | <b>9 a</b>   |  |                      |  |   |  |  |
|   | <b>9 b</b> Less: direct expenses .....   | <b>9 b</b>   |                      |  |   |  |  |
|   | <b>c</b> Net income or (loss) from gaming activities .....   |  |                      |  |   |  |  |
| <b>10 a</b> Gross sales of inventory, less .....                              | <b>10 a</b>  |  |                      |  |   |  |  |
|   | <b>10 b</b> Less: cost of goods sold. ....   | <b>10 b</b>  |                      |  |   |  |  |
|   | <b>c</b> Net income or (loss) from sales of inventory .....  |  |                      |  |   |  |  |
| <b>Miscellaneous<br/>Revenue</b>  | <b>11 a</b> MISC INCOME  |  | 900099               | 86.  | 86.                                     |  |  |
|   | <b>b</b> -----   |  |                      |  |   |  |  |
|   | <b>c</b> -----   |  |                      |  |   |  |  |
|   | <b>d</b> All other revenue .....   |  |                      |  |   |  |  |
|   | <b>e Total.</b> Add lines 11a-11d .....  |  |                      | 86.  |   |  |  |
| <b>12 Total revenue.</b> See instructions .....                               |  |  | 1,857,374.           | 86.  | 0.                                      | 33.  |  |

**Part IX Statement of Functional Expenses**

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

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 77,142.                      | 77,142.                                |   |                                    |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22   | 406,849.                     | 406,849.                               |   |                                    |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                              |  |   |                                    |
| 4 Benefits paid to or for members   |                              |  |   |                                    |
| 5 Compensation of current officers, directors, trustees, and key employees  | 99,080.                      | 79,264.                                | 19,816.                                       | 0.                                 |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  | 0.                           | 0.                                     | 0.  | 0.                                 |
| 7 Other salaries and wages  | 183,309.                     | 171,342.                               | 11,429.                                       | 538.                               |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 1,402.                       | 1,311.                                 | 87.   | 4.                                 |
| 9 Other employee benefits   | 22,831.                      | 19,129.                                | 3,678.  | 24.                                |
| 10 Payroll taxes  | 25,890.                      | 22,907.                                | 2,932.  | 51.                                |
| 11 Fees for services (nonemployees):  |                              |  |   |                                    |
| a Management  |                              |  |   |                                    |
| b Legal   |                              |  |   |                                    |
| c Accounting  | 20,211.                      |  | 20,211.                                       |                                    |
| d Lobbying  |                              |  |   |                                    |
| e Professional fundraising services. See Part IV, line 17   |                              |  |   |                                    |
| f Investment management fees  |                              |  |   |                                    |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  | 7,000.                       | 7,000.                                 |   |                                    |
| 12 Advertising and promotion  | 180.                         | 180.                                   |   |                                    |
| 13 Office expenses  | 2,010.                       | 1,398.                                 | 609.  | 3.                                 |
| 14 Information technology   |                              |  |   |                                    |
| 15 Royalties  |                              |  |   |                                    |
| 16 Occupancy  | 37,025.                      | 35,372.                                | 1,567.  | 86.                                |
| 17 Travel   |                              |  |   |                                    |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                              |  |   |                                    |
| 19 Conferences, conventions, and meetings   | 1,486.                       | 1,313.                                 | 157.  | 16.                                |
| 20 Interest   |                              |  |   |                                    |
| 21 Payments to affiliates   |                              |  |   |                                    |
| 22 Depreciation, depletion, and amortization  | 1,347.                       |  | 1,347.  |                                    |
| 23 Insurance  | 7,358.                       | 4,630.                                 | 2,728.  |                                    |
| 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 <u>CONTRACTS</u>  | 340,956.                     | 340,956.                               |   |                                    |
| b <u>SUPPLIES</u>   | 7,978.                       | 6,470.                                 | 879.  | 629.                               |
| c <u>INFORMATION SYSTEMS</u>  | 7,125.                       | 5,331.                                 | 1,609.  | 185.                               |
| d <u>TELEPHONE</u>  | 4,682.                       | 4,327.                                 | 346.  | 9.                                 |
| e All other expenses  | 6,885.                       | 6,272.                                 | 566.  | 47.                                |
| 25 Total functional expenses. Add lines 1 through 24e   | 1,260,746.                   | 1,191,193.                             | 67,961.                                       | 1,592.                             |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                              |  |   |                                    |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|--|--------------------------|------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash – non-interest-bearing .....   | 174,084.                 | <b>1</b>   | 307,926.           |
|   | <b>2</b> Savings and temporary cash investments .....  | 7,870.                   | <b>2</b>   | 82,875.            |
|   | <b>3</b> Pledges and grants receivable, net .....  | 216,062.                 | <b>3</b>   | 657,367.           |
|   | <b>4</b> Accounts receivable, net .....  |                          | <b>4</b>   |                    |
|   | <b>5</b> 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 ..... |                          | <b>5</b>   |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>   |                    |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>   |                    |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>   |                    |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 8,024.                   | <b>9</b>   | 4,589.             |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 29,248.       |            |                    |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 23,038.       |            |                    |
|   | <b>10c</b>   | 3,066.                   | <b>10c</b> | 6,210.             |
|   | <b>11</b> Investments – publicly traded securities .....   |                          | <b>11</b>  |                    |
|   | <b>12</b> Investments – other securities. See Part IV, line 11 .....   |                          | <b>12</b>  |                    |
|   | <b>13</b> Investments – program-related. See Part IV, line 11 .....  |                          | <b>13</b>  |                    |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>  |                    |
| <b>15</b> Other assets. See Part IV, line 11 .....                        | 11,294.  | <b>15</b>                | 11,194.    |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 420,400.   | <b>16</b>                | 1,070,161. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 95,131.                  | <b>17</b>  | 148,264.           |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>  |                    |
|   | <b>19</b> Deferred revenue .....   |                          | <b>19</b>  |                    |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>  |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>  |                    |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <b>22</b>  |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>  |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>  |                    |
|   | <b>25</b> 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 .....  |                          | <b>25</b>  |                    |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 95,131.                  | <b>26</b>  | 148,264.           |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>   |                          |            |                    |
|   | <b>27</b> Net assets without donor restrictions .....  | 216,488.                 | <b>27</b>  | 267,514.           |
|   | <b>28</b> Net assets with donor restrictions .....   | 108,781.                 | <b>28</b>  | 654,383.           |
|   | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>  |                          |            |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>  |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>  |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>  |                    |
|   | <b>32</b> Total net assets or fund balances .....  | 325,269.                 | <b>32</b>  | 921,897.           |
| <b>33</b> Total liabilities and net assets/fund balances .....            | 420,400.   | <b>33</b>                | 1,070,161. |                    |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 1,857,374. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 1,260,746. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 596,628.   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 325,269.   |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |            |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 0.         |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 921,897.   |

**Part XII Financial Statements and Reporting**

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

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

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

|  |   |
|--|---|
| Name of the organization<br><b>CHILDREN'S NETWORK OF SOLANO COUNTY</b> | Employer identification number<br><b>68-0014506</b> |
|--|---|

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 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'.)   | 1,232,498. | 965,386. | 1,473,179. | 1,419,703. | 1,857,255. | 6,948,021. |
| 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 <b>Total.</b> Add lines 1 through 3.   | 1,232,498. | 965,386. | 1,473,179. | 1,419,703. | 1,857,255. | 6,948,021. |
| 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). |            |          |            |            |            | 141,239.   |
| 6 <b>Public support.</b> Subtract line 5 from line 4.  |            |          |            |            |            | 6,806,782. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2016   | (b) 2017 | (c) 2018   | (d) 2019   | (e) 2020   | (f) Total  |
|--|------------|----------|------------|------------|------------|------------|
| 7 Amounts from line 4.   | 1,232,498. | 965,386. | 1,473,179. | 1,419,703. | 1,857,255. | 6,948,021. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.   | 65.        | 60.      | 31.        | 78.        | 33.        | 267.       |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on.  |            |          | 4,491.     |            |            | 4,491.     |
| 10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI  |            |          | 4,494.     | 6,999.     | 86.        | 11,579.    |
| 11 <b>Total support.</b> Add lines 7 through 10.   |            |          |            |            |            | 6,964,358. |
| 12 Gross receipts from related activities, etc. (see instructions)   |            |          |            |            | 12         | 0.         |
| 13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/> |            |          |            |            |            |            |

**Section C. Computation of Public Support Percentage**

|   |    |         |
|---|----|---------|
| 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)). | 14 | 97.74 % |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14.                        | 15 | 95.21 % |

16a **33-1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

b **33-1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization. ▶

17a **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶

b **10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2019 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, and Percentage. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17.

19a 33-1/3% support tests--2020. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here.

b 33-1/3% support tests--2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here.

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 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**

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

**Part IV Supporting Organizations** (continued)

|   | Yes | No |
|---|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| a A person who directly or indirectly controls, either alone or together with persons described in 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 |    |
| c 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 <b>Part VI</b> .                             | 11c |    |

**Section 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1   |    |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   | 2   |    |

**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 <b>Part VI</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   | 2   |    |
| 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's 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 instructions).  |    |     |    |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |    |     |    |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |    |     |    |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).  |    |     |    |
| 2 Activities Test. Answer lines 2a and 2b below.   |    | Yes | No |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | 2a |     |    |
| b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  | 2b |     |    |
| 3 Parent of Supported Organizations. Answer lines 3a and 3b below.   |    |     |    |
| 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 <b>Part VI</b> .   | 3a |     |    |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.   | 3b |     |    |

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

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

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

| <b>Section B – Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities   | 1a             |                             |
| b                                       | Average monthly cash balances   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):   |                |                             |
| 2                                       | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                       | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                       | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                       | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                       | Multiply line 5 by 0.035.   | 6              |                             |
| 7                                       | Recoveries of prior-year distributions  | 7              |                             |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C – Distributable Amount</b> |   |   | Current Year |
|---|---|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                       | Enter 0.85 of line 1.   | 2 |              |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                       | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                       | Income tax imposed in prior year  | 5 |              |
| 6                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 |              |

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

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

| <b>Section D – Distributions</b> |  | <b>Current Year</b> |
|----------------------------------|--|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes  | <b>1</b>            |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              | <b>2</b>            |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  | <b>3</b>            |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets  | <b>4</b>            |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required – <i>provide details in Part VI</i> )   | <b>5</b>            |
| <b>6</b>                         | Other distributions (describe in <b>Part VI</b> ). See instructions.   | <b>6</b>            |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | <b>7</b>            |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. | <b>8</b>            |
| <b>9</b>                         | Distributable amount for 2020 from Section C, line 6   | <b>9</b>            |
| <b>10</b>                        | Line 8 amount divided by line 9 amount   | <b>10</b>           |

| <b>Section E – Distribution Allocations (see instructions)</b>   | <b>(i)<br/>Excess<br/>Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2020</b> | <b>(iii)<br/>Distributable<br/>Amount for 2020</b> |
|--|---|---|--|
| <b>1</b> Distributable amount for 2020 from Section C, line 6  |   |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required – <i>explain in Part VI</i> ). See instructions.   |   |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2020   |   |   |  |
| <b>a</b> From 2015 . . . . .   |   |   |  |
| <b>b</b> From 2016 . . . . .   |   |   |  |
| <b>c</b> From 2017 . . . . .   |   |   |  |
| <b>d</b> From 2018 . . . . .   |   |   |  |
| <b>e</b> From 2019 . . . . .   |   |   |  |
| <b>f Total</b> of lines 3a through 3e  |   |   |  |
| <b>g</b> Applied to underdistributions of prior years  |   |   |  |
| <b>h</b> Applied to 2020 distributable amount  |   |   |  |
| <b>i</b> Carryover from 2015 not applied (see instructions)  |   |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |   |   |  |
| <b>4</b> Distributions for 2020 from Section D, line 7: \$   |   |   |  |
| <b>a</b> Applied to underdistributions of prior years  |   |   |  |
| <b>b</b> Applied to 2020 distributable amount  |   |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |   |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |   |   |  |
| <b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |   |   |  |
| <b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.  |   |   |  |
| <b>8</b> Breakdown of line 7:  |   |   |  |
| <b>a</b> Excess from 2016 . . . . .  |   |   |  |
| <b>b</b> Excess from 2017 . . . . .  |   |   |  |
| <b>c</b> Excess from 2018 . . . . .  |   |   |  |
| <b>d</b> Excess from 2019 . . . . .  |   |   |  |
| <b>e</b> Excess from 2020 . . . . .  |   |   |  |

BAA

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.)

**PART II, LINE 10 - OTHER INCOME**

| NATURE AND SOURCE | 2020          | 2019             | 2018             | 2017         | 2016         |
|-------------------|---------------|------------------|------------------|--------------|--------------|
| MISCELLANEOUS     | \$ 86.        | \$ 6,999.        | \$ 4,494.        |              |              |
| TOTAL             | <u>\$ 86.</u> | <u>\$ 6,999.</u> | <u>\$ 4,494.</u> | <u>\$ 0.</u> | <u>\$ 0.</u> |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

CHILDREN'S NETWORK OF SOLANO COUNTY

68-0014506

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 regarding 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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-2 regarding art and historical treasures.

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

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

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

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

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1 a Beginning of year balance                    |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

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

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land   |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 6,505.                          | 2,264.                       | 4,241.         |
| e Other  |                                      | 22,743.                         | 20,774.                      | 1,969.         |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 6,210.         |

**Part VII Investments – Other Securities.**

N/A

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

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

**Part VIII Investments – Program Related.**

N/A

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

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| (10)  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.) |                |   |

**Part IX Other Assets.**

N/A

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.) |                |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| (11)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) |                |

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

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

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

|          |  |            |            |
|----------|--|------------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements .....                       | <b>1</b>   | 1,857,374. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                  |            |            |
|          | <b>a</b> Net unrealized gains (losses) on investments .....  | <b>2 a</b> |            |
|          | <b>b</b> Donated services and use of facilities .....  | <b>2 b</b> |            |
|          | <b>c</b> Recoveries of prior year grants .....   | <b>2 c</b> |            |
|          | <b>d</b> Other (Describe in Part XIII.) .....  | <b>2 d</b> |            |
|          | <b>e</b> Add lines <b>2a</b> through <b>2d</b> .....   | <b>2 e</b> |            |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> .....   | <b>3</b>   | 1,857,374. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                 |            |            |
|          | <b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....                      | <b>4 a</b> |            |
|          | <b>b</b> Other (Describe in Part XIII.) .....  | <b>4 b</b> |            |
|          | <b>c</b> Add lines <b>4a</b> and <b>4b</b> .....   | <b>4 c</b> |            |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) ..... | <b>5</b>   | 1,857,374. |

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

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

|          |   |            |            |
|----------|---|------------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements .....                                      | <b>1</b>   | 1,260,746. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                     |            |            |
|          | <b>a</b> Donated services and use of facilities .....   | <b>2 a</b> |            |
|          | <b>b</b> Prior year adjustments .....   | <b>2 b</b> |            |
|          | <b>c</b> Other losses .....   | <b>2 c</b> |            |
|          | <b>d</b> Other (Describe in Part XIII.) .....   | <b>2 d</b> |            |
|          | <b>e</b> Add lines <b>2a</b> through <b>2d</b> .....  | <b>2 e</b> |            |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> .....  | <b>3</b>   | 1,260,746. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                    |            |            |
|          | <b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....                       | <b>4 a</b> |            |
|          | <b>b</b> Other (Describe in Part XIII.) .....   | <b>4 b</b> |            |
|          | <b>c</b> Add lines <b>4a</b> and <b>4b</b> .....  | <b>4 c</b> |            |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) ..... | <b>5</b>   | 1,260,746. |

**Part XIII Supplemental Information.**

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

**PART X - FASB ASC 740 FOOTNOTE**

WE HAVE EVALUATED OUR TAX POSITIONS AND RELATED INCOME TAX CONTINGENCIES AND DO NOT BELIEVE THAT ANY MATERIAL UNCERTAIN TAX POSITIONS EXIST THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

CHILDREN'S NETWORK OF SOLANO COUNTY

Employer identification number

68-0014506

**Part I General Information on Grants and Assistance**

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

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

| 1 (a) Name and address of organization or government                                | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1) FAIRFIELD SUISUN USD<br>2490 HILBORN ROAD<br>FAIRFIELD, CA 94534                | 94-6001297 | N/A                             | 12,857.                  | 0.                                |   |                                       | GENERAL OPERATIONS                 |
| (2) DIXON FAMILY SERVICES<br>N 2ND STREET<br>DIXON, CA 95620                        | 68-0041829 | 501 (C) (3)                     | 12,857.                  | 0.                                |   |                                       | GENERAL OPERATIONS                 |
| (3) CITY OF BENICIA PD<br>200 EAST L STREET<br>BENICIA, CA 94510                    |            | N/A                             | 12,857.                  | 0.                                |   |                                       | GENERAL OPERATIONS                 |
| (4) CITY OF VACAVILLE<br>650 MERCHANT STREET<br>VACAVILLE, CA 95688                 | 46-1167924 | N/A                             | 12,857.                  | 0.                                |   |                                       | GENERAL OPERATIONS                 |
| (5) FIGHTING BACK PARTNERSHIP<br>505 SANTA CLARA ST, 3RD FLOOR<br>VALLEJO, CA 94590 | 68-0298092 | 501 (C) (3)                     | 12,857.                  | 0.                                |   |                                       | GENERAL OPERATIONS                 |
| (6) RIO VISTA C.A.R.E<br>628 MONTEZUMA STREET<br>RIO VISTA, CA 94571                | 68-0063763 | 501 (C) (3)                     | 12,857.                  | 0.                                |   |                                       | GENERAL OPERATIONS                 |
| (7)   |            |                                 |                          |                                   |   |                                       |                                    |
| (8)   |            |                                 |                          |                                   |   |                                       |                                    |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 6

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| 1 UTILITY ASSISTANCE            | 101                      | 40,567.                  |                                  |   |                                       |
| 2 RENTAL ASSISTANCE             | 375                      | 359,903.                 |                                  |   |                                       |
| 3 TRANSPORTATION                | 3                        | 502.                     |                                  |   |                                       |
| 4 FOOD, CLOTHING, BASIC NEEDS   | 15                       | 5,877.                   |                                  |   |                                       |
| 5                               |                          |                          |                                  |   |                                       |
| 6                               |                          |                          |                                  |   |                                       |
| 7                               |                          |                          |                                  |   |                                       |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

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.

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Employer identification number

CHILDREN'S NETWORK OF SOLANO COUNTY

68-0014506

**FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES**

IMPROVE THE LIVES OF CHILDREN IN SOLANO COUNTY THROUGH EDUCATION, ADVOCACY, COORDINATION OF COMMUNITY SERVICES AND COMMUNITY-BASED COLLABORATIVES. CHILDREN'S NETWORK OF SOLANO COUNTY CONDUCTS AND DISSEMINATES RESEARCH, OFFERS TRAINING, ADMINISTERS GRANTS, COORDINATES COUNTY AGENCIES, ADVOCATES FOR POLICY CHANGES AT ALL LEVELS OF GOVERNMENT, AND WORKS TO IMPROVE EFFICIENCY AND EFFECTIVENESS FOR CHILDREN.

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

IMPROVE THE LIVES OF CHILDREN IN SOLANO COUNTY THROUGH EDUCATION, ADVOCACY, COORDINATION OF COMMUNITY SERVICES AND COMMUNITY-BASED COLLABORATIVES. CHILDREN'S NETWORK OF SOLANO COUNTY CONDUCTS AND DISSEMINATES RESEARCH, OFFERS TRAINING, ADMINISTERS GRANTS, COORDINATES COUNTY AGENCIES, ADVOCATES FOR POLICY CHANGES AT ALL LEVELS OF GOVERNMENT, AND WORKS TO IMPROVE EFFICIENCY AND EFFECTIVENESS FOR CHILDREN.

**FORM 990, PART III, LINE 3 - CEASED CONDUCTING OR SIGNIFICANT CHANGES TO SERVICES**

OUR YOUTH PROGRAM WAS MERGED INTO OUR OTHER PROGRAM SERVICES DURING THE YEAR.

**FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION**

FISCAL SPONSORSHIP - WE PROVIDE ASSISTANCE TO LOCAL ORGANIZATIONS THAT DO NOT HAVE A 501(C) (3) DESIGNATION, BUT ARE HELPING OUR COMMUNITIES, FAMILIES, AND CHILDREN TO BE SUCCESSFUL, BY PROVIDING THEM WITH THE ADMINISTRATIVE INFRASTRUCTURE NEEDED TO RAISE AND SPEND FUNDS FOR THEIR EFFORTS.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

THE BOARD REVIEWS AND APPROVES THE FORM 990 AND RELATED TAX FORMS PRIOR TO FILING.

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT**

COMPENSATION OF MANAGEMENT IS DECIDED BY THE BOARD OF DIRECTORS. THE BOARD TAKES

INTO ACCOUNT THE PAY OF OTHER EXECUTIVES OF SIMILARLY SIZED NON PROFITS AS WELL AS

Name of the organization

Employer identification number

CHILDREN'S NETWORK OF SOLANO COUNTY

68-0014506

**FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT (CON**  
THE PERFORMANCE OF THE EXECUTIVE.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

COPIES OF REQUIRED DOCUMENTS ARE KEPT IN THE FINANCE OFFICE AND ARE AVAILABLE UPON  
REQUEST.