** PUBLIC DISCLOSURE COPY **

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

OMB No. 1545-0047

Inspection

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

Α_	For the	2020 calendar year, or tax year beginning OCT 1, 2020 and e	ending S	EP 30, 2021	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres				
L	Name change	Doing business as		51-00709	66
	Initial return		Room/suite	E Telephone number	
	Final return/ termin-		111	302-655-	
	ated Ameno	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,901,750.
F	⊥_return ∏Applica	WILMINGTON, DE 19001-10/4		H(a) Is this a group re	
	⊥ltiö'n pendin	F Name and address of principal officer: NICIAND I. GANNEII		for subordinates	
_				H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c)() ((insert no.) 4947(a)(1) o e: ► WWW • CBHINC • ORG	or 527		list. See instructions
		organization: X Corporation Trust Association Other	I Voor	H(c) Group exemption	n number ► 1 State of legal domicile: DE
	art I	Summary	L Year	or formation: 1937 N	State of legal doffliche: DE
		Briefly describe the organization's mission or most significant activities: TO IM	/PROVE	THE LIVES	<u>○</u>
Activities & Governance		CHILDREN, YOUTH, FAMILIES, AND COMMUNITIE			
nar		Check this box if the organization discontinued its operations or dispos			
ver	1				25
ဗွ	1	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		·····	25
ళ		Total number of individuals employed in calendar year 2020 (Part V, line 1a)			47
ij		Total number of volunteers (estimate if necessary)			100
ξ		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
-	 	Net difference business taxable income from 1 offi 500 1,1 art 1, line 11		Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		3,762,449.	1,438,515.
	9	Program service revenue (Part VIII, line 2g)		190,093.	596,287.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		251,025.	343,860.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,370.	67,882.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,209,937.	2,446,544.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		42,876.	35,302.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ģ		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,163,347.	1,165,723.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
g	b.	Total fundraising expenses (Part IX, column (D), line 25)	36.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,215,012.	998,179.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,421,235.	2,199,204.
		Revenue less expenses. Subtract line 18 from line 12		1,788,702.	247,340.
Or Sec	3		Ве	ginning of Current Year	End of Year
Net Assets or Find Balances	20	Total assets (Part X, line 16)		12,381,590.	14,014,176.
t As	21	Total liabilities (Part X, line 26)		287,036.	607,880.
<u>E</u> E	22	Net assets or fund balances. Subtract line 21 from line 20		12,094,554.	13,406,296.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		Cinnahuna of affican		Data	
Sig		Signature of officer	_	Date	
He	re	RICHARD T. GARRETT, EXECUTIVE DIRECTOR	₹		
		Type or print name and title		Date Check	PTIN
D-:		Print/Type preparer's name Preparer's signature	I .	OHOOK	
Pai		PETER KENNEDY PETER KENNEDY	<u> </u>	5/24/22 if self-employe	P00571422 51-0232475
	parer	Firm's name COVER & ROSSITER, P.A. Firm's address 2711 CENTERVILLE ROAD, SUITE 100	1	Firm's EIN	J1-0727412
USE	Only	Firm's address 2711 CENTERVILLE ROAD, SUITE 100 WILMINGTON, DE 19808	,	Phone no. (3	02) 656-6632
N4-	v +b = 15	-		Priorie no. (3	
ivia	y tne IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	Check if Schedule O contains a response or note to any line in this Part III
_	
1	Briefly describe the organization's mission: CHILDREN'S BEACH HOUSE FULFILLS LYDIA CHICHESTER DUPONT'S DIRECTIVE TO
	IMPROVE THE LIVES OF CHILDREN, YOUTH, FAMILIES, AND COMMUNITIES BY
	HELPING THEM TO IDENTIFY, UNDERSTAND, AND UTILIZE THEIR OWN STRENGTHS,
	· · · · · · · · · · · · · · · · · · ·
	TALENTS, AND RESOURCES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 404,812 • including grants of \$) (Revenue \$)
	THE YOUTH DEVELOPMENT PROGRAM SERVES CHILDREN AGE 7 TO 18 AND SEEKS TO
	STRENGTHEN THE TIME-TESTED SUPPORTS THAT REDUCE RISKS AND FOSTER
	RESILIENCE IN CHILDREN AND YOUTH. THE PROGRAM DIRECTS A GREAT DEAL OF
	TIME AND ENERGY TO CULTIVATE AND SAFEGUARD RELATIONSHIPS WITHIN THE
	FAMILY.
	FARILIT.
4b	(Code:) (Expenses \$
	GREATER GOOD EVENTS IS A SOCIAL ENTERPRISE DESIGNED TO RAISE AWARENESS
	OF THE CHILDREN'S BEACH HOUSE PROGRAMS AND WILL EVENTUALLY PROVIDE
	OPPORTUNITIES FOR CHILDREN'S BEACH HOUSE PARTICIPANTS TO EXPLORE FOOD
	SERVICE/HOSPITALITY CAREERS AND TO GAIN MARKETABLE JOB SKILLS. ANY
	"PROFITS" REALIZED FROM THIS INITIATIVE WILL BE REINVESTED INTO THE
	MISSION-BASED PROGRAMS OF CHILDREN'S BEACH HOUSE.
1-	(Code:) (Expenses \$ 779,689 • including grants of \$ 35,302 •) (Revenue \$ 271,904 •)
4C	(Code:) (Expenses \$ //9,689 including grants of \$ 35,302 ·) (Revenue \$ 2/1,904 ·) THE MARGARET H. ROLLINS CHILD DEVELOPMENT CENTER PROVIDES HIGH QUALITY
	PRESCHOOL EDUCATION AND WRAP AROUND SERVICES IN A BEST PRACTICES
	APPROACH TO SUPPORT CHILDREN WITH SPEECH AND LANGUAGE DELAYS AND/OR
	· · · · · · · · · · · · · · · · · · ·
	HEARING DISABILITIES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 222,049 • including grants of \$) (Revenue \$ 17,080 •)
4e	Total program service expenses ► 1,726,950.
-10	Form 990 (2020)
	101111 330 (2020)

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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا ۔۔
	during the tax year? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			٦,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			\ _{3,7}
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			 ₩
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	па	21	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	110		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			\ \ •
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			.
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			X
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	21	
19		19		Х
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
	G contract and a second of About a contract of the contract of			

Form 990 (2020) CHILDREN'S BEACH H Part IV Checklist of Required Schedules (continued)

. u	The state of the quality contained (contained)			
	D: III		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			37
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
ч	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	200		
·		28c		х
20	"Yes," complete Schedule L, Part IV	29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			Х
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	
	Part V, line 1	34	X	37
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt 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	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2020) CHILDREN'S BEACH HOUSE, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a 47								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X					
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	·								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b 5c		Х					
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		0-		x					
	any contributions that were not tax deductible as charitable contributions?		6a							
D	If "Yes," did the organization include with every solicitation an express statement that such contribut	-	6h							
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b							
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		x					
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was									
·	to file Form 8282?		7с		х					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		Х					
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the								
	sponsoring organization have excess business holdings at any time during the year?									
9	Sponsoring organizations maintaining donor advised funds.									
а			9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b							
10	Section 501(c)(7) organizations. Enter:	l.a. I								
a	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	110								
	Gross income from other sources (Do not net amounts due or paid to other sources against	11a								
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>								
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
14a	· · · · · · · · · · · · · · · · · · ·		14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				,,					
	excess parachute payment(s) during the year?		15		X					
	If "Yes," see instructions and file Form 4720, Schedule N.				v					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X					
	If "Yes," complete Form 4720, Schedule O.		Гани	990	(0000)					

Form **990** (2020)

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				
Sec	tion A. Governing Body and Management									
					Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	25							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any other							
_	officer, director, trustee, or key employee?		-	2	Х					
3	Did the organization delegate control over management duties customarily performed by or under th									
·	of officers, directors, trustees, or key employees to a management company or other person?		-	3		х				
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X				
6										
7a	Did the organization have members of stockholders, or other persons who had the power to elect or a			6		Х				
74	more members of the governing body?	•		7a		х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			74						
				7b		X				
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year			7.5						
		-	=	8a	х					
a	The governing body? Each committee with authority to act on behalf of the governing body?			8b	X	_				
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			OD						
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re			3						
000	tion B. Follocs (This Section Brequests information about policies not required by the internal re	everiue	code.)		Yes	No				
100	Did the organization have local chapters, branches, or affiliates?			10a	163	X				
	If "Yes," did the organization have written policies and procedures governing the activities of such cl			IUa						
b	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b						
112				11a	Х					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process if any used by the organization to review this Form 990.									
12a	 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a 12b	X					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			120						
·	in Schedule O how this was done			12c	Х					
13	Did the organization have a written whistleblower policy?			13	X					
	Did the organization have a written document retention and destruction policy?			14	X					
14	•			14	25					
15	Did the process for determining compensation of the following persons include a review and approve persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		ldependent							
_				150	Х					
a h	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization			15a 15b	X					
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			IJD						
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent :	vith a							
IUa				16a		х				
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			IUa						
D		-	- ·							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			16b						
800	exempt status with respect to such arrangements? tion C. Disclosure			IOD		<u> </u>				
17		24 000	T (Costion 501/o)(2)	o only	() a) (a)il	labla				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nu 990	7-1 (Section 501(C)(3)	is only) avall	auie				
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain	on C-	hadula (1)							
40			,	al £".∞ -	-oi-'					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	oriflict	oi interest policy, an	u rinar	icial					
00	statements available to the public during the tax year.	-le-	.ala.a.u.d							
20	State the name, address, and telephone number of the person who possesses the organization's bo CHILDREN'S BEACH HOUSE, INC (302) $655-4288$	oks ar	ia recoras 🟲							
		01 –	1674							
	TOO " TOTH DIMEDI, DOTTH TIT, WINHINGTON, DE TYO	~ _	_ J ,							

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per	box	not c , unle	Pos heck ss pe	C) Osition ck more than one person is both an a director/trustee)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer of the property of the		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) RICHARD T. GARRETT	50.00							104 160	0	15 100
EXEC DIRECTOR	F 00			Х				104,168.	0.	17,189.
(2) ALEXANDRA ERGON, CFA	5.00	,,		,,					0	0
PRESIDENT		Х		Х				0.	0.	0.
(3) THOMAS F. SHERIDAN	5.00									•
VICE PRESIDENT	F 00	Х		Х				0.	0.	0.
(4) LINDA M. FISCHER	5.00									•
SECRETARY		Х		Х				0.	0.	0.
(5) MICHAEL J. HOGAN	5.00									•
TREASURER		Х		Х				0.	0.	0.
(6) CONSTANCE M. MILLER	5.00									•
ASSISTANT TREASURER		Х		Х				0.	0.	0.
(7) RAYMOND F. BOOK, III, CPA	5.00									•
TRUSTEE	F 00	Х						0.	0.	0.
(8) ELLISON M. CAREY	5.00	,,							•	•
TRUSTEE	F 00	Х						0.	0.	0.
(9) EILEEN S. CLARK	5.00	٠,,							0	•
TRUSTEE	F 00	Х						0.	0.	0.
(10) MARY M. CULLEY, ESQ.	5.00	٠,,							0	0
TRUSTEE	F 00	Х						0.	0.	0.
(11) KAREN B. FALK	5.00	\ \							0	0
TRUSTEE	5.00	Х						0.	0.	0.
(12) ALEXIS DUPONT GAHAGAN	3.00	\ \						0.	0.	^
TRUSTEE	5.00	Х						0.	0.	0.
(13) KATHERINE DU PONT GAHAGAN	3.00	Х						0.	0.	0.
TRUSTEE	F 00	^						0.	0.	0.
(14) SARAH I. GORE	5.00	Х						0.	0.	0.
TRUSTEE	5.00	^	_	_	<u> </u>	\vdash	\vdash	0.	0.	U •
(15) JEAN T. HITCHENS TRUSTEE	3.00	Х						0.	0.	0.
(16) ILONA E. HOLLAND, ED.D.	5.00	┌┸					\vdash	0.	0.	<u> </u>
TRUSTEE	3.00	Х						0.	0.	0.
(17) PAULA S. JANSSEN	5.00	┌┸					\vdash	0.	0.	<u> </u>
TRUSTEE	3.00	Х						0.	0.	0.
032007 12-23-20		77			<u> </u>				U •	Form 990 (2020)

032007 12-23-20

Form **990** (2020)

Section A. Officers, Directors, Tr		ploy	ees			ighe	st C			——		
(A)	(B)			Posi	-	,		(D)	(E)		(F)	
Name and title	Average hours per		not c	Posi heck	more	than		Reportable	Reportable	_	Estima	
	week			ess per nd a di				compensation from	compensatior from related		amour oth	
	(list any	tor						the	organizations		compen	
	hours for	direc				pa		organization	(W-2/1099-MIS			
	related	stee or	ustee			ensat		(W-2/1099-MISC)			organiz	ation
	organizations	al trus	onal tr		loyee	comp					and re	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiza	ations
(18) D. PRESTON LEE, JR.	5.00	Ĕ	Ë	θ	Ke	E E	요					
TRUSTEE	3.00	X						0.		0.		0.
(19) ELYSE F. MOORE	5.00	╁								- 		
TRUSTEE		x						0.		0.		0.
(20) ROBERT E. PERRI, JR.	5.00											
TRUSTEE		X						0.		0.		0.
(21) BERNADETTE POLINSKI	5.00											
TRUSTEE		X						0.		0.		0.
(22) TIMOTHY J. SUCHANICK	5.00											
TRUSTEE		Х						0.		0.		0.
(23) DAVID A. WHITE, ESQ.	5.00											
TRUSTEE		Х						0.		0.		0.
		1										
						_						
		_										
		_				_						
		1										
1h Cubtatal								104,168.		0.	17	189.
1b Subtotal c Total from continuation sheets to Part								0.		0.	<u> </u>	0.
d Total (add lines 1b and 1c)								104,168.		0.	17.	189.
Total number of individuals (including but								-	0.000 of reportable			
compensation from the organization		.000		ou u		o,			,,ooo or roportable	•		1
											Ye	s No
3 Did the organization list any former office	er, director, trust	ee, l	кеу (empl	loye	e, o	hiç	ghest compensated emp	oloyee on			
line 1a? If "Yes," complete Schedule J fo	r such individual										3	Х
4 For any individual listed on line 1a, is the												
and related organizations greater than \$	150,000? <i>If</i> "Yes,	," co	mpl	ete S	Sche	edule	e J i	for such individual			4	X
5 Did any person listed on line 1a receive of	or accrue compe	nsat	ion 1	from	any	/ unr	elat	ted organization or indiv	idual for services			
rendered to the organization? If "Yes," co	omplete Schedui	e J t	or s	uch _I	pers	son .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest										pens	ation from	1
the organization. Report compensation f	or the calendar y	ear	endi	ing w	vith	or w	ithir		year.			
(A) Name and busine	ss address							(B) Description of s	envices	C	(C) ompensat	tion
ATLANTIC REFRIGERATION		אכ					\dashv	Bosonphorior	ioi vioco	<u> </u>	отпропоц	
17553 NASSAU COMMONS BL			R 1	90	958	۱ ۶	HVAC CONTRAC	TOR	272,702.			
	,	- 1									_ ,	

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

	1 990 rt VI		020) CHILDE		ACH HOUS	E, INC.	966 Page 9		
ıa	1 L V I	••••			or note to any lin	as in this Bort VIII			
			Check if Schedule O conta	ins a response	or note to any iir	(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	k c c e f	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants similar amounts not included above Noncash contributions included in lines 1 Total. Add lines 1a-1f	1b	113,919. 625,000. 340,940. 358,656.				
Program Service (Revenue	2 a k	a b c d	GREATER GOOD EVENUE EDUCERE PROGRAM All other program service reven Total. Add lines 2a-2f	SERVIC	Business Code 722320 624100 624100	307,303. 271,904. 17,080.	271,904. 17,080.		
Other Revenue	3 4 5 6 6 8 6 8 6 8 6 8 6 8 6 8 6 10 10 10 10 10 10 10 10 10 10 10 10 10	aboda boda boa boa	Investment income (including of other similar amounts) Income from investment of tax-Royalties Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses The first contact of the contact of the cost of	(i) Securities 556,700. 402,565. 154,135. 154,135. Into (not 19. of Ic). See Ba Bb raising events ivities. See 9a 9b ng activities eturns	(ii) Personal (iii) Other	189,725.			189,725. 154,135. 61,289.
Miscellaneous Revenue	11 a	a b c	MISC INCOME All other revenue Total. Add lines 11a-11d		Business Code 624100	6,593.			6,593.
	12		Total revenue. See instructions .		-	2,446,544.	596,287.	0.	411,742.

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).

3000	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon				
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	35,302.	35,302.		
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	121,357.	98,299.	13,349.	9,709
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	866,704.	662,468.	54,778.	149,458
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	13,095.	9,498.	1,026.	2,571 16,372
9	Other employee benefits	94,684.	70,284.	8,028.	16,372
10	Payroll taxes	69,883.	52,412.	6,122.	11,349
11	Fees for services (nonemployees):				
а	Management				
b	Legal	48,348.	39,351.	2,417.	6,580
С	Accounting	17,500.	14,243.	875.	2,382
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	24,743.		24,743.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	68,976.	56,131.	3,451.	9,394
12	Advertising and promotion	1 - 2 - 2 - 2	100 110	40.450	
13	Office expenses	152,894.	130,640.	12,173.	10,081
14	Information technology				
15	Royalties	400 055	00.560	40.046	40.045
16	Occupancy	120,055.	93,562.	13,246.	13,247
17	Travel	4,825.	3,861.	482.	482
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	15 540	10 504	1 556	2 ((2
19	Conferences, conventions, and meetings	15,749.	10,504.	1,576.	3,669
20	Interest				
21	Payments to affiliates	202 002	172 200	10 104	20 200
22	Depreciation, depletion, and amortization	203,882.	173,300.	10,194.	20,388
23	Insurance	56,258.	46,510.	4,874.	4,874
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 0.)	152 022	152 020		
a	FACILITY RENTAL	153,032.	153,032.	2 616	7 727
b	MISCELLANEOUS	72,817.	61,969.	3,616.	7,232
С.	CONTRIBUTION WRITE-DOWN	38,236.	10 7/2	1 // 22	
d	EQUIPMENT RENTAL/MAINTE	14,324. 6,540.	10,743.	1,432.	2,149 1,163
	All other expenses	2,199,204.	1,726,950.	162,918.	309,336
25	Total functional expenses. Add lines 1 through 24e	4,133,404.	1,140,930.	104,910.	303,330
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 if following SOP 98-2 (ASC 958-720)				Form 990 (2020

Form **990** (2020)

Form 990 (2020) Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			20,653.	1	358,368.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net	87,000.	3	64,040.		
	4	Accounts receivable, net	8,073.	4	4,537.		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons described		6			
ts	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use			8		
Ä	9	5			28,098.	9	27,321.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	7,151,263.			
	b	Less: accumulated depreciation		3,289,936.	3,100,227.	10c	3,861,327.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1	8,363,881.	12	9,698,583.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	773,658.	15	0.		
	16	Total assets. Add lines 1 through 15 (must equa			12,381,590.	16	14,014,176.
	17	Accounts payable and accrued expenses			246,910.	17	54,522.
	18	Grants payable			18		
	19	Deferred revenue	12,325.	19	85,264.		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or form	ner offic	cer, director,			
≝		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of thes	se pers	ons		22	
_	23	Secured mortgages and notes payable to unrela	ted thi	rd parties	27,301.	23	467,594.
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	500		F 0.0
		of Schedule D			500.		500.
	26	Total liabilities. Add lines 17 through 25			287,036.	26	607,880.
ű		Organizations that follow FASB ASC 958, che	ck her	e ▶ \ <u>X</u>			
nce		and complete lines 27, 28, 32, and 33.			0 400 000		0 001 150
ala	27	Net assets without donor restrictions			8,422,933.	27	9,201,150.
d B	28	Net assets with donor restrictions			3,671,621.	28	4,205,146.
Ë		Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 📖			
P		and complete lines 29 through 33.					
ts	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			10 004 554	31	12 406 206
ž	32	Total net assets or fund balances		12,094,554.	32	13,406,296.	
	33	Total liabilities and net assets/fund balances			12,381,590.	33	14,014,176.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,44	6,5	<u>44.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,19	9,2	04.
3	Revenue less expenses. Subtract line 2 from line 1	3			40.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,09		
5	Net unrealized gains (losses) on investments	5	1,06	4,4	02.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	13,40	6,2	96.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				990 ((2020)

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CHILDREN'S BEACH HOUSE, INC.

CHILDREN'S BEACH HOUSE, INC.

S1-0070966

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.)

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, of	heck only	one box.)		
1	Щ	A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1	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 orga	anization described in s e	ection 170)(b)(1)(A)(i	ii).	
4		A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental unit describ	oed in
		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local go	•	nental unit described in	section 17	70(b)(1)(A)	(v).	
7		An organization that norma	-					public described in
		section 170(b)(1)(A)(vi). (C		a. part or no cappoint			anni or nom ino gonora.	, pas accombca
8		A community trust describe		(1)(A)(vi). (Complete Par	: II)			
a	Ħ	An agricultural research org				ed in coni	inction with a land-grant	college
J		or university or a non-land-				-	-	-
		university:	grant college or agric	alture (see iristructions).	Litter tile	marrie, city	y, and state of the colleg	je oi
10	X	An organization that norma	Ily rocoivos (1) moro	than 33 1/30/ of its sun	nort from	contributio	one momborship foce a	nd gross receipts from
10		activities related to its exen						
		income and unrelated busin						
		See section 509(a)(2). (Con		(less section of reax) in	om busine	sses acqu	ined by the organization	arter durie 30, 1973.
11		An organization organized		ively to test for public sa	fety See	section 50	19(a)(4)	
 12	Ħ	An organization organized a	•	*	-			a nurnoses of one or
12		more publicly supported or	=	•	-		· · · · · · · · · · · · · · · · · · ·	• •
		lines 12a through 12d that						Direck tile box iii
_		7				-	•	, aivina
а		■ Type I. A supporting organization	· · · · · · · · · · · · · · · · · · ·	•	•	•		
		the supported organization			a majority (or the dire	ctors of trustees of the s	supporting
		organization. You must o						
b		Type II. A supporting org						
		control or management o			ame perso	ons mai co	ontrol or manage the sup	oported
_		organization(s). You mus				. حادان در مرداد		ملائد ، الم
С		Type III functionally inte						ea with,
ام		its supported organizatio		•				ization(o)
d		☐ Type III non-functionally						
		that is not functionally int	-	•	•		•	iveriess
_		requirement (see instruct	•	-				
е		Check this box if the orga					а турет, туреті, туретіі	
	Ente	functionally integrated, or		,				
	f Enter the number of supported organizations g Provide the following information about the supported organization(s).							
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10	Yes	No	support (see instructions)	support (see instructions)
				above (see instructions))				
						1	l	

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.)

000	Stion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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)						
6	Public support. Subtract line 5 from line 4.						_
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	_
	organization, check this box and stop						>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2020 (14	%
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies as a publicly supported organization						
b	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 qual	ifies as a publicly s	supported organiz	ation			▶∟
17a	7a 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 tes	t - 2019. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	eck this box and st	top here. Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicl	y supported organ	ization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	s ▶∟

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.)

qualify under the tests listed below, please complete Part II.)							
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,068,271.	1,131,952.	1,407,456.	3,222,449.	1,438,515.	8,268,643.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the		450 400	151 050		505 005	
	organization's tax-exempt purpose	392,384.	479,420.	464,269.	322,018.	596,287.	2,254,378.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-					61 200	61 200
	iness under section 513					61,289.	61,289.
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	<u></u>	<u></u>		 	<u></u>	
	the organization without charge				540,000.		2,700,000.
6	Total. Add lines 1 through 5	2,000,655.	2,151,372.	2,411,725.	4,084,467.	2,636,091.	13,284,310.
7a	Amounts included on lines 1, 2, and		606 676	605 454	625 633		
	3 received from disqualified persons	633,868.	626,656.	625,101.	635,000.	654,500.	3,175,125.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	00 000	25 265	007.046		FF 042	
	amount on line 13 for the year	28,273.	85,367.				2,225,956.
С	Add lines 7a and 7b	662,141.	712,023.	922,347.	2,374,157.	730,413.	5,401,081.
	Public support. (Subtract line 7c from line 6.)						7,883,229.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	2,000,655.	2,151,372.	2,411,725.	4,084,467.	2,636,091.	13,284,310.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties,	172,058.	179,220.	138,226.	216,836.	189,725.	896,065.
L	and income from similar sources Unrelated business taxable income	172,030.	117,220.	130,220.	210,030.	105,725.	030,003.
D	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	450 050	450 000	100 006	016 006	400 505	006 065
	Add lines 10a and 10b	172,058.	179,220.	138,226.	216,836.	189,725.	896,065.
12	regularly carried on Other income. Do not include gain or loss from the sale of capital					6,593.	6,593.
13	assets (Explain in Part VI.)	2,172,713.	2,330,592.	2,549,951.	4,301,303.	2,832,409.	14,186,968.
	First 5 years. If the Form 990 is for th		, ,				
Sec	ction C. Computation of Publ						
	Public support percentage for 2020 (I		<u>-</u>	column (fl)		15	55.57 %
	Public support percentage from 2019					16	52.91 %
	ction D. Computation of Inves						70
	Investment income percentage for 20			ne 13, column (fl)		17	6.32 %
	Investment income percentage from 2		- · · · · · · · · · · · · · ·	(1)		18	6.24 %
	33 1/3% support tests - 2020. If the						, -
	more than 33 1/3%, check this box at 33 1/3% support tests - 2019. If the	nd stop here. The	organization qualit	fies as a publicly s	upported organiza	ition	▶ X
	line 18 is not more than 33 1/3%, che Private foundation. If the organizatio	eck this box and ste	op here. The orga	nization qualifies a	is a publicly suppo	orted organization	
			, 10.	,,			

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
Sa		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Seci	ion C. Type II Supporting Organizations		I.,	
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
	ion D. All Type III Supporting Organizations			
	Divin Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
	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		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion 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 yea(see instruction	ıs).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	_		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Pa	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 mus	t complete	e Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 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_	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			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	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ılly integrat	ed Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2020

Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Sect	ion D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	a From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
h	Excess from 2017				

Schedule A (Form 990 or 990-EZ) 2020

c Excess from 2018d Excess from 2019e Excess from 2020

Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

Employer identification number

CHILDREN'S BEACH HOUSE, INC.

51-0070966

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box were the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \\$					
but it m u	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

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

Name of organization

Employer identification number

CHILDREN'S BEACH HOUSE, INC.

51-0070966

Part I	Contributors (see instructions). Use duplicate copies of Part I is	f additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Name of organization

CHILDREN'S BEACH HOUSE, INC.

51-0070966

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution		
7			Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8			Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9			Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
10			Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
11			Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
12		\$	Person Payroll Noncash (Complete Part II for		

Name of organization

CHILDREN'S BEACH HOUSE, INC.

51-0070966

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
13		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
14		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
15		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
16		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for			

Name of organization Employer identification number

51-0070966 CHILDREN'S BEACH HOUSE, INC. Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

Employer identification number

Name of organization

CHILDREN'S BEACH HOUSE, INC. 51-0070966 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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 Open to Public Inspection

Name of the organization

CHILDREN'S BEACH HOUSE, INC.

Employer identification number 51-0070966

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin	e 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds			
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor of					
	impermissible private benefit?		Yes No			
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, line 7.			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).				
	Preservation of land for public use (for example, recrea	ition or education) Preservation of a	a historically important land area			
	Protection of natural habitat	Preservation of a	a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c			
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re			
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rel					
	year ▶					
4	Number of states where property subject to conservation eas	sement is located >				
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements if	t holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
	>					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easements during the year			
	▶ \$					
8	Does each conservation easement reported on line 2(d) above					
	and section 170(h)(4)(B)(ii)?		Yes			
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement and			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	nts that describes the			
_	organization's accounting for conservation easements.					
Pai	t III Organizations Maintaining Collections o	-	her Similar Assets.			
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 95					
	of art, historical treasures, or other similar assets held for pub	· ·	•			
	service, provide in Part XIII the text of the footnote to its finar					
b	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,			
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for financial	gain, provide			
	the following amounts required to be reported under FASB A	_				
а	Revenue included on Form 990, Part VIII, line 1		<u>"</u>			
b	Assets included in Form 990, Part X		▶ \$			

032051 12-01-20

Schedule D (Form 990) 2020

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

	rt III Organizations Maintaining C	Collections of Ar			her S		or Asse			age =		
3	Using the organization's acquisition, accessi		•						iucu)			
Ü	collection items (check all that apply):	ori, and other record	s, oncor any or the	Tollowing that make	Jagim	icarit (use of its	,				
_	a Public exhibition d Loan or exchange program											
b												
	c Preservation for future generations											
4	, , , , , , , , , , , , , , , , , , , ,											
5												
Dai	to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Га	reported an amount on Form 990, Pal	-	te if the organization	n answered "Yes" (on Forr	11 990	, Part IV,	line 9, or				
	Is the organization an agent, trustee, custod		ion , for contribution	a ar athar assats n	at in alı	ıdad						
ıa								Yes		No		
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII						└─	_ res		」 NO		
ь	ii res, explain the arrangement in Part Alli	and complete the for	llowing table.		Г			Amoun				
_	Deginning belongs				-	10		Amoun				
q	• • • • • • • • • • • • • • • • • • • •					1c						
u	Additions during the year					1d						
e	Distributions during the year				├-	1e						
0-	Ending balance				L	1f		Yes		No		
	If "Yes," explain the arrangement in Part XIII.				-		└─		H] NO		
Pa												
· u	Endownient Fands. Complete i	(a) Current year	(b) Prior year	(c) Two years back		hree v	ears back	(a) Four	Veare	hack		
10	Reginning of year balance	` ' '	6,021,172.	, ,	+ ` '			(e) Four years back 6 , 273 , 426				
_	- Samuel											
b	b Contributions 101,268. 1,721,660. 205,014. c Net investment earnings, gains, and losses 1,383,434. 820,049. 132,107. 387,600.											
ا	Net investment earnings, gains, and losses	35,302.	42,876.	91,977			07,000.	1	0,0,	966.		
u	Grants or scholarships	33,302.	42,070.	51,511	+							
е	Other expenditures for facilities	114,698.	156,124.	457,773		51	51,268.		562	923.		
	and programs	114,000.	130,124.	457,775	+	<u> </u>	51,200.	1	302,	, , , ,		
f	Administrative expenses	9,698,583.	8,363,881.	6,021,172		6 2	33,801.	6	307	469.		
g	End of year balance				•	0,2	33,001.	<u> </u>	, , , , ,	40 7.		
2	Provide the estimated percentage of the curl Board designated or quasi-endowment	57.6500		i)) rieid as.								
a	Permanent endowment 31.6000	%	_%									
D	Term endowment ► 10.7500											
C												
20	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		ation that are hold a	nd administered fo	r tha a	raaniz	otion					
Sa		ssion of the organiza	alion mai are neio a	na administered to	tile of	yanız	ation	ſ	Yes	No		
	by:							20(i)	162	No X		
	(i) Unrelated organizations							3a(i) 3a(ii)		X		
b	(ii) Related organizations	ations listed as requir	od on Schodulo D2									
4	Describe in Part XIII the intended uses of the							. [30]				
	t VI Land, Buildings, and Equipm		willett fullus.									
	Complete if the organization answere		Part IV line 11a S	See Form 990 Part	X line	10						
	Description of property	(a) Cost or ot			Accum		d	(d) Boo	k valu			
	bescription of property	basis (investm	' '		lepreci		٠	(u) 500	it valu	C		
12	Land	`	, , , , , ,	, ,	,							
b	Buildings		6.13	3,719. 2	, 688	3,60	8.	3,44	5,1	11.		
-	Leasehold improvements			5,047.		,16			$\frac{3, -1}{4, 8}$			
d	Equipment			0,862.		,15			5,7			
	Other			1,635.		,	-		1,6			
	I. Add lines 1a through 1e. (Column (d) must e							3,86				

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) COMMON STOCKS, MUTUAL			
(B) FUNDS, AND MONEY MARKET	0 600 503	TAID OF VEAD MADIES	773 T TTD
(C) SECURITIES	9,698,583.	END-OF-YEAR MARKET	VALUE
(D)			
(E)			
(F)			
(G)			
(H) Tatal (Col. (h) must squal Form 000, Port V col. (P) line 12.)	9,698,583.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.	9,090,303.		
	II am Farma 000 Part IV line	11a Can Faura 000 Bart V line 10	
Complete if the organization answered "Yes (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	(b) Book value	(O) Method of Valuation. Cook of one	a or your market value
(1)			
(2) (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes	" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 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) FACILITY RENTAL DEPOSITS			500.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			F 0 0
Total. (Column (b) must equal Form 990, Part X, col. (B) li			500.
2. Liability for uncertain tax positions. In Part XIII, provide		_	· —
organization's liability for uncertain tax positions unde	er FASB ASC 740. Check he	ere if the text of the footnote has been p	rovided in Part XIII L

Schedule D (Form 990) 2020

	dule D (Form 990) 2020 CHILDREN S BEACH HOUSE, IN				70 / 0 9 0 0 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme		th Revenue per R	eturn	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				2 450 001
1	Total revenue, gains, and other support per audited financial statements			1	3,450,901
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1	1 064 400		
а	Net unrealized gains (losses) on investments		1,064,402.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			1 064 400
е	Add lines 2a through 2d			2e	1,064,402
3	Subtract line 2e from line 1			3	2,386,499
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		04 540		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	24,743.		
b	Other (Describe in Part XIII.)	4b	35,302.		
С	Add lines 4a and 4b			4c	60,045
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,446,544
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents W	ith Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	2,139,159
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	1 - 1			
d	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	2,139,159
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	24,743.		
b	Other (Describe in Part XIII.)		24,743. 35,302.		
c	Add lines 4a and 4b			4c	60,045
	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			$\overline{}$	2,199,204
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV lines	h and 2h: Part V line	∕l· Part	X line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add			T, T CIT	Λ, 1110 Σ, Γαιτ Λί,
111103	20 and 45, and 1 art An, lines 20 and 45. Also complete this part to provide any add	illionai iini	orriation.		
PAI	RT V, LINE 4:				
	11 17 2212 21				
EN1	DOWMENT ASSETS CONSIST OF BOTH DONOR-RESTR	тстег	AND BOARD-	DEST	CNATED
	JOHN TIDDLID COMPLET OF BOTH BONON NEBTIN	<u> </u>	IND DOIND	<i>D</i>	LOMITED
ASS	SETS WHICH ARE MANAGED SO AS TO PROVIDE BO	тн д	PRIIDENT DRA	w Tr	J STIPPORT
AD	DEID WILLEIN ARE MANAGED DO AD 10 INOVIDE DO	111 A	I KODENI DKA		DOTTORT
OF	OPERATIONS AND PRESERVATION OF THE LONG-T	грм г	TIDCHACTNC D	OWER	OF THE
<u>OI</u>	OFERATIONS AND FRESERVATION OF THE HONG-T	EKM F	OKCHASING F	OWE	C OF THE
ודזים	IDC				
F UI	NDS.				
	OF UT 1 THE OR OFFICE ARTHURY				
PA.	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
KE	ITAL EXPENSE				
	OM WI TIME 4D OF THE TOTAL TO T				
PA]	RT XI, LINE 4B - OTHER ADJUSTMENTS:				

Schedule D (Form 990) 2020

35,302.

FINANCIAL AID

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

CHILDRE	N'S BEACH HOUSE, I	NC.			51-0070	966				
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.										
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.										
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have c or cor contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization				
		Yes	No							
「otal			•							
3 List all states in which the organization or licensing.				s or has been notified	d it is exempt from re	egistration				

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

Schedule G (Form 990 or 990-EZ) 2020

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and groups and groups.	•	·		·
		or fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	
					_	(d) Total events (add col. (a) through
			WINTER WHITE			col. (c))
Jue			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	63,435.	65,981.	98,433.	227,849.
	2	Less: Contributions	36,800.	37,100.	40,019.	113,919.
	3	Gross income (line 1 minus line 2)	26,635.	28,881.	58,414.	113,930.
	4	Cash prizes				
se	5	Noncash prizes				
xbens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
]	8	Entertainment				
	9	Other direct expenses		12,612.	26,980.	52,641.
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li	. ,		_	52,641. 61,289.
Pa				n 990, Part IV, line 19, or		01/2030
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or to	erminated during the tax	year?	Yes No

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

Sch	edule G (Form 990 or 990-EZ) 2020 CHILDREN'S BEACH HOUSE, INC. 51-	0070966	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\bigs\sum_{\text{\colored}}\$		
С	: If "Yes," enter name and address of the third party:		
	Name ▶		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	solutions is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•••	
	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990 or 990-EZ)	CHILDREN'S	BEACH	HOUSE,	INC.	51-0070966 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continued)				
	• • •					

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CHILDREN'	S BEACH H	HOUSE, INC.					51-0070966
Part I General Information on Grants a	and Assistance					·	
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's presentation. 	stance?						
Part II Grants and Other Assistance to					onization analyses d "	Vac" on Form 000 Dort	:IV line O1 for any
recipient that received more than					anization answered	res" on Form 990, Part	iv, line 21, for any
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
 Enter total number of section 501(c)(3) a Enter total number of other organization 							

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FINANCIAL AID	13	35 303	0	CASH VALUE OF ASSISTANCE	
FINANCIAL AID	13	35,302.	. 0.	ASSISTANCE	
Part IV Supplemental Information. Provide the informat	tion required in Part I, lin	e 2; Part III, column	n (b); and any other a	dditional information.	
PART I, LINE 2:					
THE ORGANIZATION AWARDS FINANC	IAL AID TO S	TUDENTS AT	TENDING IT	'S PROGRAMS	
BASED ON DEMONSTRATED FINANCIA					
BASED ON DEMONSTRATED FINANCIAL	n Need.				

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

CHILDREN'S BEACH HOUSE, INC.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

Employer identification number 51-0070966

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: IDENTIFY, UNDERSTAND, AND UTILIZE THEIR OWN STRENGTHS, TALENTS, AND RESOURCES.

EDUCERE INSTITUTE SUPPORTS ASSET-BASED COMMUNITY DEVELOPMENT BY OFFERING PROFESSIONAL DEVELOPMENT TO NONPROFITS, COMMUNITY ORGANIZATIONS, SCHOOLS, AND BUSINESSES TO HELP INDIVIDUALS, ESPECIALLY THOSE WITH DIFFERENCES, TO THRIVE IN THEIR COMMUNITIES. **EDUCERE** INSTITUTE SERVES AS A THOUGHT PARTNER TO HELP ORGANIZATIONS TO EXAMINE AND IMPROVE DECISION-MAKING, EXPERIMENT WITH NEW WAYS OF THINKING AND BEING, AND TO COMMIT TO ACTION STEPS TO PROMOTE ACCESS TO RESOURCES THAT INCREASE FAIRNESS AND EQUITY FOR ALL. EXPENSES \$ 222,049. INCLUDING GRANTS OF \$ 0. REVENUE \$ 17,080.

FORM 990, PART VI, SECTION A, LINE 2:

LINDA M. FISCHER AND CONSTANCE M. MILLER - FAMILY RELATIONSHIP KATHERINE DUPONT GAHAGAN AND ALEXIS GAHAGAN - FAMILY RELATIONSHIP

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

THE BOARD WILL RECEIVE A DRAFT COPY OF THE 990 TO REVIEW AND APPROVE BEFORE IT IS FILED WITH THE IRS.

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

TRUSTEES ARE REQUIRED TO ANNUALLY SIGN CONFLICT OF INTEREST STATEMENTS AND DISCLOSE ANY KNOWN OR POTENTIAL CONFLICTS OF INTEREST IN THESE STATEMENTS. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

CHILDREN'S BEACH HOUSE, INC.	51-0070966
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE DIRECTOR'S ANNUAL COMPENSATION IS REVIEWED	ANNUALLY AND
APPROVED BY THE ORGANIZATION'S EXECUTIVE COMMITTEE, A SUB	B-COMMITTEE OF THE
BOARD OF TRUSTEES.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FIN	ANCIAL STATEMENTS
ARE HELD WITH THE ORGANIZATION AND AVAILABLE UPON REQUEST	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

OMB No. 1545-0047

Employer identification number 51-0070966 CHILDREN'S BEACH HOUSE, INC. Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year. (a) (b) (c) (d) (e) (f) (g) Section 512(b)(13) Legal domicile (state or **Exempt Code** Public charity Direct controlling Name, address, and EIN Primary activity controlled of related organization section status (if section entity entity? foreign country) 501(c)(3)) Yes No CHICHESTER DUPONT FOUNDATION - 51-6011641 P.O. BOX 3598 Х WILMINGTON, DE 19807 PRIVATE FOUNDATION DELAWARE 501(C)(3) PF N/A

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	n)	(i)	(j	j)	(k)										
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign		Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of end-of-year assets	l	ortionate tions?	Code V-UBI	Gene	ral or l	Percentage ownership										
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No											
												_										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sect 512(b contri enti	tion b)(13) rolled :ity?
		country)		or truety		400010		Yes	No
-									
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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	During the tax year, did the organization engage in any of the following transactions	s with one or more r	elated organizations listed	in Parts II-IV?			X		
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
b	b Gift, grant, or capital contribution to related organization(s)								
С	c Gift, grant, or capital contribution from related organization(s)								
d	Loans or loan guarantees to or for related organization(s)				1d		X		
e Loans or loan guarantees by related organization(s)									
f	Dividends from related organization(s)				1f		X		
	g Sale of assets to related organization(s)								
h	Purchase of assets from related organization(s)				1h		Х		
i	Exchange of assets with related organization(s)				1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
k	k Lease of facilities, equipment, or other assets from related organization(s)								
- 1	k Lease of facilities, equipment, or other assets from related organization(s) I Performance of services or membership or fundraising solicitations for related organization(s)								
m	Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s)								
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
	Sharing of paid employees with related organization(s)								
р	Reimbursement paid to related organization(s) for expenses				1p		Х		
a .	Reimbursement paid by related organization(s) for expenses				1q		Х		
•									
r	r Other transfer of cash or property to related organization(s)								
	s Other transfer of cash or property from related organization(s)								
	If the answer to any of the above is "Yes," see the instructions for information on w								
	(a) (b) (c) (d) Name of related organization Transaction type (a-s) Amount involved Method of determining amount in								
<u>(1)</u> (CHICHESTER DUPONT FOUNDATION	С	625,000.	CASH VALUE					
(2)									
(3)									
(4)									
<u>(5)</u>									
(6)									
03216	10-28-20	43		Schedule F	R (Forr	n 990	2020		

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(t	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners se	Share of	Share of	Dispr	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	Percentage
of entity		(state or foreign	excluded from tax under	501(c)(3) orgs.?	total	end-of-year	allocat	ions?	of Schedule K-1	partner	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes	No	(Form 1065)	Yes No	
							t				
				\vdash			\vdash			\vdash	
				\vdash						\vdash	
							\vdash			\vdash	
		1		1 1	1		1				