PUBLIC DISCLOSURE COPY \*\*

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Form 990

# EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.



	partment of ernal Reven	the Treasury ue Service	Go to www.irs.gov/Form990 for instructions and	d the latest in	nformation.	Inspection			
-		and the second se		d ending					
в	Check if applicable		f organization		D Employer identification	ion number			
	Address	CHII	DKIND, INC.						
	Name change	Doing b	Doing business as 58-18003						
	Initial	Numbe	r and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final return/	1990	LAKESIDE PARKWAY, SUITE 350		404-248-19				
	termin- ated	City or	town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,712,353.			
	Amende		ER, GA 30084		H(a) Is this a group retur				
	Applica tion	F Name a	nd address of principal officer: KARL D. LEHMAN		for subordinates?	Yes X No			
_	pending	SAME	AS C ABOVE		H(b) Are all subordinates includ	led? Yes No			
1	Tax-exe		X 501(c)(3) 501(c)( ) (insert no.) 4947(a)(	1) or 527					
	Website		CHILDKIND.ORG		H(c) Group exemption n				
-			X Corporation Trust Association Other	L Year	of formation: 1988 M S	tate of legal domicile: GA			
F		Summary		aguada					
	8 1 E	Briefly descri	be the organization's mission or most significant activities: $\underline{SEE}$	SCHEDU	LE O				
	Covernance	Check this bo	ox if the organization discontinued its operations or disp	osed of more	than 25% of its net assets	i.			
	3 1	Number of vo	ting members of the governing body (Part VI, line 1a)		10				
			dependent voting members of the governing body (Part VI, line 1b)		4	10			
•	×8 vo 5	Total number	of individuals employed in calendar year 2022 (Part V, line 2a)			22			
:	6 -	Total number	of volunteers (estimate if necessary)		6	15			
1	Activities &	Total unrelate	d business revenue from Part VIII, column (C), line 12		7a	0.			
_	a bi	Net unrelated	I business taxable income from Form 990-T, Part I, line 11			0.			
				_	Prior Year	Current Year			
	0 8 0	Contributions	and grants (Part VIII, line 1h)		3,291,591.	3,711,966.			
	0	8	ice revenue (Part VIII, line 2g)		0.	0.			
	a 10 I		come (Part VIII, column (A), lines 3, 4, and 7d)		1,175.	387.			
	111		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		30,000.	3,712,353.			
_			e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,322,766.	3,112,353.			
			milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
			to or for members (Part IX, column (A), line 4)		1,355,546.	1,473,598.			
	s 15		er compensation, employee benefits (Part IX, column (A), lines 5-10	り <u> </u>	1,555,540.	0.			
			fundraising fees (Part IX, column (A), line 11e)	183	0.				
	d b				1,998,229.	2,152,300.			
	1.7		ses (Part IX, column (A), lines 11a-11d, 11f-24e) es. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,353,775.	3,625,898.			
			es. Add lines 13-17 (must equal Partix, column (A), line 23)		-31,009.	86,455.			
_		Revenue less	expenses. Subtract line to noth line t2	В	eginning of Current Year	End of Year			
to of		Total assets	(Part X, line 16)		548,950.	740,731.			
loco	0.00		(Part X, line 26)		184,630.	290,518.			
+ol	22		r fund balances. Subtract line 21 from line 20		364,320.	450,213.			
	Part II	Signatu	re Block						
U	nder pena	Ities of perjury	, I declare that I have examined this return, including accompanying sched	ules and staten	nents, and to the best of my kr	nowledge and belief, it is			
tr	ue, correc	ct, and complet	e Declaration of preparer (other than officer) is based on all information of	which prepare	r has any knowledge.				
			hardler		6/27/20	23			
S	ign	Signature of			Date				
н	lere		name and title						
_					Date Check	PTIN			
-	a l d	CTTANT P	eparer's name Preparer's signature Y M SMITH II STANLEY M SMIT	HII	06/26/23 if self-employed	P00319916			
	aid		CARR, RIGGS & INGRAM, LLC			-1396621			
	reparer Ise Only	Firm's name Firm's addre	AND THE PLAN AND AND AND AND AND AND AND AND AND A						
U	ac only	Firm's audre	ATLANTA, GA 30319		Phone no. 770	.394.8000			
-	lay the l	BS discuse t	his return with the preparer shown above? See instructions			X Yes No			
1	They will live				and the second	- 000 (0000)			

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	<u>990 (2022)</u> CHILDKIND, INC. 58-1800382 Page 2
Par	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	CHILDKIND'S MISSION IS TO EMPOWER FAMILIES CARING FOR CHILDREN
	INVOLVED WITH THE CHILD WELFARE SYSTEM, SPECIALIZING IN THOSE WITH
	SPECIAL HEALTH CARE AND DEVELOPMENTAL NEEDS. WHETHER IT BE A CHILD
	WITH A COMPLEX MEDICAL OR DEVELOPMENTAL DIAGNOSIS, A CHILD WITH
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. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	<b>3 3 3 3 3 3 3 3</b>
4	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 3,539,174. including grants of \$ ) (Revenue \$
Ĩ	SOCIAL SERVICES - THE ORGANIZATION CONTRIBUTES SERVICES TO FAMILIES AND
	CHILDREN IN THE FOSTER CARE SYSTEM WHICH CAN INCLUDE MEDICALLY FRAGILE
	CHILDREN AND CHILDREN WITH BEHAVIORAL AND DEVELOPMENTAL CHALLENGES.
	COMMUNITY BASED SERVICES - THE ORGANIZATION CONTRIBUTES SERVICES TO
	FAMILIES AND CHILDREN IN HOME BASED CARE AND KINSHIP CARE.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
Ψu	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 3,539,174.
	Form <b>990</b> (2022
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Form 990 (2022) CHILDKIND, INC.
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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? 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 Rev. Proc. 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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 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			<u> </u>
10	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,	44.	х	
	Part VI	<u>11a</u>	- 11	<u> </u>
a	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<u> </u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
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	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	<u> </u>
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	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?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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Form	990	(2022

Form 990 (2022) CHILDKIND, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
<b>2</b> 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
<b>_</b>	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the 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>			
	"Yes," complete Schedule L, Part IV	28a		x
b	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 line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? 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			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>
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Form	990 (2022) CHILDKIND, INC.		58-1800	382	P	age <b>5</b>	
Par	tV 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	22		x		
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?						
				3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authori	ty over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	t)?	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	ccoun	ts (FBAR).				
	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		X X	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit		37		
	any contributions that were not tax deductible as charitable contributions?			6a	Х	<u> </u>	
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ions or	gifts				
	were not tax deductible?			6b	Х		
7	Organizations that may receive deductible contributions under section 170(c).				37		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	rovided to the payor?	7a	X	<u> </u>	
				7b	Х	<u> </u>	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	lired				
	to file Form 8282?	1	 I	7c		X	
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-			37	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		t?	7e		X	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		X	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		<u> </u>	
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•		•			
-				8			
9	Sponsoring organizations maintaining donor advised funds.			•			
a				9a		<u> </u>	
b				9b			
10	Section 501(c)(7) organizations. Enter:	40-	I				
a L	Initiation fees and capital contributions included on Part VIII, line 12	10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:	440	I				
	Gross income from members or shareholders	<u>11a</u>					
a	Gross income from other sources. (Do not net amounts due or paid to other sources against	446					
10-	amounts due or received from them.)	11b	<u> </u>	10-			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		12a			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120					
	Is the organization licensed to issue qualified health plans in more than one state?			13a			
a	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			154			
h	Enter the amount of reserves the organization is required to maintain by the states in which the						
, D	organization is licensed to issue qualified health plans	13b					
~	Enter the amount of reserves on hand	13c					
14a		·	I	14a		x	
	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					<u> </u>	
	excess parachute payment(s) during the year?			15		x	
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t incor	ne?	16		x	
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17			
	If "Yes," complete Form 6069.						
232005	12-13-22			Form	990	(2022)	
						· -/	

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Form	990 (2022) CHILDKIND, INC.			-18003			age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b below,	and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O					•	
	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		10			
	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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		nv other				
~					2		х
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the	direct	supervisio		~		
3					3		x
			filed0		3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				-		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		
6	Did the organization have members or stockholders?				6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockhol	ders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:				
а	The governing body?				8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed at	the				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
					10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		Ũ				
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y						
Ū		,			12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?			ſ	14	X	
15	Did the process for determining compensation of the following persons include a review and approva				17		
15		i by inc	ependent				
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				45 -	Х	
	The organization's CEO, Executive Director, or top management official				15a	X	
a	Other officers or key employees of the organization				15b	<u> </u>	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen						37
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
	exempt status with respect to such arrangements?	<u></u>			16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-	T (section :	501(c)(3)s	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website X Another's website X Upon request Other (explain	on Sc	hedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest p	olicy, and	financ	ial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records				
	KARL D. LEHMAN, PRESIDENT AND CEO - 404-248-1980						
	1990 LAKESIDE PARKWAY, SUITE 350, TUCKER, GA 30084						
232006	12-13-22				Form	990	(2022)
	6						,)
3206	26 794202 60-00488.000 2022.04000 CHILDKIN	с, с	NC.			60	-00

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Form 990 (2022) CHILDKIND, INC.	58-1800382	Page <b>7</b>
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		
<ul> <li>1a Complete this table for all persons required to be listed. Report compensation for the calendar year endir</li> <li>List all of the organization's current officers, directors, trustees (whether individuals or organizations),</li> </ul>	s .	

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box offic	not cl , unles	ss per	more rson i	than o s both r/trus I	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) QUINTINA ROBINSON CHAIR	1.00	x		x				0.	0.	0.
(2) FOZIA KHAN ESKEW	1.00									
SECRETARY		x		х				0.	0.	0.
(3) STUART ROSENTHAL TREASURER	1.00	x		x				0.	0.	0.
(4) KATE BRADY	1.00							<b>Ŭ</b> •		<b>0</b> .
DIRECTOR	1.00	x						0.	0.	0.
(5) CINDY DESA	1.00									
DIRECTOR		Х						0.	0.	0.
(6) KATHERINE GARDES	1.00									
DIRECTOR		Х						0.	0.	0.
(7) DACIA GREEN	1.00									•
DIRECTOR	1 0 0	Х						0.	0.	0.
<pre>(8) JEFF LUCKICH DIRECTOR</pre>	1.00	x						0.	0.	0.
(9) MISTY PALMER	1.00	~						0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(10) KARL LEHMAN	40.00									
PRESIDENT/CEO		1		x				128,070.	0.	9,188.
(11) TRISHA CLYMORE	40.00									-
DIRECTOR ADMIN./ASST. SEC.				x				92,142.	0.	9,034.
							<u> </u>			
232007 12-13-22										Form <b>990</b> (2022)

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232007 12-13-22

Form 990 (202										58-18	3003	382	Pa	age <b>8</b>
Part VII Se	ection A. Officers, Directors, Trus		oloye	ees,			ghes	t C		· ,				
	(A) Name and title	<b>(B)</b> Average hours per week	box, offic	not cl unles	ss per	nore son is	than c s both r/trust	an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensatio from related	n	am	(F) timate ount o other	
		(list any hours for related organizations below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	er	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)		fro orga and	pensat om the anizati I relate nizatio	e on ed
		line)	Indiv	Instit	Officer	Key e	High empl	Former						
1b Subtota c Total fro	I continuation sheets to Part VI								220,212.		0.	18	3,22	<u>22.</u> 0.
	dd lines 1b and 1c)								220,212.		0.	18	3,22	
	mber of individuals (including but n sation from the organization	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	;		<u></u>	3
	organization list any <b>former</b> officer, If "Yes," complete Schedule J for s			•	•	-		Ŭ	• • •			3	Yes	No X
4 For any	individual listed on line 1a, is the su ted organizations greater than \$150	im of reportabl	e co	mpe	ensat	tion	and	oth	ner compensation from the	he organization		4		x
5 Did any	person listed on line 1a receive or a d to the organization? <i>If</i> "Yes," corr	accrue compen	satio	, on fr	om a	any	unre	late	ed organization or individ	dual for services		5		x
	dependent Contractors		; ] /(	JI SU		Jerso	011 .				·····	•		
	te this table for your five highest co nization. Report compensation for										ensat	ion fro	m	
	(A) Name and business	address	NC	ONE	2				<b>(B)</b> Description of s	ervices	С	(C ompen		1
								_						
								_						
								_						
	mber of independent contractors (i 0 of compensation from the organi	•	ot lin	nitec	l to t	thos C		ted	above) who received mo	ore than				

232008 12-13-22

Form	1 990	0 (2	2022) CHILDKIND, I	NC.				58-1800	382 Page <b>9</b>
Pa	rt V	/111	Statement of Revenue						
			Check if Schedule O contains a response	se or note	to any lin	e in this Part VIII	<u>.</u>		
						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ts ts	1	а	Federated campaigns 1a						
ran			Membership dues 1b						
s, G			Fundraising events 1c						
àifts ar ∕			Related organizations						
is, ( imil		е	Government grants (contributions) 1e	3,690,	,441.				
Contributions, Gifts, Grants and Other Similar Amounts		f	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	21,	,525.				
d O		g	Noncash contributions included in lines 1a-1f						
Co		h	Total. Add lines 1a-1f			3,711,966.			
				Busine	ess Code				
e	2	а							
Program Service Revenue		b							
n Se enu		С							
ram Jeve		d							
'ogi F		е							
ď		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including dividends, inte			207			207
	other similar amounts)					387.			387.
	4		Income from investment of tax-exempt bond	-					
	5		Royalties						
			(i) Real	(II) P	ersonal				
	6		Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
	7	а	Gross amount from sales of (i) Securitie	s (II)	Other	-			
			assets other than inventory <b>7a</b>						
•		b	Less: cost or other basis						
venue			and sales expenses						
			Gain or (loss)						
Other Re			Net gain or (loss)	<u></u>					
the	8	а	Gross income from fundraising events (not						
0			including \$ of						
			contributions reported on line 1c). See	0-					
		L		8a 8b		-			
			Less: direct expenses Net income or (loss) from fundraising events						
	۵		Gross income from gaming activities. See	,					
	3	a		9a					
		h		9b					
			Net income or (loss) from gaming activities						
			Gross sales of inventory, less returns						
		-		10a					
		b	F	0b					
			Net income or (loss) from sales of inventory						
			· · · · · · · · · · · · · · · · · · ·		ess Code				
snc	11	а							
nec		b		-					
ella evel		с		_					
Miscellaneous Revenue			All other revenue						
2			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			3,712,353.	0.	0.	387.
23200	9 12-	13-							Form <b>990</b> (2022)

9 2022.04000 CHILDKIND, INC.

70,	50, 90, and 100 of Part VIII.		expenses	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				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees	238,433.	238,433.		
6	Compensation not included above to disqualified	200,1000	20071001		
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	919,067.	879,465.	24,031.	15,571.
8	Pension plan accruals and contributions (include				•
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	227,550.	217,202.	8,659.	1,689.
10	Payroll taxes	88,548.	85,519.	1,838.	1,689. 1,191.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	30.		30.	
с	Accounting	20,650.	18,585.	1,785.	280.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	13,219.	10,571.	335.	2,313.
12	Advertising and promotion	54.000	46 682	1 600	<u> </u>
13	Office expenses	54,896.	46,673.	1,607.	6,616.
14	Information technology	7,390.	6,727.	349.	314.
15	Royalties	133,289.	121,133.	6,565.	5,591.
16		133,209.	121,133.	0,505.	5,591.
17 19	Travel Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Intoract				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,052.	2,774.	278.	
23	Insurance	52,142.	47,068.	3,536.	1,538.
24	Other expenses. Itemize expenses not covered				•
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.)				
а	FOSTERCARE	1,794,713.	1,793,510.	1,203.	
b	AUTO EXPENSE	34,667.	34,568.	99.	
с	STAFF DEVELOPMENT	19,022.	18,167.	855.	
d	PUBLIC RELATIONS	10,231.	10,200.	31.	
е	All other expenses	8,999.	8,579.	340.	80.
25	Total functional expenses. Add lines 1 through 24e	3,625,898.	3,539,174.	51,541.	35,183.
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)				<b>– 000</b> (0000)

Do not include amounts reported on lines 6b,

7b, 8b, 9b, and 10b of Part VIII.

CHILDKIND, INC.

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

(A) Total expenses

(B) Program service expenses

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

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**(D)** Fundraising expenses

(C) Management and general expenses

232010 12-13-22

	990 (2		58-1800382 Page 11				
Par	rt X	Balance Sheet		=			
		Check if Schedule O contains a response or not	e to any l	ine in this Part X		<u></u>	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	4	Orah and interest baseling			412.		83,931.
	1			····· -	46,577.	1 2	27,680.
	2	Savings and temporary cash investments			299,467.		505,007.
	3	Pledges and grants receivable, net			299,407.	3	505,007.
	4	Accounts receivable, net				4	
	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 disqualit					
	_	under section 4958(f)(1)), and persons described				6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			28,257.	8	28,339.
1	9			····· -	20,237.	9	20,339.
	10a	Land, buildings, and equipment: cost or other		112 526			
		basis. Complete Part VI of Schedule D		<u>112,536.</u> 103,326.	7,944.	10.	0 210
		Less: accumulated depreciation			166,293.		9,210. 2,243.
	11	Investments - publicly traded securities			100,295.	11	2,243.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			0.	14	84,321.
	15	Other assets. See Part IV, line 11			548,950.	15	740,731.
	16	Total assets. Add lines 1 through 15 (must equa			164,590.	16 17	197,068.
	17 18	Accounts payable and accrued expenses			104,550.	18	197,000.
	19	Grants payable			20,040.	19	0.
	20	Deferred revenue			20,040.	20	
	20 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete I		O de salada D		20 21	
	21	Loans and other payables to any current or form				21	
Liabilities	22	trustee, key employee, creator or founder, subst					
bilit		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela	-			22	
	23 24	Unsecured notes and loans payable to unrelated				23	
	25	Other liabilities (including federal income tax, pa				27	
	20	parties, and other liabilities not included on lines					
					0.	25	93,450.
	26	of Schedule D Total liabilities. Add lines 17 through 25			184,630.	26	290,518.
		Organizations that follow FASB ASC 958, che		X			
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions	364,320.	27	450,213.		
Bala	28	Net assets with donor restrictions		28			
Ιpι		Organizations that do not follow FASB ASC 9					
Fur		and complete lines 29 through 33.	,				
ъ.	29	Capital stock or trust principal, or current funds				29	
iets	30	Paid-in or capital surplus, or land, building, or ec				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			364,320.	32	450,213.
2	33	Total liabilities and net assets/fund balances			548,950.	33	740,731.

Form **990** (2022)

14320626 794202 60-00488.000

	<u>1990 (2022)</u> CHILDKIND, INC.	<u>58-18</u>	800382	Pag	<sub>ge</sub> 12
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	3,71		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,62		
3	Revenue less expenses. Subtract line 2 from line 1	3		6,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36	4,3	
5	Net unrealized gains (losses) on investments	5		-5	62.
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	45	0,2	<u>13.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				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 on Schedule	0.			
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	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?		<b>2</b> b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	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 the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X	L
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X	
			_		(0000)

Form **990** (2022)

(Form 990)

Total

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2022
Open to Public

Department of the Treasury Internal Revenue Service			Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection
Name of	the organizatio		0					Employer	identification number
	5		DKIND, INC						8-1800382
Part I	Reason f			(All organizations must c	omplete t	his part.) S	ee instructior		0 1000001
				For lines 1 through 12, c					
1				on of churches described			1)(A)(i).		
2				Attach Schedule E (Forn			•,,-,,•,•		
3				anization described in s		<u> </u>	)		
4	•	•		njunction with a hospital			•	Viii) Enter	the hospital's name
4	city, and state	-		njuneton with a nospital	ucsenbec	ant Secul			the hospital s hame,
5			or the benefit of a co	llege or university owned	l or operat	ed by a do	vernmental	init describe	ad in
5			Complete Part II.)	lege of university owned		eu by a gu			
e 🗌				nantal unit described in	ocotion 1	70/6//4//4	(h)		
6 🗔 7 X		-	-	nental unit described in				ha aanaral i	aublic described in
1 [1]				ntial part of its support fi	om a gove	ernmental		ne general j	Sublic described in
•			omplete Part II.)						
8	-			(1)(A)(vi). (Complete Par					
9 🔛				in section 170(b)(1)(A)(					
	-	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
40	university:			Harris 00 4 (00) - 5 Harrison					
10	•		•	than 33 1/3% of its supp				•	•
				t to certain exceptions;					
				(less section 511 tax) fro	om busines	sses acqui	red by the or	ganization a	after June 30, 1975.
			mplete Part III.)						
	-	-	-	ively to test for public sa	•				
12	-	-	-	ively for the benefit of, to				-	
				ed in section 509(a)(1) o					Check the box on
	-			f supporting organization					
a 🗌			-	upervised, or controlled	• •	-			
				gularly appoint or elect a	majority o	of the direc	ctors or truste	es of the su	ipporting
	<b>-</b>		complete Part IV, Se						
b 🗌			-	l or controlled in connect			-		-
		-		anization vested in the s	ame perso	ons that co	ntrol or mana	ge the supp	ported
	<b>-</b>		t complete Part IV,						
c		-		g organization operated				Ily integrate	ed with,
	-			). You must complete I					
d	Type III nor	n-functionally	/ integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organiz	zation(s)
		-		zation generally must sat	•		-	d an attentiv	/eness
_	- ·			nplete Part IV, Sections					
e	Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
	functionally	integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
	er the number o		•						
			about the supporte		(iv) is the ora	anization listed	(.) Arrestation	(	
	<ul> <li>(i) Name of suppo organization</li> </ul>		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	ing document?	(v) Amount o support (see i	-	(vi) Amount of other support (see instructions)
	organization			above (see instructions))	Yes	No	support (see i	instructions)	support (see instructions)
			1	1		1	1		1

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Cohodulo A	000	000
Schedule A	990	1202

CHILDKIND, INC.

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

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

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	3642434.	3555738.	3525220.	3291591.	3711966.	<u>17726949.</u>			
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 $\dots$									
4	Total. Add lines 1 through 3	3642434.	3555738.	3525220.	3291591.	3711966.	17726949.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
	Public support. Subtract line 5 from line 4.						17726949.			
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
7	Amounts from line 4	3642434.	3555738.	3525220.	3291591.	3711966.	17726949.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	576.	-17.	1,217.	1,175.	387.	3,338.			
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.)	13,361.	2,939.	66.	30,000.		46,366.			
11	Total support. Add lines 7 through 10						17776653.			
12	Gross receipts from related activities,	etc. (see instructio	ons)			12				
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	ear as a section /	01(c)(3)				
	organization, check this box and stop									
Sec	ction C. Computation of Publi	c Support Per	centage							
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	<u>99.72 %</u>			
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	<u>99.70 %</u>			
<b>1</b> 6a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo	x and			
	stop here. The organization qualifies	as a publicly supp	orted organization				X			
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box			
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation						
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not o							
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	ation			
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization					
b	0 10% -facts-and-circumstances test	- 2021. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or			
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	ck this box and <b>st</b>	t <b>op here.</b> Explain i	n Part VI how the				
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation				
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s			
	Schedule A (Form 990) 2022									

Schedule A	(Form 990) 2022	CHILDKIND,	INC.		58-1800382	Pa
Part III	Support Schedule for	or Organizations I	Describe	d in Section 509(a)(2)		
	(Complete only if you chec	ked the box on line 10	of Part I or	if the organization failed to qua	lify under Part II. If the organization fails	s to

qualify under the tests listed below, please complete Part II.) ation

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
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						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		-	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) org	anization,
_							
	ction C. Computation of Publi						
	Public support percentage for 2022 (I					15	%
<u>16</u>	Public support percentage from 2021					16	%
	ction D. Computation of Inves					4.7	
	Investment income percentage for 20					17	%
18	Investment income percentage from					<b>18</b>	%
192	a 33 1/3% support tests - 2022. If the						
ŀ	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						1/3% and
Ľ	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-09-22	and not oncor a	<u></u>				edule A (Form 990) 2022
2020			15			Gene	

2022.04000 CHILDKIND, INC.

1

2

Yes No

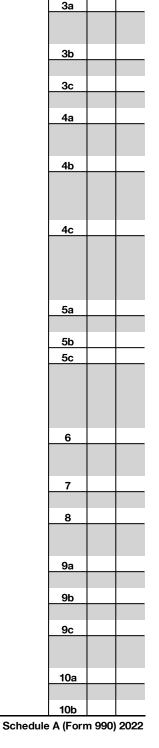
# Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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.)

232024 12-09-22



### 16 2022.04000 CHILDKIND, INC.

Schedule A (Form 990) 2022 CHILDKIND	,
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1

2

Yes No

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а	A pers	on who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		
b	A fami	ly member of a person described on line 11a above?	11b		
С	A 35%	controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		n Part VI.	11c		
Sec	tion B	5. Type I Supporting Organizations			
				Yes	No
1	more s directo	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? <i>If "No," describe in</i> <b>Part VI</b> how the supported organization(s) vely operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i>			

INC.

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

supervised. or controlled the supporting organization.

Section C. Type II Supporting Organizations	

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).*

Section D	. All Type III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on 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		

### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a 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 gove	ernmental entity (see instr	uction <u>s).</u>
---	--	---	-------------------------	----------------------	-----------------------------	-------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

17 2022.04000 CHILDKIND, INC. Yes No

Sche	dule A (Form 990) 2022 CHILDKIND, INC.			58-1800382 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	n Nov. 20, 1970 ( <i>explain ir</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	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):			
<u>a</u>	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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	y integra	ted Type III supporting org	anization (see

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

7 Excess distributions carryover to 2023. Add lines 3j

**Current Year** Section D - Distributions 1 **1** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2022 from Section C, line 6 10 **10** Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 a From 2017 **b** From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.

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

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

CHILDKIND, INC.

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

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

2022

Employer identification number

58-1800382

CHILDKIND,	INC.	,
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Organization type (check or	ne):
Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

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

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

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

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

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

Schedule B (Form 990) (2022)

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>3,690,441.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2022)

2022.04000 CHILDKIND, INC.

Schedule B (Form 990) (2022) Name of organization

58-1800382

Employer identification number

# CHILDKIND, INC.

223452 11-15-22

22

	3 (Form 990) (2022)		Page 🤅
Name of or	rganization		Employer identification number
CHILDE	KIND, INC.		58-1800382
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	d.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		\$	

223453 11-15-22

23 2022.04000 CHILDKIND, INC. Schedule B (Form 990) (2022)

Page 3

Name of organiza	ation		Employer identification number		
CHILDKINI	TNC		58-1800382		
Part III Excl	usively religious, charitable, etc., contribution	ons to organizations described in sec	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year		
comp	any one contributor. Complete columns (a) aleting Part III, enter the total of exclusively religious, or	charitable, etc., contributions of \$1,000 or le	y. For organizations ss for the year. (Enter this info. once.) \$		
Use	duplicate copies of Part III if additional	space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
— —					
		(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
<u> </u>					
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
<u> </u>					
		(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
<u> </u>					
		[			
(a) No.					
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
<u> </u>					
	(e) Transfer of gift				
	Transformed a memory address of		Deletionekin of the seference to the seference		
	Transferee's name, address, a		Relationship of transferor to transferee		
—					
(a) No. from					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
			[		
	(e) Transfer of gift				
	Transferrazio nome address and 7ID - 4		Polotionship of transforms to transforms		
	Transferee's name, address, a		Relationship of transferor to transferee		

24 2022.04000 CHILDKIND, INC.

SCHEDULE D (Form 990)       Supplemental Timancial Statements         Department of the Treasury Internal Revenue Service       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.         Department of the Treasury Internal Revenue Service       Go to www.irs.gov/Form990 for instructions and the latest information.	MB No. 1545-0047 2022 Open to Public Inspection
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.         Department of the Treasury Internal Revenue Service         Go to www.irs.gov/Form990 for instructions and the latest information.	
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization Employer identia	tification number
	L800382
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Compl	plete if the
organization answered "Yes" on Form 990, Part IV, line 6.	
(a) Donor advised funds (b) Funds and othe	er 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 advised funds	Yes No
<ul> <li>are the organization's property, subject to the organization's exclusive legal control?</li> <li>6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only</li> </ul>	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring	
	Yes No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1 Purpose(s) of conservation easements held by the organization (check all that apply).	
Preservation of land for public use (for example, recreation or education) Preservation of a historically important la	and area
Protection of natural habitat	ture
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easeme	ent on the last
day of the tax year. Held at the E	End of the Tax Year
a Total number of conservation easements 2a	
b Total acreage restricted by conservation easements 2b	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after July 25,2006, and not on a	
historic structure listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the ta	tax
year	
<ul> <li>Number of states where property subject to conservation easement is located</li> <li>Deep the property property and the provide the p</li></ul>	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	Yes No
<ul> <li>violations, and enforcement of the conservation easements it holds?</li> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during</li> </ul>	
	ng the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the	e vear
	,
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?	Yes No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the	
organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	•
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
<b>1a</b> If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works	
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
<b>b</b> If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of	
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	,
(i) Revenue included on Form 990, Part VIII, line 1\$	
<ul> <li>(ii) Assets included in Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide</li> </ul>	
the following amounts required to be reported under FASB ASC 958 relating to these items:	
b Assets included in Form 990, Part X \$	

2022.

LHA	For Paperwork Reduction Act Notice, see the Instructions for Fo	rm 990.
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04000	CHILDKIND,	INC.
	••••••	

Sche		ND, INC.						58-18	00382	2 Ра	age <b>2</b>
Par	t III Organizations Maintaining C	Collections of Ar	t, Histo	orical Tre	asures, or	<sup>r</sup> Other	<sup>.</sup> Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	s, check	any of the f	ollowing that	make si	gnificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 L	_oan or exc	hange progra	ım					
b	Scholarly research	e	• 🗌 (	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how the	ey further th	ne organizatio	n's exen	npt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	torical treas	sures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered "	Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								٦		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:					A		
									Amoun	t	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						LY?	L			]
Par							0				1
		(a) Current year		rior year	(c) Two year			ears back	(e) Four	vears	back
1a	Beginning of year balance	(,,	(-,	,	(-) · · · · · · · · · ·		(		(-,	,	
h	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
-	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g	, column (a)	) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	- ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are held ar	nd administer	ed for th	е				
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on So	hedule R?					3b		
4	Describe in Part XIII the intended uses of the	<u>u</u>	wment fu	inds.							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere		T								
	Description of property	(a) Cost or c basis (investr		• •	or other (other)	• •	ccumulate preciation	ed	( <b>d)</b> Boo	k value	÷
1a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment				2,053.		42,84			9,21	
	Other				0,483.		60,48				0.
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X. colum	n (B), line 1	0c.)					9,21	LO.

Schedule D (Form 990) 2022

232052 09-01-22

	Schedule D	(Form 990)	) 2022	CHI
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HILDKIND, INC.

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" o	n Form 990 Part IV line	a 11h See Form 000 Part X line 12	
(a) Descrip	Dition of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
	al derivatives	.,		
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. ( Part VIII	b) must equal Form 990, Part X, col. (B) line 12.)		- 11- 0 5 000 Dert V line 10	
	Complete if the organization answered "Yes" o (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
(1)		(2, 200), 74100		
(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" o	n Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
(1) OF	PERATING LEASE RIGHT OF U	SE ASSETS		84,321
(2)				
(3)				
(4)				
(5)				<u> </u>
(6)				
(7)				
(8)				
<u>(9)</u>				01 201
Part X	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	15.)		84,321.
TartA	Complete if the organization answered "Yes" o	n Form 990 Part IV line	a 11a or 11f Sea Form 990 Part X line 25	
4	(a) Description of liability	111 0111 000, 1 art IV, int		(b) Book value
1. (1) Fec	deral income taxes			
	CASE LIABILITY			93,450
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) line .	25.)		93,450
•	or uncertain tax positions. In Part XIII, provide t	,		

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

Schedule D (Form 990) 2022

232053 09-01-22

Sche	edule D (Form 990) 2022 CHILDKIND, INC.		5	8-1	1800382 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Re	evenue per Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,711,791.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-562.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	-562.
3	Subtract line 2e from line 1			3	3,712,353.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	)		5	3,712,353.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With E	xpenses per Re	eturr	۱.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total expenses and losses per audited financial statements			1	3,625,898.
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	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	3,625,898.
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			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>3.</u> )		5	3,625,898.
Pa	rt XIII Supplemental Information.				

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

PART X, LINE 2:

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE ORGANIZATION IS

EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME.

THE ORGANIZATION UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH

UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING

STANDARDS BOARD (FASB) ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX

POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN

IT IS MORE-LIKELY-THAN-NOT THE POSITIONS WILL BE SUSTAINED UPON

EXAMINATION BY THE TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR

DERECOGNITION, CLASSIFICATION INTEREST AND PENALTIES, ACCOUNTING IN

INTERIM PERIODS, DISCLOSURE AND TRANSITION. AS OF DECEMBER 31, 2022 AND Schedule D (Form 990) 2022 232054 09-01-22 28

Part XIII Supplemental Information (continued)

### 2021, THE ORGANIZATION HAS NO UNCERTAIN TAX PROVISIONS THAT QUALIFY FOR

RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2022

232055 09-01-22

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SC	HEDULE J	Compensation Informatio	n	1	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees,			20	20	)
		Compensated Employees Complete if the organization answered "Yes" on Form 990,	Port IV line 22		20		•
Denar	tment of the Treasury	Attach to Form 990.	Part IV, inte 23.		Open to		ic
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the lates	t information.		Inspe		
Nam	e of the organization			Employer i			nber
		CHILDKIND, INC.		58-1	80038	2	
Pa	rt I Question	s Regarding Compensation					
	<b>o</b>			~~~		Yes	No
1a		ate box(es) if the organization provided any of the following to or for a perso		990,			
		line 1a. Complete Part III to provide any relevant information regarding the					
	First-class or c						
	Travel for com	,	•				
		ation and gross-up payments Health or social club du					
		spending account Personal services (such	as maid, chauffeu	ir, chet)			
h	If any of the bayes	on line to are checked, did the exception follow a written policy reservin	a novmant ar				
a	•	on line 1a are checked, did the organization follow a written policy regardin	• •		16		
2		provision of all of the expenses described above? If "No," complete Part III t			<u>1b</u>		
2		n require substantiation prior to reimbursing or allowing expenses incurred rs, including the CEO/Executive Director, regarding the items checked on li			2		
	trustees, and onice	is, including the CEO/Executive Director, regarding the items checked on in					
3	Indicate which if ar	ny, of the following the organization used to establish the compensation of	the organization's				
Ū		ector. Check all that apply. Do not check any boxes for methods used by a	•				
		ation of the CEO/Executive Director, but explain in Part III.	rolatoa organizati				
	Compensation		ntract				
		ompensation consultant					
		ther organizations $X$ Approval by the board of	•	ommittee			
4	During the year, did	l any person listed on Form 990, Part VII, Section A, line 1a, with respect to	the filing				
	organization or a re	•••	5				
а	•				4a		Х
b	Participate in or rec				41		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?			4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item	in Part III.				
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue	any compensatio	n			
	contingent on the r	evenues of:					
а	The organization?				5a		X
	Any related organiz						X
	If "Yes" on line 5a c	or 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue	any compensatio	n			
	contingent on the n	•					
а	The organization?				<u>6a</u>		X
	Any related organiz	ation?					X
	If "Yes" on line 6a o	or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any n					
		nes 5 and 6? If "Yes," describe in Part III			7		X
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that	-	ie			
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in			8		X
9		id the organization also follow the rebuttable presumption procedure descr					
		1 53.4958-6(c)?					
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.		Sched	ule J (Forn	n <b>990</b> )	2022

232111 10-18-22

#### 58-1800382

Page **2** 

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

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

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

	(B) Breakdown of V	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							
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(i)							
(ii							
(i)							
(ii	)						
(i)							
(ii							
(i)							
(ii							
(i)							
(ii							

Schedule J (Form 990) 2022

Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Form 990-EZ.

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



58-1800382

CHILDKIND, INC.

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

CHILDKIND PROVIDES FOSTER CARE, EARLY INTERVENTION, FAMILY PRESERVATION

AND OTHER SUPPORT SERVICES FOR CHILDREN WITH MEDICAL COMPLEXITY,

DEVELOPMENTAL DISABILITIES, AND OTHER SPECIAL NEEDS. WE RECOGNIZE THAT

EACH CHILD WAS CREATED WITH AS MUCH SELF-EVIDENT EQUALITY AS ANY OTHER.

A DISABILITY OR COMPLEX CARE REGIMEN SHOULD NOT BE A PRETEXT FOR

INSTITUTIONALIZATION OR HEALTH THREATENING COST CONTAINMENT POLICIES.

THROUGH ITS MISSION, CHILDKIND HAS DEDICATED ITSELF TO THE PROPOSITION

THAT ALL CHILDREN WITH COMPLEX MEDICAL NEEDS, DEVELOPMENTAL, OR MENTAL

HEALTH NEEDS HAVE THE RIGHT TO LIVE TO THEIR OWN FULLEST POTENTIAL AS

PART OF A SAFE, STABLE, AND NURTURING FAMILY. WE ARE AN ORGANIZATION

THAT IS COMMITTED TO WORKING WITH VULNERABLE CHILDREN WITH A FOCUS ON

SUPPORTING THEIR PARENTS AND FAMILIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MALADAPTIVE BEHAVIORS, A TEENAGER, OR A SIBLING GROUP, WE WORK HARD TO MAKE IT POSSIBLE FOR PARENTS TO BE SUCCESSFUL CAREGIVERS AND FOR THEIR FAMILIES TO BE SUSTAINABLE.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES: CHILDKIND RECEIVED HRSA FIVE-YEAR FUNDING, ENABLING THE ORGANIZATION TO REIMPLEMENT THE HOME BASED SERVICES PROGRAM.

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

A DRAFT OF THE CURRENT YEAR FORM 990 IS EMAILED TO THE BOARD PRIOR TO

FILING WITH THE IRS. THE BOARD HAS TWO WEEKS TO REVIEW AND ASK ANY

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211
 10-28-22
 33

2022.04000 CHILDKIND, INC.

Name of the organization

CHILDKIND, INC.

58-1800382

QUESTIONS RELATED TO THE FORM 990 BEFORE FILING.

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

A PERFORMANCE QUALITY IMPROVEMENT PLAN IS DONE QUARTERLY FOR ALL COMPONENTS

OF THE ORGANIZATION'S POLICIES AND PROGRAMS.

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

THE BOARD CONDUCTS THE ANNUAL REVIEW OF THE PRESIDENT/CEO AND DETERMINES

THE PRESIDENT/CEO CONDUCTS THE ANNUAL REVIEW OF ALL DIRECTORS. COMPENSATION IS DECIDED BY MANAGEMENT TEAM AT THE BEGINNING OF THE YEAR.

FOR THE PRESIDENT, THE BOARD OF DIRECTORS APPROVES THE COMPENSATION; FOR

KEY EMPLOYEES THE PRESIDENT APPROVES THE COMPENSATION. THE TOTAL

COMPENSATION FOR ALL EMPLOYEES IS APPROVED BY THE BOARD OF DIRECTORS IN THE ANNUAL BUDGET.

COMPENSATION AMOUNTS ARE BASED ON INDEPENDENT, COMPARATIVE ANALYSIS FROM

SIMILAR AGENCIES. ALL COMPENSATION REVIEWS ARE DOCUMENTED.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON

WRITTEN/VERBAL REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR

Schedule O (Form 990) 2022

14320626 794202 60-00488.000

232212 10-28-22

34 2022.04000 CHILDKIND, INC.

Name of the organization CHILDKIND, INC.		Employer identification number 58-1800382
OVERSIGHT OF THE AUDIT OF ITS		·
	FINANCIAL STATEMENTS AND S.	EDECTION OF AN
INDEPENDENT ACCOUNTANT.		
232212 10-28-22	35	Schedule O (Form 990) 202