PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 106331

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	For the	2022 calendar year, or tax year beginning JAN 1, 2022 and	ending J	<u>UN 30, 2022</u>	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres				
	Name change	Doing business as		95-46352	95
	Initial return	,	Room/suite	E Telephone numbe	
	Final return/	2951 LONG BEACH BLVD.		562-997-	
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	693,023.
Ļ	Ameno	HONG BEACH, CA 90000		H(a) Is this a group re	
	Applic tion pendir	F Name and address of principal officer: FAMEDA AOSIIN		for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
<u>T</u>	Tax-exe	empt status: $X = 501(c)(3)$ $501(c)($) (insert no.) $4947(a)(1) = 501(c)$	or 527	If "No," attach a	list. See instructions
	Websit			H(c) Group exemptio	
		organization: X Corporation Trust Association Other	∟ Year	of formation: 1997 N	N State of legal domicile: CA
P	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities: ${ t TO \ \ PI}$	ROVIDE	TRAUMA-INF	ORMED CHILD
& Governance		DEVELOPMENT, PRESCHOOL, AND FAMILY SUPPOR	RT SEV	ICES TO FAM	ILIES
ern	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	
Š				3	12
প		Number of independent voting members of the governing body (Part VI, line 1b) $$			12
es		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0
Ĭξ		Total number of volunteers (estimate if necessary)			12
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
Revenue				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		1,765,883.	520,573.
	1	Program service revenue (Part VIII, line 2g)		0.	0.
3e		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		15,109.	-24,626.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-20,697.	3,133.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,760,295.	499,080.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		942,804.	534,934.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ϋ́	b	Total fundraising expenses (Part IX, column (D), line 25)		400 001	005 040
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		478,781.	225,240.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,421,585.	760,174.
. (/		Revenue less expenses. Subtract line 18 from line 12		338,710.	-261,094.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		5,689,528.	5,402,488.
et A	21	Total liabilities (Part X, line 26)		655,390.	681,704.
		Net assets or fund balances. Subtract line 21 from line 20		5,034,138.	4,720,784.
	art II	Signature Block			1 1 1 1 1 1 1 1 1 1 1 1
	-	Ities of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	nas any knowledge.	
		Signature of officer		I Date	
Sig		•		Date	
He	re	PAMELA AUSTIN, EXECUTIVE DIRECTOR Type or print name and title			
				Date Check	PTIN
Da!		Print/Type preparer's name Preparer's signature Preparer's signature		Ollook L	
Pai		REBECCA CHRISTIANSEN REBECCA CHRISTIA Firm's name EVERGREEN ALLIANCE PROFESSIONAL (P01219191 6-1400078
	parer		CORP.	Firm's EIN 8	0-14000/0
บระ	Only	Firm's address 4332 CERRITOS AVE, SUITE A105 LOS ALAMITOS, CA 90720		Dhana na 71	4-372-8110
		-		Priorie no. / 1	
ivia	y tne IF	S discuss this return with the preparer shown above? See instructions			X Yes No

ı a	Statement of Frogram Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	TO PROVIDE TRAUMA-INFORMED CHILD DEVELOPMENT, PRESCHOOL, AND F.	AMILY
	SUPPORT SEVICES TO FAMILIES EXPERIENCING HOMELESSNESS, AND/OR	
	MALTREATMENT, FOSTERING LONG-TERM STABILITY AND SUCCESS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3		1es140
	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	· · · · ·
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total e	xpenses, and
	revenue, if any, for each program service reported.	
4a	\\-\)
	PROVIDES NO-COST, HIGH-QUALITY, EARLY CARE AND EDUCATION AND F.	
	SUPPORT SERVICES THROUGH ITS ECO HOUSE FACILITY. ECO HOUSE IS	DESIGNED
	TO SERVE CHILDREN AND FAMILIES EXPERIENCING HOMELESSNESS AND/O	R
	MALTREATMENT. IN THE 6-MONTHS ENDED JUNE 30, 2022, 55 CHILDREN	WERE
	SERVED AT ECOHOUSE, FOR A TOTAL OF 4,279 DAYS OF SERVICE.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/ (Note that the second of the	
	•	
4-1	Other program convices (Describe on Schedule O.)	
4d	Other program services (Describe on Schedule O.)	`
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 543,146.	
		Form 990 (2022)

16150203 161399 2105

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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		<u> </u>
8	Schedule D, Part III	8		х
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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		Х
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	Х	
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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		Х

232003 12-13-22

Form 990 (2022)	CHILDREN		
Part IV Checklist of	Required Sched	dules (contin	ued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see 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? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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		Х
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		Х
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
35 a	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?			1
	Note: All Form 990 filers are required to complete Schedule 0	38	Х	Щ_
Pai				77
	Check if Schedule O contains a response or note to any line in this Part V			X
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a University of Forms W-2G included on line 1a Enter -0- if not applicable 1b University of Forms W-2G included on line 1a Enter -0- if not applicable 1b University of Forms W-2G included on line 1a Enter -0- if not applicable 1b University of Forms W-2G included on line 1a Enter -0- if not applicable 1b University of Forms W-2G included on line 1a Enter -0- if not applicable 1c University of Forms W-2G included on line 1a Enter -0- if not applicable 1c University of Forms W-2G included on line 1a Enter -0- if not applicable 1c University of Forms W-2G included on line 1a Enter -0- if not applicable 1c University of Forms W-2G included on line 1a Enter -0- if not applicable 1c University of Forms W-2G included on line 1a Enter -0- if not applicable 1c University of Forms W-2G included on line 1a Enter -0- if not applicable 1c University of Forms W-2G included on line 1a Enter -0- if not applicable 1c University of Forms W-2G included on line 1a Enter -0- if not applicable 1c University of Forms W-2G included on line 1a Enter -0- if not applicable 1c University of Forms W-2G included on line 1a Enter -0- if not applicable 1c University of Forms W-2G included on line 1a Enter -0- if not applicable 1c University of Forms W-2G included on line 1a Enter -0- if not applicable 1c University of Forms W-2G included on line 1a Enter -0- if not applicable 1c University of Forms W-2G included on line 1a Enter -0- if not applicable 1c University of Forms W-2G included on line 1a Enter -0- if not applicable 1c University of Forms W-2G included on line 1a Enter -0- if not applicable 1c University of Forms W-2G included on line 1a Enter -0- if not applicable 1c University of Enter -0-	_		
	Enter the number of Forms will amount of the facilities of the applicable.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	(2222)

232004 12-13-22

022) CHILDREN TODAY, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				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 0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X				
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
	At any time during the calendar year, did the organization have an interest in, or a signature or other								
	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		Х				
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
	any contributions that were not tax deductible as charitable contributions?		6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts							
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	$ Did the organization \ receive \ a payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ sense \ for \ goods $	vices provided to the payor?	7a	Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was								
	to file Form 8282?	I .	7с		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h						
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
_	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.		00						
a			9a 9b						
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:		90						
а	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:	100							
	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	110							
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	•							
а	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
14a			14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune								
	excess parachute payment(s) during the year?		15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	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								
	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

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	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 arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 562-997-8800			
	2951 LONG BEACH BLVD, LONG BEACH, CA 90806			

232006 12-13-22

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

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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) (C) (D) (E) (F) Position Name and title Reportable Reportable Estimated Average (do not check more than one box, unless person is both an compensation compensation amount of hours per officer and a director/trustee) week from from related other (list any the organizations compensation (W-2/1099-MISC/ from the hours for organization related (W-2/1099-MISC/ 1099-NEC) organization organizations 1099-NEC) and related Institutional 1 below organizations Former line) 4.00(1) CHRISTINE LORENZETTI X 0. 0. PRESIDENT X 0. (2) MARISA SEMENSE 4.00 VICE PRESIDENT X X 0 0. 0. 4.00 MASY BUNNELL X VICE PRESIDENT X 0. 0. 0. 5.00 PAULA-ROSE WIHONGI 0. X X 0 0 TREASURER (5) MICHAEL CHUN 4.00 X 0 0 0. SECRETARY 3.00 (6) ALEX CHERIN X 0 0. 0. DIRECTOR 3.00 (7) JUDE CORREA DIRECTOR X 0 0 0. BONNIE LOWENTHAL 3.00 (8) 0 0. 0. DIRECTOR PHILLIP MAZZOCCO 3.00 (9) 0 0 0. DIRECTOR X (10) HEATHER MORO 3.00 X 0 0. DIRECTOR 0. 3.00 (11) MAC SULLIVAN X 0 0 0. DIRECTOR (12) JOSH LOWENTHAL 3.00 DIRECTOR X 0 0. 0. 40.00 (13) PAMELA AUSTIN 0. EXECUTIVE DIRECTOR X 0 0.

Form **990** (2022)

16150203 161399 2105

(E)

(B)

(C)

(D)

(A)

(F)

	Name and title	hours per loss, unless person is both an compensation compens				Reportable compensation	on amount of						
		(list any hours for related organizations below line)	tee or director	nstitutional trustee	Officer		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC 1099-NEC)	/	compensa from the organization and relations	ation ne tion ted
						×	<u> </u>						
											_		
											\downarrow		
											_		
											\dashv		
			_								\dashv		
1b	Subtotal			<u> </u>				<u>L</u>	0.		0.		0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)								0.		0.		0.
2	Total number of individuals (including but r compensation from the organization								eceived more than \$100	0,000 of reportable			0
3	Did the organization list any former officer,										Г	Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization		3	X
5	and related organizations greater than \$15 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	from	any	/ unr	elat	ed organization or indiv	idual for services	"	4	X
Sec	rendered to the organization? If "Yes," comtion B. Independent Contractors	ipiete Scriedui	e	01 31	исп	pers	SOIT .					5	
1	Complete this table for your five highest combine the organization. Report compensation for	•	•								ensa	tion from	
	(A) Name and business	address	NO	INC	Ξ				(B) Description of s	services	Cc	(C) ompensatio	on
	Takaharan kan at inda	to all calls.	-4.11	!•	-1.		"		I also a volveda	and the sa			
2	Total number of independent contractors (\$100,000 of compensation from the organi	•	III TOI	nite	a to		se li:	stec	a above) who received h	iore than	r	orm 990	(2022)
23200	8 12-13-22										,	Jiii 330	(2022)

Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response or	note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f 1c 4 1c 1c	46,285. 57,978. 16,310. 13,269.	520,573.			
9 0	n	Total. Add lines 1a-1f	usiness Code	320,373.			
a l	2 2	-	usiness Code				
Program Service Revenue	2 a b c d e f	All other program service revenue					
\rightarrow	g	Total. Add lines 2a-2f					
	3 4 5	Investment income (including dividends, interest, other similar amounts) Income from investment of tax-exempt bond production	ceeds	10,044.			10,044.
	5	Royalties (i) Real ((ii) Personal				
	6 a	Gross rents 6a 6b	(ii) i ersoriai				
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 159,106.					
Revenue		Less: cost or other basis and sales expenses 7b 193,776. Gain or (loss) 7c -34,670.					
Je		Net gain or (loss)		-34,670.			-34,670.
Other	8 a	Gross income from fundraising events (not including \$ 46,285 • of contributions reported on line 1c). See		02/0700			0 = 1 0 1 0 1
		Part IV, line 188a	3,300.				
	b	Less: direct expenses 8b	167.				
				3,133.			3,133.
	9 a	Gross income from gaming activities. See Part IV, line 19					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
	h	and allowances 10a Less: cost of goods sold 10b					
		Less: cost of goods sold					
			usiness Code				
e sons	11 a						
Miscellaneous Revenue	b						
Seve	С				-		
Mis		All other revenue					
		Total. Add lines 11a-11d		400 000	^		21 422
	12	Total revenue. See instructions		499,080.	0.	0.	-21,493.

232009 12-13-22

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

	Check if Schedule O contains a respon	se or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	· ·		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
•	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	57,011.	11,403.	45,608.	
6	Compensation not included above to disqualified	, ,	,	,	
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	400,717.	329,396.	67,090.	4,231
8	Pension plan accruals and contributions (include	,	-,	. ,	, = = =
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	41,019.	35,105.	5,842.	72
10	Payroll taxes	36,187.	27,261.	8,592.	334
11	Fees for services (nonemployees):	,			
а	. ` ' ' '				
b					
С	[21,500.		21,500.	
d					
е	D (' ' ' ' ' ' ' ' ' ' ' O D ' ' ' ' ' ' '				
f	Investment management fees	1,326.		1,326.	
g					
	column (A), amount, list line 11g expenses on Sch O.)	1,986.		1,986.	
12	Advertising and promotion	2,715.	2,501.	214.	
13	Office expenses	15,353.	12,945.	2,408.	
14	Information technology				
15	Royalties				
16	Occupancy	7,219.	6,952.	267.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,577.	978.	2,599.	
20	Interest	15,014.		15,014.	
21	Payments to affiliates	46 60 :	<u> </u>	40.010	
22	Depreciation, depletion, and amortization	49,604.	35,715.	10,913.	2,976
23	Insurance	49,640.	42,532.	6,898.	210
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DEDATED AND MATNERNANCE [19,632.	19,178.	454.	
b	FOOD SUPPLIES	15,097.	15,097.		
С	CHILDREN'S SUPPLIES	13,354.		13,354.	
d	STAFF DEVELOPMENT	3,894.	3,519.	360.	15
е	All other expenses	5,329.	564.	4,765.	
25	Total functional expenses. Add lines 1 through 24e	760,174.	543,146.	209,190.	7,838
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022) Part X Balance Sheet

<u>Par</u>	rt X	Balance Sneet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,031,029.	1	857,087
	2	Savings and temporary cash investments			572,042.	2	507,216
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		3,407.	4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua	lified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	ed in sec	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			7,661.	9	7,721
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,727,692.			
	b	Less: accumulated depreciation	10b	783,813.	3,973,104.	10c	3,943,879
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	100 005	14	0.5 5.5		
	15	Other assets. See Part IV, line 11	102,285.	15	86,585		
	16	Total assets. Add lines 1 through 15 (must eq			5,689,528.	16	5,402,488
	17	Accounts payable and accrued expenses			51,680.	17	89,476
	18	Grants payable	F 000	18	F 000		
	19	Deferred revenue			5,000.	19	5,000
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or for					
ii		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the			598,710.	22	587,228
	23	Secured mortgages and notes payable to unre			390,710.	23	301,220
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p	•				
		parties, and other liabilities not included on line of Schedule D	S 17-24,). Complete Part X		25	
	26	Total liabilities. Add lines 17 through 25			655,390.	26	681,704
	20	Organizations that follow FASB ASC 958, ch			033,330.	20	001,701
es		and complete lines 27, 28, 32, and 33.	COR HO	` <u></u>			
and	27				4,884,138.	27	4,626,161
Bal	28	Net assets with donor restrictions			150,000.	28	94,623
pu		Organizations that do not follow FASB ASC			,		,
ᇳ		and complete lines 29 through 33.	, c				
ž or	29	Capital stock or trust principal, or current fund	5			29	
set:	30	Paid-in or capital surplus, or land, building, or e				30	
As	31	Retained earnings, endowment, accumulated i				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			5,034,138.	32	4,720,784
-	33	Total liabilities and net assets/fund balances			5,689,528.	33	5,402,488

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain on Schedule O)	1 2 3 4 5 6 7 8 9	49 76 -26 5,03	9,0 0,1 1,0	74. 94. 38.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	4,72	0,7	84.		
Pa	rt XII Financial Statements and Reporting	·	<u> </u>	-			
	Check if Schedule O contains a response or note to any line in this Part XII						
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 Schedul		-	Yes	No		
2a	, , , , , , , , , , , , , , , , , , , ,		2a		X		
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis		2b	Х			
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	х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requor audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CHILDREN TODAY, INC.

Employer identification number 95-4635295

			DICEIT TODITI					5 1055<u>1</u>55
Pa	rt I	Reason for Public	Charity Status.	(All organizations must o	omplete t	his part.) S	See instructions.	
The	organ	ization is not a private found	dation because it is: ((For lines 1 through 12, o	check only	one box.)		
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)						
3		A hospital or a cooperative)(b)(1)(A)(i	ii).	
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,						
		city, and state:	·					, ,
5		An organization operated for	or the benefit of a co	ollege or university owner	d or opera	ted by a d	overnmental unit describ	ned in
•		section 170(b)(1)(A)(iv). (C			a o. opo.a			
6		A federal, state, or local go	•	montal unit described in	soction 1	70(h)(1)(A)	ſω	
	X							nublic described in
′	21	An organization that norma	-	initial part of its support i	rom a gov	emmema	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (C		(4)(4)(1) (O 1 1 1 D				
8	H	A community trust describe						
9	ш	An agricultural research org						
		or university or a non-land-o	grant college of agric	culture (see instructions).	. Enter the	name, city	y, and state of the collec	je or
		university:						
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contribution	ons, membership fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of its support	from gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)					
11	\sqsubseteq	An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).	
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	of supporting organization	n and con	nplete line:	s 12e, 12f, and 12g.	
а			anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), typically by	/ giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organization(s), by ha	aving
		control or management o						
		organization(s). You mus			·			
С		☐ Type III functionally inte			in connec	tion with.	and functionally integrat	ed with.
		its supported organizatio	-				• •	,
d		Type III non-functionally		•				ization(s)
-		that is not functionally int					• • • •	* *
		requirement (see instruct	-		•		•	
е		Check this box if the orga	•	•				
·		functionally integrated, or					a type i, type ii, type iii	
f	Ento	er the number of supported of	•	many integrated support	ing organi	zation.		
		ride the following information		nd organization(s)				
<u>g</u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
	•	organization	`,	(described on lines 1-10	Yes	ng document?	support (see instructions)	support (see instructions)
				above (see instructions))	100	110		
Tota	al						l	1

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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,538,796.	1,790,926.	1,602,146.	1,765,725.	520,573.	7,218,166.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,538,796.	1,790,926.	1,602,146.	1,765,725.	520,573.	7,218,166.
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)						483,720.
6	Public support. Subtract line 5 from line 4.						6,734,446.
	ction B. Total Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1,538,796.	1,790,926.	1,602,146.	1,765,725.	520,573.	7,218,166.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,073.	2,143.	1,846.	10,715.	10,044.	26,821.
9	Net income from unrelated business	-		-	-	-	<u> </u>
	activities, whether or not the						
	business is regularly carried on	1,404.				3,133.	4,537.
10	Other income. Do not include gain	-				-	<u> </u>
	or loss from the sale of capital						
	assets (Explain in Part VI.)	8,187.		24,305.			32,492.
11							7,282,016.
12	Gross receipts from related activities,	etc. (see instruction	ons)	•		12	
13	First 5 years. If the Form 990 is for th					501(c)(3)	
	organization, check this box and stop	haua					
Sec	ction C. Computation of Publ						
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	92.48 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	89.96 %
16a	33 1/3% support test - 2022. If the o					nore, check this bo	x and
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization quali	ifies as a publicly s	upported organiza	tion			
17a							
	7a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances te	est. The organization	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	•	·				
	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organizatio						
			,	. , ,			Form 990) 2022

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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					1	
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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					1	
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					<u> </u>	
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	501(c)(3) organizat	ion,
	check this box and stop here		•				<u></u>
	ction C. Computation of Publ					1 1	
	Public support percentage for 2022 (15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					l l	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 $1/3\%$, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	

232023 12-09-22

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.)

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
46		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
	tion 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		
	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		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

232025 12-09-22

Schedule A (Form 990) 2022

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Orga	nizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust or	n Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ıst complet	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integra	ated Type III supporting ord	anization (see

Schedule A (Form 990) 2022

instructions).

Sche	edule A (Form 990) 2022 CHILDREN TODA			9	5-4635295 Page 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	ıed)	
Sect	ion D - Distributions		, , , , , , , , , , , , , , , , , , , ,	,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(iii) Distributable Amount for 2022
Sect	ion E - Distribution Allocations (see instructions) Distributable amount for 2022 from Section C, line 6	\ ` '	Underdistribution	ns	Distributable
	. , ,	\ ` '	Underdistribution	ns	Distributable
1	Distributable amount for 2022 from Section C, line 6	\ ` '	Underdistribution	ns	Distributable
1	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reason-	\ ` '	Underdistribution	ıs	Distributable
1 2 3	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.	\ ` '	Underdistribution	ns	Distributable
1 2 3 a	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022	\ ` '	Underdistribution	ns	Distributable
1 2 3 a b	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017	\ ` '	Underdistribution	ns	Distributable
1 2 3 a b	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018	\ ` '	Underdistribution	ns	Distributable
1 2 3 a b c d	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019	\ ` '	Underdistribution	ns	Distributable
1 2 3 a b c d e	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020	\ ` '	Underdistribution	ns	Distributable
1 2 3 a b c d e f	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020 From 2021	\ ` '	Underdistribution	ns	Distributable
1 2 3 a b c d e f g	Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 From 2017 From 2018 From 2019 From 2020 From 2021 Total of lines 3a through 3e	\ ` '	Underdistribution	ns	Distributable

Schedule A (Form 990) 2022

Remainder. Subtract lines 3g, 3h, and 3i from line 3f.

Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater

4 Distributions for 2022 from Section D,

Part VI. See instructions.

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

a Applied to underdistributions of prior yearsb Applied to 2022 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4.

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

7 Excess distributions carryover to 2023. Add lines 3j

Part IV, Section A, lines 1, 2, 36, 3c, 46, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	
SCHEDULE A, PART II, COLUMN E	
THE ORGANIZATION CHANGED ITS YEAR END FROM DECEMBER 31 TO JUNE 30	
DURING THE CURRENT YEAR. SO THE AMOUNT IN COLUMN E REFLECTS THE	
ACTIVITY FOR THE SIX MONTHS ENDED JUNE 30, 2022. ALL OTHER COLUMNS	
REFLECT THE FULL 12 MONTHS OF THE CALENDAR YEAR.	

Schedule B (Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Schedule B (Form 990) (2022)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

	CHILDREN TODAY, INC.	95-4635295
Organization type (chec	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 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	
•	on is covered by the General Rule or a Special Rule .	
Note: Only a section 50	1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	I Rule. See instructions.
General Rule		
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total any one contributor. Complete Parts I and II. See instructions for determining a contribu-	
Special Rules		
sections 509(a) contributor, du	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppli(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b ring the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on -EZ, line 1. Complete Parts I and II.	o, and that received from any one
For an organiza	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fr	om anv one
	ring the year, total contributions of more than \$1,000 exclusively for religious, charitable	
	cational purposes, or for the prevention of cruelty to children or animals. Complete Parts n (b) instead of the contributor name and address), II, and III.	s I (entering
year, contributi is checked, ent purpose. Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from exclusively for religious, charitable, etc., purposes, but no such contributions totaled the rere the total contributions that were received during the year for an exclusively religion complete any of the parts unless the General Rule applies to this organization because table, etc., contributions totaling \$5,000 or more during the year	d more than \$1,000. If this box lous, charitable, etc., e it received <i>nonexclusively</i>
answer "No" on Part IV,	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-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)

Name of organization

CHILDREN TODAY, INC.

Employer identification number

95-4635295

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

2105___1

Name of organization Employer identification number

CHILDREN TODAY, INC.

95-4635295

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	24 LAPTOPS		
5		\$10,800.	05/20/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2022) Page **4**

Name of organization **Employer identification number** 95-4635295 CHILDREN TODAY, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

CHILDREN TODAY, INC.

Employer identification number 95-4635295

Par			s or Accounts. Complete if the			
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	(a) zeme aameea made	(a) i amas ama sansi assasinis			
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	L	ead funds			
3	are the organization's property, subject to the organization's	_				
6	Did the organization inform all grantees, donors, and donor a					
Ü	for charitable purposes and not for the benefit of the donor of					
Par						
1	Purpose(s) of conservation easements held by the organizat					
·	Preservation of land for public use (for example, recrea		a historically important land area			
	Protection of natural habitat		a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements					
	Number of conservation easements on a certified historic str					
	Number of conservation easements included in (c) acquired					
	historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re					
	year	, , ,	S S			
4	Number of states where property subject to conservation ea	sement is located				
5	Does the organization have a written policy regarding the pe					
	violations, and enforcement of the conservation easements i		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	0(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	e statement and			
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statem	ents that describes the			
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections o		ther Similar Assets.			
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works			
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fo	urtherance of public			
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and	balance sheet works of			
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,			
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		\$			
			_			
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	al gain, provide			
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1		\$ <u> </u>			
b	Assets included in Form 990, Part X		\$			
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2022			

Par	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, c	or Othe	er Simil	ar Asse	ts (continu	ıed)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following tha	t make s	significant	use of its		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	nange progra	am				
b	Scholarly research	е	Other						
С									
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organizatio	on's exe	mpt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or othe	er similaı	r assets		_	
	to be sold to raise funds rather than to be ma							Yes	No_
Par	t IV Escrow and Custodial Arran		te if the organizatio	n answered "	'Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodi		•				_	7	
	on Form 990, Part X?						L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
								Amount	
	Beginning balance								
	Additions during the year								
е	Distributions during the year								
f	Ending balance					1f		T	
	Did the organization include an amount on Fo		•				└─	Yes	∐ No
Par	If "Yes," explain the arrangement in Part XIII. T V Endowment Funds. Complete in								
Fai	Elidowillent Fullus. Complete l	(a) Current year	(b) Prior year	(c) Two year			ears hack	(e) Four y	ears hack
4.	Deginning of year balance	102,285.	92,373.	` '	5,561.	(d) Tilloo	68,339.	. ,	72,272.
	Beginning of year balance	102,203.	300.		L,450.		200.		12,212.
	Contributions	-15,154.	9,759.		L,339.		12,895.		-3,099.
c d	Net investment earnings, gains, and losses Grants or scholarships	13,134.	5,135.		1,333.		12,055.		3,033.
	Other expenditures for facilities								
C	. · ·								
f	and programs Administrative expenses	546.	147.		977.		873.		834.
g g	End of year balance	86,585.	102,285.	92	2,373.		80,561.		68,339.
2	Provide the estimated percentage of the curr						,	1	
a	Board designated or quasi-endowment	100.0000	%	,,,					
b	Permanent endowment • 0000	%							
С	Term endowment • 0000	<u></u> * %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	· · · · · · · · · · · · · · · · · · ·	ation that are held a	nd administe	red for t	he			
	organization by:							Y	res No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or of			٠,	ccumulate		(d) Book	value
		basis (investm	,		der	preciation			
	Land			4,476.					,476.
	Buildings		3,84	6,402.	(627,7	19·	<u>3,218</u>	,683.
	Leasehold improvements					105 6			700
	Equipment			6,344.	-	125,6			720.
	Other			0,470.		30,4		2 042	0.
Total	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part .	X, column (B), line 1	<i>0c.)</i>				<u> 3,943</u>	,879.

Schedule D (Form 990) 2022

(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
5 000 D . W. W		
(b) Book value	(c) Method of valuation: Cost or el	nd-of-year market value
	<u> </u>	
	 	
	 	
Faura 000 David IV lina	and Con Form COO Book V line 15	
	e 11d. See Form 990, Part X, line 15.	(b) Book value
zescription		(b) Book value
15)		
10.)		
on Form 990 Part IV line	11e or 11f See Form 990 Part X line 2	25
3111 O1111 000, 1 are 14, mile	7 110 01 111. 000 1 0111 000, 1 art X, iii10 2	(b) Book value
		(b) Dook raide
÷ 25.)		
	on Form 990, Part IV, line (b) Book value on Form 990, Part IV, line Description	on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (c) Method of valuation: Cost or ending the second seco

232053 09-01-22

Pa	rt XI Reconciliation	of Revenue per Au	udited Financial S	Statements W	ith Revenu	ue per R	eturn.	<u> </u>
	Complete if the orga	anization answered "Yes	" on Form 990, Part IV	/, line 12a.				
1	Total revenue, gains, and o	ther support per audited	d financial statements				1	445,494.
2	Amounts included on line 1	but not on Form 990, P	Part VIII, line 12:					
а	Net unrealized gains (losse	s) on investments		2a	-52	,260.		
b	Donated services and use	of facilities		2b				
С	Recoveries of prior year gra	ants		2c				
d					-1	.,326.		
е	Add lines 2a through 2d						2e	-53,586.
3	Subtract line 2e from line 1	i					3	499,080.
4	Amounts included on Form	ı 990, Part VIII, line 12, b	out not on line 1:		1			
а	Investment expenses not in	ncluded on Form 990, Pa	art VIII, line 7b	4a				
b	Other (Describe in Part XIII	.)		4b				
С	Add lines 4a and 4b						4c	0.
5	Total revenue. Add lines 3						5	499,080.
Pa	rt XII Reconciliation	of Expenses per A	udited Financial	Statements V	Vith Expen	ses per	Return	
	Complete if the orga	anization answered "Yes	s" on Form 990, Part IV	/, line 12a.				
1	Total expenses and losses	per audited financial sta	atements				1	758,848.
2	Amounts included on line 1	but not on Form 990, P	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	.)		2d				
е	Add lines 2a through 2d						2e	0.
3	Subtract line 2e from line 1	·					3	758,848.
4	Amounts included on Form				ı			
а	Investment expenses not in	ncluded on Form 990, Pa	art VIII, line 7b	4a	_			
b	Other (Describe in Part XIII	.)		4b	1	.,326.		
С	Add lines 4a and 4b						4c	1,326.
5	Total expenses. Add lines		ıal Form 990, Part I, lin	ne 18.)			5	760,174.
Pa	ırt XIII Supplemental I	Information.						
	vide the descriptions required s 2d and 4b; and Part XII, line					eart V, line ∠	1; Part X,	line 2; Part XI,

PART V, LINE 4:

THE ORGANIZATION'S BOARD OF DIRECTORS ESTABLISHED AN ENDOWMENT FUND WHEREBY CERTAIN CONTRIBUTIONS COULD REMAIN INTACT. IN 2009, THE ORGANIZATION TRANSFERRED \$35,000 TO THE LONG BEACH COMMUNITY FOUNDATION (LBCF) TO ESTABLISH THE CHILDREN TODAY ENDOWMENT FUND. THE FUNDS ARE INVESTED IN AN ALLOCATED INVESTMENT POOL. NET INCOME FROM THE FUND MAY BE DISTRIBUTED ANNUALLY TO THE ORGANIZATION UPON REQUEST.

THE ORGANIZATION GRANTED LBCF VARIANCE POWER OVER THE FUNDS AT THE TIME OF THE TRANSFER. BUT SINCE THE ORGANIZATION IS A NONPROFIT ORGANIZATION, WHO SPECIFIED THEMSELVES AS THE BENEFICIARY, THE ORGANIZATION MAY RECOGNIZE THE BENEFICIAL INTEREST IN THE ASSETS HELD BY LBCF.

232054 09-01-22

Schedule D (Form 990) 2022

PART X, LINE 2:

THE ORGANIZATION HAS RECEIVED TAX-EXEMPT STATUS FROM THE INTERNAL REVENUE SERVICE AND CALIFORNIA FRANCHISE TAX BOARD UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND UNDER REVENUE AND TAXATION CODE SECTION 23701D, RESPECTIVELY.

SINCE THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAX
LIABILITY, NO PROVISION IS MADE FOR CURRENT OR DEFERRED INCOME TAXES. THE
ORGANIZATION USES THE SAME ACCOUNTING METHODS FOR TAX AND FINANCIAL
REPORTING. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT
ALL OF THE POSITIONS TAKEN IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION
RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE
ORGANIZATION'S RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE
TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AND FOUR YEARS,
RESPECTIVELY, AFTER THEY ARE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT FEES -1,326.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEES 1,326.

Schedule D (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization							ntification number
	N TODAY, INC.					95-4635	
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total		1					
List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from re	egistration

Schedule G (Form 990) 2022

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr	oss income on Form 990	-EZ, lines 1 and 6b. List		ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
Φ					NONE	(add col. (a) through
			BIG BANG			col. (c))
			(event type)	(event type)	(total number)	001. (0))
eun						
Revenue	1	Gross receipts	49,585.			49,585.
_			46.005			46.005
	2	Less: Contributions	46,285.			46,285.
			2 200			2 200
	3	Gross income (line 1 minus line 2)	3,300.			3,300.
	١.	Ocal anders				
	4	Cash prizes				
	5	Noncoch prizos				
S		Noncash prizes				
ense	6	Rent/facility costs				
ž	ľ	Tient tability 555t5				
ct E	7	Food and beverages				
Direct Expenses						
_	8	Entertainment				
	9	Other direct expenses				167.
	10	Direct expense summary. Add lines 4 through				167.
	11	Net income summary. Subtract line 10 from I				3,133.
Pa	art I	Gaming. Complete if the organization	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
<u>o</u>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
eun			(4, 29	bingo/progressive bingo	(5, 5 in 5 garing	col. (a) through col. (c))
Revenue						
_	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	_					
Α̈́	3	Noncash prizes				
əct	١,	Dont/facility costs				
Ë	4	Rent/facility costs				
	5	Other direct expenses				
	٦	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
		Voluntoon labor				
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	٦	,,	(-)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)	<u></u>		
						_
9	En	ter the state(s) in which the organization condi	ucts gaming activities:			
а	ı Is t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b) If "	No," explain:				
		ere any of the organization's gaming licenses re				Yes No
b) If "	Yes," explain:				
_						
2320	82 10	0-27-22			Sche	dule G (Form 990) 2022

Schedule G (Form 990) 2022

Schedule G (Form 990) 2022 CHILDREN TODAY, INC.	95-4635295 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for	
to administer charitable gaming?	Yes No
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	13a %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books a	
Name	
Address	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming rever	nue? Yes No
Does the organization have a contract with a till d party from whom the organization receives gaining rever	ide:
h If "Vee " enter the amount of gaming revenue received by the evacuization.	d the emount
	d the amount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
Name	
Address	
16 Gaming manager information:	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations of	
organization's own exempt activities during the tax year \$	a spent in the
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii	i) and (v): and Part III lines 9 9h 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.) and (v), and r art iii, iii es 5, 55, 165,
Tob, 100, 10, and 17b, as applicable. Also provide any additional mormation. See instructions.	

Schedule G	(Form 990)	CHILDREN TODAY,	INC.	95-4635295 Page 4
Part IV	(Form 990) Supplemental Info	ormation (continued)		
	••	,		
-				
-				
•				
-				

SCHEDULE 0 (Form 990)

Department of the Treasury

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.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service

Employer identification number

Name of the organization 95-4635295 CHILDREN TODAY, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EXPERIENCING HOMELESSNESS, AND/OR MALTREATMENT, FOSTERING LONG-TERM STABILITY AND SUCCESS. FORM 990, PART VI, SECTION A, LINE 2: BONNIE LOWENTHAL IS THE MOTHER OF JOSH LOWENTHAL. FORM 990, PART VI, SECTION B, LINE 11B: THE COMPLETED FORM 990 IS PRESENTED BY THE TREASURER AT THE BOARD OF DIRECTORS MEETING, WHERE IT IS REVIEWED AND APPROVED BY THE BOARD. FORM 990, PART V, LINES 1A-B, AND 2A THE ORGANIZATION IS CHANGING ITS ACCOUNTING PERIOD FROM A CALENDAR YEAR TO A FISCAL YEAR ENDED JUNE 30. AS SUCH, NO W-2S OR 1099S WERE ISSUED DURING THE PERIOD COVERED BY THIS RETURN. THE W-2S AND 1099S THAT COVER THIS PERIOD WILL BE REPORTED ON THE RETURN FOR THE FISCAL YEAR ENDED JUNE 30, 2023.

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

ANNUAL REVIEWS OF POTENTIAL CONFLICTS OF INTEREST ARE CONDUCTED PER WRITTEN POLICY, AND OUTSIDE EXPERTS MAY BE USED.

EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD-DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT THAT AFFIRMS SUCH PERSON:

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2**

Name of the organization CHILDREN TODAY, INC.

Employer identification number 95-4635295

- A. HAS RECEIVED A COPY OF THE CONFLICT-OF-INTEREST POLICY.
- B. HAS READ AND UNDERSTANDS THE POLICY.
- C. HAS AGREED TO COMPLY WITH THE POLICY, AND
- D. UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS
 FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES THAT
 ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A

MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT

SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER

AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.

IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER

INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR

COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR

POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND

CORRECTIVE ACTION.

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

ANNUALLY, THE ORGANIZATION OBTAINS COMPARABILITY DATA FROM SIMILAR ORGANIZATIONS WHEN DETERMINING COMPENSATION PACKAGES.

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

FINANCIAL STATEMENTS AND FORM 990 ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. FORM 990 IS ALSO POSTED ON GUIDESTAR.ORG.

FORM 990, PART VII, LINE 1A

2105___1

CHILDREN TODAY, INC. 95-4635295 THE ORGANIZATION IS CHANGING ITS ACCOUNTING PERIOD FROM A CALENDAR YEAR TO A FISCAL YEAR ENDED JUNE 30. AS SUCH, NO W-2S OR 1099S WERE ISSUED DURING THE PERIOD COVERED BY THIS RETURN AND NO COMPENSATION IS REPORTED IN PART VII. THE CUMULATIVE COMPENSATION FOR THE OFFICERS FOR THE SIX MONTHS ENDED JUNE 30, 2022 IS REPORTED IN PART IX, LINE 5. FORM 990, PART XII, LINE 2C: THERE WERE NO CHANGES IN ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

232212 10-28-22 Schedule O (Form 990) 2022