## Form **990**

### **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

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

A	For the 2	023 calend	dar year, or tax year beginning , 2023, and ending			, 20
В	Check if ap	oplicable:	C Name of organization CHILDREN'S FUND		D Emple	oyer identification number
	Address ch	nange	Doing business as CHILDREN'S FUND		54-18	841297
	Name char	nge	Number and street (or P.O. box if mail is not delivered to street address) Roc	m/suite	E Teleph	none number
$\Box$	Initial retur	n	PO BOX 7936		(804)	667-8000
$\Box$		terminated/	City or town, state or province, country, and ZIP or foreign postal code			
$\Box$	Amended i		MCLEAN, VA 22106-7936		<b>G</b> Gross	receipts \$ 235,385.
$\overline{\Box}$	Application		F Name and address of principal officer:	H(a) Is this a gro		or subordinates? Yes No
			·			es included? Yes No
<u> </u>	Tax-exemp	ot status:	▼ 501(c)(3)	_		st. See instructions.
J	Website:		RENSFUND.NET	H(c) Group ex		
ĸ			Corporation Trust Association Other L Year of formatic			of legal domicile
		Summa		ni. 1997	W State	or regar dorritorie
					7777	AMTON AND URLE BRIDG
Φ			cribe the organization's mission or most significant activities: TO PROMOTE THE TABLE TO THE PROMOTE THE PROPERTY OF THE PROPE	TE THE HEALT	1, EDUC	ATION, AND WELL-BEING
Governance			DREN IN OTHER NATIONS AND THE USA.			
ű			ACCOMPLISHED THROUGH RELIEF & EDUCATION PROGRA		0/ -6 4	
ove			box if the organization discontinued its operations or disposed of r		1 1	s net assets.
Ğ					3	<u>7</u>
8	1		independent voting members of the governing body (Part VI, line 1b)		4	
itie			per of individuals employed in calendar year 2023 (Part V, line 2a) .		5	0
Activities &			per of volunteers (estimate if necessary)		6	7
Ř			ated business revenue from Part VIII, column (C), line 12		7a	0.
	b N	<u>let unrelat</u>	ed business taxable income from Form 990-T, Part I, line 11	<u> </u>	7b	0.
				Prior Year		Current Year
<u>e</u>	8 C	ontributio	ns and grants (Part VIII, line 1h)	334,	888.	234,292.
Revenue	9 P	rogram se	ervice revenue (Part VIII, line 2g)		0.	0.
eve	<b>10</b> Ir	rvestment	income (Part VIII, column (A), lines 3, 4, and 7d)		825.	1,093.
Œ	<b>11</b> C	ther reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12 T	otal reven	ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	335,	713.	235,385.
		_	similar amounts paid (Part IX, column (A), lines 1-3)		193.	236,072.
	1		id to or for members (Part IX, column (A), line 4)			
s			her compensation, employee benefits (Part IX, column (A), lines 5-10)			
Expenses			al fundraising fees (Part IX, column (A), line 11e)			
bei			aising expenses (Part IX, column (D), line 25)			PROPERTY OF THE PROPERTY OF TH
Ж			nses (Part IX, column (A), lines 11a-11d, 11f-24e)	10.	306.	16,202.
			nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	330,		252,274.
			ss expenses. Subtract line 18 from line 12		214.	-16,889.
or es				ginning of Curre		End of Year
Net Assets or Fund Balances	20 T	otal asset	s (Part X, line 16)	205,		189,027.
Ass Ba	21 T		ties (Part X, line 26)	200,	505.	105,027.
Net	22 N		or fund balances. Subtract line 21 from line 20	205,	965	189,027.
			re Block	205,	905.	109,027.
			I declare that I have examined this return, including accompanying schedules and statem	ents and to the	best of s	my knowledge and bolief it is
tru	e, correct, a	and complete	e. Declaration of preparer (other than officer) is based on all information of which preparer h	nas any knowled	ge.	my knowledge and belief, it is
			Albert Time	0.4	/10/0	
Sig	n s	ignature of o	officer and the second	Date	/18/2	024
-	re			Date		
116	_		LICITRA, TREASURER			
		· · ·	71.			- I DTILL
Pa	id	1 7	preparer's name Preparer's significant Date		Check [	
Pr	eparer			/18/2024	self-emp	101231700
	e Only	Firm's nam		Firm's		26-0035388
		Firm's add		Phone	no. (7	03)971-6720
Ма	y the IRS	discuss t	his return with the preparer shown above? See instructions	<u> </u>		. 🗵 Yes 🗌 No

Part	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	MO DOMOND NIE HEALMY EDYGANION AND MELL DEING
	OF CHILDREN IN OTHER NATIONS AND THE USA.
	THIS IS ACCOMPLISHED THROUGH RELIEF & EDUCATION PROGRAMS,
	THIS IS ACCOMEDISHED THROUGH REBIEF & EDUCATION PROGRAMS,
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$88,652. including grants of \$88,652. ) (Revenue \$0.)
	CHILDREN IN ASIA, INDIA 80, 50 BOYS AT SHERLIE HOME, 30 GIRLS APNA SAHARA,
	PAKISTAN 30 ABBA HOME. WE CARED FOR CHILDREN IN TWO LOCATIONS IN INDIA, ONE FOR BOYS
	AND THE OTHER FOR GIRLS. THEY RESIDED IN THE HOMES WE PROVIDED, SO THEY COULD ATTEND SCHOOL.
	MANY OF THESE CHILDREN ARE ORPHANS OR THEIR FAMILIES ARE TOO POOR OR TOO ILL
	TO CARE FOR THEM. WE PROVIDED FOOD, CLOTHING, SHOES, SCHOOL UNIFORMS,
	SCHOOL SUPPLIES AND TOILETRIES AND OTHER EVERDAY NECESSITIES. IN PAKISTAN, 23
	PROVIDED SCHOOL SUPPLIES AND SUPPORT FOR AFTER-SCHOOL ACTIVITIES FOR 35 GIRLS IN A RESIDENTIAL
	FACILITY WHO WERE THERE BECAUSE THEY WERE ABANDONED BY THEIR MOTHERS.
4 h	(Code) \(\( \sum_{\text{Payones}} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
4b	(Code: ) (Expenses \$ 29,935. including grants of \$ 29,935.) (Revenue \$ 0.)
	CHILDREN IN AFRICA 37, ZAMBIA 25, LIBERIA 12.
	WE SUPPORTED AFRICAN CHILDREN IN COUNTRIES, ZAMBIA AND LIBERIA, PROVIDING
	FOR THEIR HOUSING, FOOD, SCHOOL SUPPLIES, AND SCHOOL FEES. WE ALSO PROVIDED THEIR CLOTHING AND SHOES ALONG WITH GIFTS FOR BIRTHDAYS. THESE CHILDREN WERE
	ABLE TO ATTEND SCHOOL BECAUSE OF OUR SUPPORT.
	MOST OF THEM ARE ORPHANS AND THEIR EXTENDED FAMILIES ARE UNABLE TO CARE FOR THEM.
	MOST OF THEM ARE ORTHANS AND THEIR EXTENDED FAMILIES ARE UNABLE TO CARE FOR THEM.
4c	(Code:) (Expenses \$512. including grants of \$512. ) (Revenue \$0.)
	CHILDREN IN SOUTH AMERICA:60
	WE PROVIDED CLOTHING, SCHOOL SUPPLIES, AND BACKPACKS FOR CHILDREN IN
	REMOTE VILLAGES IN PERUVIAN ANDES. WE ALSO PROVIDED HEARING AIDS FOR 2
	CHILDREN AND MEDICAL SUPPLIES FOR A CLINIC SERVING POOR CHILDREN IN A SMALL TOWN.
4d	Other program services (Describe on Schedule O.)
4 -	(Expenses \$ 123,502. including grants of \$ 123,502.) (Revenue \$ 0.) See Statement
4e	Total program service expenses 242,601.

	DV Observation of Democratical College duties			raye •
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	×	140
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	×	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3		×
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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		×
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		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		×
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		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		×
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX </i>	11d		×
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
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		×
12a	Schedule D, Parts XI and XII	12a		×
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		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
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	×	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	×	
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		×
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		×
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		×
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		×
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		×
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×

Part	Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
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	00		
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	23		×
b	through 24d and complete Schedule K. If "No," go to line 25a	24a 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 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		×
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		×
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? <i>If "Yes," complete Schedule L, Part II</i>	26		×
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		×
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a	×	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	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		×
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		×
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31		×
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? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		×
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		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		×
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	E		Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	×	

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
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 Accounts (FBAR).	_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
Va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.0		
Ū	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		×
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		×
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		×
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a b	Gross income from members or shareholders			
D	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	120		
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		
	<b>Note:</b> 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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		×
10	If "Yes," see the instructions and file Form 4720, Schedule N.	40		V
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		×
17	If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
.,	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.	.,		
	· · · · · · · · · · · · · · · · · · ·			

Form 990 (2023)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year. . . 1a 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 × Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 × Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 X 6 6 × Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a × Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b × Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X 8b × Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . . × Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a × 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 × **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* X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 13 × Did the organization have a written document retention and destruction policy? 14 × 14 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? The organization's CEO, Executive Director, or top management official . . . . . . 15a × 15b × 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 16a × 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed See Part VI, Line 17 stmt 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Other (explain on Schedule O) Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial 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. BOB LICITRA, 1555 BRUTON COURT, MCLEAN, VA 22101 (703)288-9320

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

#### 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.

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

en e	Tarry rolato	u 0.9	α <u>.</u>			opo				
					C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average					e than one is both an		Reportable	Reportable	Estimated amount
	hours					or/trust		compensation	compensation	of other
	per week		_		_			from the	from related	compensation
	(list any hours for	r di	nstii	Officer	ey	mp ligh	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	from the
	related	rec	Liti.	er.	<u>  e</u>	est	ler	1099-MISC/	1099-WISC/	organization and related organizations
	organizations	[ 호 #	ona		Key employee	e con		1000 1120)		Tolatoa organizationio
	below	Individual trustee or director	ŧ		ee	hpe				
	dotted line)	ee	Institutional trustee			Highest compensated employee				
			(D			ted				
(1) SHERLIE SCRIBNER, ED. D.	30.00									
CEO		×		×						
(2) KATHLEEN GILLETTE-MALLARD	1.25									
BOARD DIRECTOR		×								
(3) DAVID RISK	1.25									
BOARD DIRECTOR		×								
(4) BOB LICITRA	15.00									
TREASURER/CFO/BOARD CHAIR		×		×						
(5) KATIE SPILLENKOTHEN	1.25									
BOARD DIRECTOR		×								
(6) LARA COSTELLO	1.25									
BOARD DIRECTOR		×								
(7) LAURA JENKINS	1.25									
BOARD DIRECTOR		×								
(8)										
		1								
(9)										
(10)										
1.0/										
(11)										
<u> </u>		1								
(12)										
(13)										
(14)										

Part	(A) Name and title	(B)  Average hours per week (list any hours for related organizations below dotted line)	(do n box, i office or direct	ot ch	Pos neck ss pe	c) ition more	e than of the both or/trus Highest compensated	one n an	(D)  Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportal compensa from rela organization: 1099-MIS 1099-NE	ole ation ted s (W-2/	(F) Estimated amount of other compensation from the organization and related organizations
(15)							ă					
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1b c d	Subtotal	VII, Sectio	n A 						ho received mor	a than \$10	0.000	of
3 4 5	Did the organization list any <b>former</b> of employee on line 1a? <i>If "Yes," complete</i> S For any individual listed on line 1a, is the organization and related organizations	zation  officer, directly controlled to the second compensation of the second controlled to the second compensation of the second control cont	ector, for su portal an \$1  omper comple	tru uch ole (150, 	stee indi com 000 tion Sch	e, k ividu nper 1? li  froi eper	sey e ual nsation f "Ye m any ule J i	mpl on a s," output for s	loyee, or highes and other compete Schee complete Schee complete granizations and person contractors that respectively.	st compended in the compensation from the compensation or individual in the compensation of the compensati	sated m the such vidual	3 × 4 × 5 ×
2	Total number of independent contractor received more than \$100,000 of compens						ed to	th	nose listed abov	e) who		

### Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to ar	ny line in this Pa	art 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	1a b c d	Federated campaign Membership dues Fundraising events Related organization	  ns .		1a 1b 1c 1d	10,917.				
Contributions, Gifts, Grants, and Other Similar Amounts	e f g	Government grants All other contribution and similar amounts no Noncash contributio lines 1a–1f	ns, gif ot inclu ons in	fts, grants, uded above cluded in	1e	223,375.				
Son	h	Total. Add lines 1a-			1g		234,292.			
	- "	Total. Add lilles 1a-	-11 .		-	Business Code	234,292.			
Program Service Revenue	2a b c					999000	0.	0.	0.	0.
E §	d									
gra Re	e									
ر ا	f	All other program se								
_	g	Total. Add lines 2a-					0.			
	3	Investment income other similar amoun	(incl ts) .	uding divid	dends	s, interest, and	1,093.	1,093.	0.	0.
	4	Income from investm	nent d	of tax-exem	ipt bo	and proceeds				
	5	Royalties								
		0		(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	C	Rental income or (loss)								
	d	Net rental income o	r (ios	(i) Securit		(ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securit	ies	0.				
Revenue	b	Less: cost or other basis and sales expenses .	7b			0.				
Ş.		Gain or (loss)	7c			0.				
							0.	0.	0.	0.
Other	8a	Gross income from events (not including of contributions rep 1c). See Part IV, line	\$ oorte	d on line	8a					
		Less: direct expense			8b					
		Net income or (loss) Gross income f activities. See Part I	rom	gaming	g eve <b>9a</b>	nts				
	h	Less: direct expens			9a 9b					
		Net income or (loss)								
	10a	Gross sales of ir returns and allowan	ovento ces	ory, less	10a					
		Less: cost of goods			10b					
	С	Net income or (loss)	from	sales of in	vento					
Sn						Business Code				
Miscellaneous Revenue	11a									
scellaneo Revenue	b									
e Se	C									
Mis F	d	All other revenue			-					
<	е	Total. Add lines 11a					005	4	-	-
	12	Total revenue. See	instr	uctions .			235,385.	1,093.	0.	0.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising Do not include amounts reported on lines 6b. 7b. (A) Total expenses (B) Program service Management and 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 236,072. 236,072. Benefits paid to or for members . . . . 5 Compensation of current officers, directors, trustees, and key employees . . . . . Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages . . . . . Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits . . . . . . . 9 10 11 Fees for services (nonemployees): Management . . . . . . . 0. Legal . . . . . . . . . . . . . . . 400. 0 400. 6,200. 3,086. 3,114. 0. Lobbying . . . . . . . . . Professional fundraising services. See Part IV, line 17 Investment management fees . . . . . Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . 12 Advertising and promotion . . . . . . 1,096. 1,096. 0. 13 151. 0. 151. 0. Office expenses . . . . . . . . 14 856. 441. 415. Information technology . . . . . . 0. 15 Occupancy . . . . . . . . . . . . 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 0. 1,479. 0. 1,479. 20 21 Payments to affiliates . . . . . . . 22 Depreciation, depletion, and amortization . Ω 0. Ω 0. 0. 23 846. 470. 376. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 0. BANK CHARGES/CREDIT CARD TRAN FEE 42. 66. 24. POSTAGE 505. 250. 255. 0. c REGISTRATION FEES 0. 2,306. 0. 2,306. PROCESSING FEES 389. 389. 0. 0. All other expenses 1,908. 57. 0. 1,851. 25 **Total functional expenses.** Add lines 1 through 24e 252,274. 242,601. 9,673. 0. 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 X if following ŠOP 98-2 (ASC 958-720) 0. 0. 0. 0.

Part X Balance Sheet
Check if Schedule O contain

	are A	Check if Schedule O contains a response or note to any line in the	nis Part X		🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	. 3,144.	1	7,635.
	2	Savings and temporary cash investments	. 189,610.	2	165,133.
	3	Pledges and grants receivable, net	. 13,211.	3	16,259.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, direct	ctor,		
		trustee, key employee, creator or founder, substantial contributor, or 3	85%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defi	ned		
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(I	B)	6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	0.	10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)		16	189,027.
	17	Accounts payable and accrued expenses		17	107,027.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
,,	22	Loans and other payables to any current or former officer, direct		21	
ties		trustee, key employee, creator or founder, substantial contributor, or 3			
oii.		controlled entity or family member of any of these persons		22	
Liabilities	23	Secured mortgages and notes payable to unrelated third parties .		23	
_	23 24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related t		24	
	20	parties, and other liabilities not included on lines 17–24). Complete Pa			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
(C)		Organizations that follow FASB ASC 958, check here		20	
ce		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	. 93,757.	27	91,199.
Ва	28	Net assets with donor restrictions		28	97,828.
pu	20	Organizations that do not follow FASB ASC 958, check here	. 112,200.	20	91,020.
Fu		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ts	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE	31	Retained earnings, endowment, accumulated income, or other funds		31	
t A	32	Total net assets or fund balances		32	189,027.
Se	33	Total liabilities and net assets/fund balances		33	189,027.
_		Total habilities and not assets/fully balances		_ 55	109,027.

Page **12** Form 990 (2023)

Part	XI Reconciliation of Net Assets		-	
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	2	35,3	85.
2	Total expenses (must equal Part IX, column (A), line 25)	2	52,2	74.
3	Revenue less expenses. Subtract line 2 from line 1	<u> </u>	16,8	89.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	2	05,9	65.
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)		_	49.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	1	89,0	27.
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			×
			Yes	No
1	Accounting method used to prepare the Form 990:   Cash Accrual Other	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain of	on		
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			×
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled	or		
	reviewed on a separate basis, consolidated basis, or both.			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on	a		
	separate basis, consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .		×	
	If the organization changed either its oversight process or selection process during the tax year, explain of Schedule O.	on		
•				
Зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	1 1		١
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	ne   3b		
			000	
	REV 03/21/24 PRO	Forn	n <b>990</b>	(2023)

CHILDREN'S FUND 54-1841297

## Form 990: Return of Organization Exempt from Income Tax

### Part III: Line 4d (continued)

**Continuation Statement** 

,
(Code: ) (Expenses \$123,502 including grants of \$123,502) (Revenue \$0)
3.UGANDA FOODSTEP \$7,734 TO SUPPORT 123 CHILDREN.
4. MVP EL SALVADOR \$783 TO SUPPORT 750 CHILDREN IN SCHOOLS.
5. REHNUMA TRUST PAKISTAN \$114,985 SERVING BETWEEN 50 AND
120 CHILDREN AND YOUTH.
(Code: ) (Expenses \$0 including grants of \$0) (Revenue \$0)
V

CHILDREN'S FUND 54-1841297 1

## Additional Information From Form 990: Return of Organization Exempt from Income Tax

# Form 990: Return of Organization Exempt from Income Tax Part VI, Line 17 (continued)

**Continuation Statement** 

S	States Where Copy of Return is Required
VA	
MD	
DC	

CHILDREN'S FUND 54-1841297 1

## **Smart Worksheets From 2023 Federal Exempt Tax Return**

Form 990: Return of Organization Exempt from Income Tax -- Smart Worksheet

	Line 22 - Deprecia	ation, Depletion,	and Amortizatio	n Smart Worksh	eet
T G	To enter assets, QuickZoom to o view a calculated report of a QuickZoom to the Depreciation QuickZoom to Form 4562 for Following items carry to line 22	all depreciation inforn n/Amortization Repo Form 990	mation for Form 990	0, <del>-</del>	
	Description	<b>(A)</b> Total	<b>(B)</b> Program services	<b>(C)</b> Management and general	<b>(D)</b> Fundraising
A B C	Depreciation Depletion	0.	0.	0.	0.

# 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 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

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

Open to Public Inspection

Name of the organization					Employer identification	number
CHILDREN'S FUND					54-1841297	
Part I Reason for Public Cha						ons.
The organization is not a private found		,			,	
1 A church, convention of church	•				0(b)(1)(A)(i).	
2 A school described in section		•		•		
3 A hospital or a cooperative ho						
4 A medical research organizati		onjunction with a hosp	oital desci	ribed in <b>s</b>	ection 170(b)(1)(A)(	iii). Enter the
hospital's name, city, and state  5 An organization operated for section 170(b)(1)(A)(iv). (Com	the benefit of a	college or university	owned o	r operate	d by a government	al unit described in
	. ,	محاليم محالم فأعين المفصوص	i	470/h\	/4\/A\/-\	
<ul> <li>6 A federal, state, or local gover</li> <li>7 An organization that normally</li> </ul>						the general public
described in section 170(b)(1	)(A)(vi). (Complet	e Part II.)		a govern	mental unit of hor	Title general public
8 A community trust described						
9 An agricultural research organ or university or a non-land-gra university:						
10 An organization that normally receipts from activities related support from gross investmen acquired by the organization a	I to its exempt fu It income and un	nctions, subject to ce related business taxal	rtain exce ole incom	eptions; a e (less se	ind (2) no more than ection 511 tax) from	33 <sup>1</sup> / <sub>3</sub> % of its
11 An organization organized and	d operated exclus	sively to test for public	safety. S	See <b>sect</b> i	on 509(a)(4).	
12						
one or more publicly supporte the box on lines 12a through 1						
a Type I. A supporting orgation the supported organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	jority of t		
b Type II. A supporting orga	-				upported organization	on(s) by having
control or management of organization(s). <b>You must</b>	the supporting of	rganization vested in	the same			
c Type III functionally integ	grated. A suppor	ting organization oper	ated in co			ally integrated with,
d Type III non-functionally	. , .					orted organization(s)
that is not functionally interequirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ition requirement an	
e Check this box if the orgation functionally integrated, or						e II, Type III
f Enter the number of supported	• •					
g Provide the following information	-	orted organization(s).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the o listed in you docur	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
					-	
(A)						
(B)						
(C)						
(D)						
(E)						
Total		CATALOGIC CONTRACTOR				

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.)

Secu	on A. Fublic Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						,,
	membership fees received. (Do not						
	include any "unusual grants.")	147,720.	165,234.	268,700.	334,888.	234,292.	1,150,834.
2	Tax revenues levied for the						
	organization'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	147,720.	165,234.	268,700.	334,888.	234,292.	1,150,834.
5	The portion of total contributions by						
	each person (other than a			2.4.78年 多次公司			
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)			9074			234,583.
6	Public support. Subtract line 5 from line 4						916,251.
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	147,720.	165,234.	268,700.	334,888.	234,292.	1,150,834.
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	6,823.	4,599.	1,212.	825.	1,093.	14,552.
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						
40	• ,						
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
4.4	, ,						1.165.206
11 12	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, etc	(see instruction	ane)			12	1,165,386.
13	First 5 years. If the Form 990 is for the	•	,		or fifth tax ve		n 501(a)(3)
10	organization, check this box and <b>stop he</b>	_			,		, , , ,
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2023 (line			11 column (f)		14	78.62 %
15	Public support percentage from 2022 Sci						71.18 %
	331/3% support test—2023. If the organ	ization did not	check the box	 k on line 13. ar	nd line 14 is 33	3 <sup>1</sup> /3% or more.	
	box and stop here. The organization qua						
b	331/3% support test-2022. If the organi						
	this box and stop here. The organization	qualifies as a	oublicly suppo	rted organizati	on		
17a	10%-facts-and-circumstances test-2	<b>023.</b> If the ora	anization did n	ot check a bo	x on line 13. 1	6a. or 16b. an	d line 14 is
	10% or more, and if the organization m						
	Part VI how the organization meets the						
	organization						
b	10%-facts-and-circumstances test-2	<b>022.</b> If the ora	anization did n	ot check a bo	x on line 13. 1	6a, 16b, or 17	a, and line
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the						
	organization						
18	Private foundation. If the organization	did not check	a box on line	e 13, 16a, 16b	, 17a, or 17b,	check this be	ox and see
	instructions						$\square$

#### 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.)

Secti	on A. Public Support			,,-			
Calen	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees	\-\ \ -\ \ -\ \ -\ \ -\ \ -\ \ \ \ \ \	(-,	(4) = 4	(-,	(0, 2020	(1)
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, 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						
Ü	unrelated trade or business under section 513						
4							
4	Tax revenues levied for the organization's benefit and either paid						
	to or expended on its behalf						
_	·						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
_	-						
6	Total. Add lines 1 through 5						
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						
_	•	_			_		
C	Add lines 7a and 7b	2-317					
8	Public support. (Subtract line 7c from		是正常的特点				
Sooti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(4) 0000	(-) 0000	(6) Tatal
9	Amounts from line 6	(a) 2019	(D) 2020	(6) 2021	(d) 2022	(e) 2023	(f) Total
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						
С	Add lines 10a and 10b				_		
11	Net income from unrelated business				_		
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets				1		
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	s first, second	, third, fourth,	or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he	re					
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2023 (line 8						%
16	Public support percentage from 2022 Sch			<u>.</u>		16	%_
	on D. Computation of Investment In				(5)		
17	Investment income percentage for 2023 (			-			%
18	Investment income percentage from 2022						%
19a	331/3% support tests—2023. If the organ						
	17 is not more than 331/3%, check this box	•	_			_	
b	331/3% support tests – 2022. If the organization 18 is not more than 231/294, shock this						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	id not check a	box on line 14	, 19a, or 19b,	cneck this box	and see instru	ctions .

Ves No

#### Part IV Supporting Organizations

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

			inizations	

- 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.)

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answer	2		
(6) and ow the	3a		
c)(2)(B)	3b		
on")? <i>If</i>	3c		÷ 1.3
foreign	4a		6
cretion	4b		
ination n used c)(2)(B)			
"Yes,"	4c		
nd EIN action; action			
	5a		
already	5b		
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entity	7		
on line	8		
r more zations	0-		
which	9a 9b		
benefit //.	9c		
section egrated			
720, to	10a 10b		
Schedul	e A (Fo	rm 99	0) 2023

ochedul	6 A (FOITH 990) 2023			age <b>J</b>
Part	Supporting Organizations (continued)			
4.4			Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons?  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 <b>Part VI</b> .	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	3 5	
Secti	on C. Type II Supporting Organizations			
	on on type in outper time of gamma and one		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			
C = -4:	the supported organization(s).	1		
Secti	on 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		163	NO
'	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		w
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
3	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	nstru	ctions	s).
a	<ul> <li>☐ The organization satisfied the Activities Test. Complete line 2 below.</li> <li>☐ The organization is the parent of each of its supported organizations. Complete line 3 below.</li> </ul>			
b c	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity</i> (	see ir	struct	tions).
2	Activities Test. Answer lines 2a and 2b below.		Yes	
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,			765
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		24.73
h	Did the activities described on line 2a, above, constitute activities that, but for the organization's	<b>2</b> d		
b	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	30	1000000	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		A 19 (05)
D	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		Lackdar S

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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		
	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	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions).	ally i	ntegrated Type III suppo	rting organization

Part	V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continue	d)	
Secti	on D-Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted		
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	-provide details in <b>Part</b>	VI)	5	
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			6	
	<b>Total annual distributions.</b> Add lines 1 through 6. Distributions to attentive supported organizations to whic	h the erganization is rec	nonciuo	7	
0	(provide details in <b>Part VI</b> ). See instructions.	in the organization is res	polisive	8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in <b>Part VI</b> ). See				
2	instructions.  Excess distributions carryover, if any, to 2023				
3	E 0010				
a b					
	From 2019				
<del>_</del> d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7:				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			1	
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021		- 1 (A) (A)		
d	Excess from 2022			35%	
е	Excess from 2023				

Schedule A (F	orm 990) 2023 Page <b>8</b>
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### SCHEDULE F (Form 990)

### **Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
CHILDREN'S FUND

Department of the Treasury

Employer identification number 54-1841297

Par	General Information Form 990, Part IV, line 1		ies Outside	the United States.	Complete if the organization a	nswered "Yes" on
1	For grantmakers. Does the other assistance, the grante award the grants or assistance	es' eligibility	for the grant	s or assistance, and t	he selection criteria used to	⊠ Yes □ No
2	For grantmakers. Describe outside the United States.	in Part V the	e organization'	s procedures for monit	coring the use of its grants an	d other assistance
3	Activities per Region. (The fo	llowing Part	I, line 3 table c	an be duplicated if add	itional space is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in t region (by type) (such as, fundraising, program servic investments, grants to recipi located in the region)	a program service, es. describe specific type of	(f) Total expenditures for and investments in the region
(1)	South Asia	0	0	PROGRAM SERVICE	S ORPHANAGE, SUPPLIES, MEDICAL ASSIST	197,108.
(2)	Sub-Saharan Africa	0	0	PROGRAM SERVICE	S HUMANITARIAN/EDUCATIONAL/CHILDREN	37,669.
(3)	Central America	0	0	PROGRAM SERVICE	S ORPHANGE	1,295.
(4)						
(5)						
(6)						
(7)						
(8)						
(9)				_		
(10)						
(11)						
(12)						
(13)						
(14)				_		
(15)						
(16)						
(17)						
3a b		0	0			236,072.
•	sheets to Part I	0	0			236,072.

stance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, ecipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
outh Asia	PROGRAM SERVICE	40,941.	wire			
outh Asia	PROGRAM SERVICE	33,268.	wire			
outh Asia	PROGRAM SERVICE	114,985.	wire			
b-Saharan Africa	program service	19,035.	wire			
b-Saharan Africa	PROGRAM SERVICE	10,600.	wire			
				-		
			_			
		_				
		-				
	sted above that are rowhich the grantee or c					

REV 03/21/24 PRO Schedule F (Form 990) 2023

stance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. d if additional space is needed.

(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Part IV	Foreian	E O MINO O

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	☐ Yes	⊠ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	⊠ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	☐ Yes	⊠ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	☐ Yes	⊠ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	☐ Yes	⊠ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	☐ Yes	⊠ No

## Part V Supple

Supplemental In	nformation
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Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

Pt I Line 2: THE CEO AND BOARD APPROVE ALL MATERIAL GRANTS OUTSIDE THE USA.
THE CEO RECEIVES UPDATES FROM THE FOREIGN ORGANIZATIONAL CONTACTS, VIA EMAIL,
OR OTHER MEANS, AND PROVIDES SUBSTANTIATING DOCUMENTATION AS MUCH AS POSSIBLE
FOR EXPENDITURES.
Pt I Line 3 Col (F): THE ORGANIZATION USES THE ACCRUAL METHOD OF ACCOUNTING.

#### SCHEDULE L (Form 990)

#### **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

CHI	LDREN'S FUND							54-	1841	L297				
Pai	<b>Excess Bene</b> Complete if the	efit Transaction ne organization	ns (section 501 answered "Ye	(c)(3), s" on	section Form 99	501(c)(4), a 0, Part IV, I	ind se ine 25	ection 501(c)(29) 5a or 25b; or Fo	orgar rm 99	nizatio 0-EZ,	ns or Part	nly) V, line	40b.	
1	(a) Name of disquali	fied person	(b) Relationship be	etween o	disqualified	person and		(c) Description of transaction			(d) Correcte			
				organiza	ation								Yes	No
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
2	Enter the amount under section 4958	3							ng the	•	\$_			
3	Enter the amount of	of tax, if any, on	line 2, above,	reimb	oursed by	the organ	izatio	n			\$_			
Par (a) N	Complete if th	d/or From Interne organization reported an amount (b) Relationship with organization	answered "Ye	s" on 990, P (d) Le	Form 99 art X, lind oan to or om the nization?	0-EZ, Part e 5, 6, or 22 (e) Origin principal an	2. nal	e 38a, or Form 9		art IV,	(h) Ap		if the	
				To	From	1			Yes	No	Yes	No.	Yes	No
(1)			_	10	110111				165	110	165	140	162	NO
(2)									-	_	_			
(3)										1		-		
(4)						_								
(5)														
(6)											_			
(7)														
(8)												<del>                                     </del>		
(9)										T		<b>—</b>		
(10)														
Tota	I			·				\$	32.23					
Par		sistance Beneration	fiting Interest	ed Pe	rsons			7.						
(a	a) Name of interested perso		ship between inter and the organization		. ,	mount of istance		(d) Type of assistand	ce	(e	) Purpo	ose of a	ssistan	ce
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														

	Name of interested person  (b) Relationship between interested person and the organization		(d) Description of transaction	(e) Sha organiz reven	
DEDE LICITEDA	TO EA CLIDED	1 740	BOOKKEEPING/WEB HOSTING		N
BERT LICITRA	TREASURER	1,740.	BOOKKEEPING/WEB HOSIING		;
					+
					$^{+}$
					T
Supplemental Information	nion for responses to questions				
					-
					_

#### SCHEDULE O (Form 990)

#### 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.

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

CHILDREN'S FUND	54-1841297
Pt VI, Line 19: 990, GOVERNING DOCS AND FINANCIALS ARE MADE AVAILAB	LE TO THE
PUBLIC UPON REQUEST.	
Pt VI, Line 11b: THE CEO AND TREASURER REVIEW THE 990 BEFORE SENDING	G IT IN.
ANY MAJOR ISSUES DISCOVERED WOULD BE DISCUSSED WITH THE ENTIRE BOAR	RD.
Pt XII, Line 1: THE CHILDREN'S FUND'S FINANCIAL STATEMENTS ARE CURRI	ENTLY UNDERGOING
AN AUDIT BUT THE AUDIT WILL NOT BE COMPLETED UNTIL AFTER THE 990 TAX	X RETURN IS
COMPLETED.	
Other: THE CHILDREN'S FUND IS IN THE PROCESS OF OBTAINING INDEPENDEN	NT AUDIT
OF THE FINANCIAL STATEMENTS.	
Pt III, Line 4d:	
Expenses: \$123,502 including grants of: \$123,502 Revenue: \$0	
Description: 3.UGANDA FOODSTEP \$7,734 TO SUPPORT 123 CHILDREN.	
4. MVP EL SALVADOR \$783 TO SUPPORT 750 CHILDREN IN SCHOOLS. 5. REHNUMA TRUST PAKISTAN \$1	14,985 SERVING BETWEEN 50 AND
120 CHILDREN AND YOUTH.	
Expenses: \$0 including grants of: \$0 Revenue: \$0	
Description: V	
Pt VI, Section C, Line 17:	
State: MD	
State: DC	

#### Form 8879-TE

# IRS E-file Signature Authorization for a Tax Exempt Entity

ıpı	Entity	
	0000	00

For calendar year 2023, or fiscal year beginning

2023, and ending\_\_\_\_\_, 20

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN CHILDREN'S FUND 54-1841297 Name and title of officer or person subject to tax BOB LICITRA, TREASURER Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here . . . X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . **b Total revenue**, if any (Form 990-EZ, line 9) . . . . . . . . Form 990-EZ check here . . . 2a **b** Total tax (Form 1120-POL, line 22) . . . . . . . . . . . . . . 3a Form 1120-POL check here . . . Form 990-PF check here . . . **b** Tax based on investment income (Form 990-PF, Part V, line 5) . 4a Form 8868 check here . . . **b Balance due** (Form 8868, line 3c) . . . . . . . . . . . . 5a **b Total tax** (Form 990-T, Part III, line 4) . . . . . . . . . . . . 6a Form 990-T check here . . 7a Form 4720 check here . . . **b** Total tax (Form 4720, Part III, line 1) . . . . . . . . . . . . Form 5227 check here . . . **b** FMV of assets at end of tax year (Form 5227, Item D) . . . . 8a 8b Form 5330 check here . . . **b** Tax due (Form 5330, Part II, line 19) . . . . . . . . . . . . 9a Form 8038-CP check here . . . . b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that 🛛 I am an officer of the above entity or 📋 I am a person subject to tax with respect to (name , (EIN) of entity) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only ☐ I authorize to enter my PIN as my signature ERO firm name Enter five numbers, but do not enter ali zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🗵 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 04/18/2024 Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Date 04/18/2024 ERO's signature Doug Stearman CPA

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

Name CHILDREN'S FUND		ication Number 341297
STATEMENT 1		
THE CHILDREN'S FUND IS IN THE PROCESS OF HAVING ITS FINANCIAL STATEMENTS AUDITED FOR 2023 BY AN INDEPENDENT ACCOUNTANT, BUT THE AUDIT IS NOT COMPLETE AT THE TIME OF THE 990 TAX RETURN FILING.		
SECTION XII PAGE 12, SEE STATEMENT 1 ABOVE ON AUDIT IN PROCESS.		
	 	· ·
Total	 	

CHILDREN'S FUND 54-1841297 1

### **Additional Information From 2023 Federal Exempt Tax Return**

# Form 990: Return of Organization Exempt from Income Tax Federated Campaigns

#### **Itemization Statement**

Description	Amount
CFC CAMPAIGN DONATIONS	10,500.
STATE CAMPAIGN	417.
Total	10,917.

## Form 990: Return of Organization Exempt from Income Tax

#### Other amt. not included Itemization Statement

Description	Amount
ABBAS PAKISTAN	5,740.
CHANDE' ORPHANS ZAMBIA	12,200.
UGHANDA FOODSTEP	7,830.
REHNUMA TRUST PAKISTAN	105,000.
APNA SAHARA-INDIA	33,180.
MERIBA ASSOC. INDIA	11,979.
SHERLIE HOME-INDIA	4,930.
LIBERIAN ORPHANS	8,900.
PERUVIAN ANDES PROJECTS	10.
MISCELLANEOUS CONTRIBUTIONS	29,999.
OTHER INDIRECT SUPPORT	227.
MVP EL SALVADOR	1,485.
RWANDA EDUCATION	100.
INDIRECT SUPPORT	1,795.
Total	223,375.

### Form 990: Return of Organization Exempt from Income Tax

#### Line 3 col (B) Itemization Statement

Description	Amount
MERIBA ASSOC/SHERLIE HOME INDIA	40,941.
APNA SAHARA INDIA	33,268.
REHNUMA TRUST PAKISTAN	114,985.
ABBAS PAKISTAN ORPHANAGE	7,914.
UGHANDA FOODSTEP AFRICA	7,734.
MVP EL SALVADOR	783.
CHANDE' ORPHANAGE-ZAMBIA	19,035.
ZAMBIA PROJECT OTHER THAN CHANDE'	300.
PERUVIAN ANDES PROJECTS	512.
LIBERIAN GRANTS	10,600.
Total	236,072.

CHILDREN'S FUND 54-1841297 2

Line 2, column (A)

#### **Itemization Statement**

Description	Amount
DESIGNATED PROJECT ACCOUNT	112,208.
DESIGNATED CALCUTTA PROJECT ACCOUNT	76,623.
EDWARD JONES ACCOUNT	779.
Total	189,610.

# Form 990: Return of Organization Exempt from Income Tax Line 2, column (B)

#### **Itemization Statement**

Description	Amount
PRIMIS OPERATING ACCOUNT	10,512.
PRIMUS PROJECT ACCOUNT	97,828.
RESERVE ACCOUNT	56,007.
EDWARD JONES ACCOUNT	786.
Total	165,133.