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TIN: 13-5596751 OMB No. 1545-0047

Return of Organization Exempt From Income Tax

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

Department of the Treasury

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

Interna	Rever	nue Service					Inspection
A F	or th	e 2022 c	l alendar year, or tax year beginning 07-01-2022 , and ending 06-30	-2023		1	
		applicable: change	C Name of organization PARTNERSHIP WITH CHILDREN INC		D Employe		ication number
		nange	Doing business as		15 5550	, 51	
_	itial re						
_		rn/terminated d return	Number and street (or P.O. box if mail is not delivered to street address) Room/suit	re	E Telephone	number	
		ion pending	299 BROADWAY 1300		(212) 68	9-9500	
_			City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10007		G Gross rece	eipts \$ 1	4,722,988
			F Name and address of principal officer:	H(a) Is this	a group retu	urn for	
			WESNER PIERRE 299 BROADWAY 1300		linates?		☐Yes ✓No
			NEW YORK, NY 10007	H(b) Are all		!S	☐ Yes ☐No
I Ta	x-exe	mpt status:	✓ 501(c)(3) □ 501(c) () ◀ (insert no.) □ 4947(a)(1) or □ 527	include If "No.	eu? " attach a lis	st. See i	
J W	ebsi	te:▶ PAR	TNERSHIPWITHCHILDREN.ORG	H(c) Group			
				1 v	1012	M Chala	of head desirable ANY
K For	n of o	rganization:	✓ Corporation ☐ Trust ☐ Association ☐ Other ►	L Year of forma	tion: 1912	M State	of legal domicile: NY
Pa	art I	Sum	mary				
			cribe the organization's mission or most significant activities:				
90		PROVIDIN	G SCHOOL-BASED SERVICES TO STRENGTHEN STUDENTS' EMOTIONAL, SC	OCIAL AND CO	GNITIVE SKI	ILLS.	
a							
Activities & Governance							
ò	_		s box 🕨 🗆			1 _ 1	1
3			of voting members of the governing body (Part VI, line 1a)			4	21
SS	4	, , , , , , , , , , , , , , , , , , , ,					21
Ě	5	, , , , , , , , , , , , , , , , , , , ,					242
CE.	6	Total number of volunteers (estimate if necessary)		•	6	50	
A			elated business revenue from Part VIII, column (C), line 12			7a	0
	b	Net unrel	ated business taxable income from Form 990-T, Part I, line 11			7b	0
				Prio	r Year		Current Year
9	8	Contribut	ions and grants (Part VIII, line 1h)		15,601,06	59	13,665,953
Revenue	9	Program	service revenue (Part VIII, line 2g)		1,417,00)7	794,214
æ	10	Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		150,71	.9	144,048
	11	Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-91,99		-123,832
	12	Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		17,076,79	98	14,480,383
	13	Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)		42,00	00	59,460
	14	Benefits p	paid to or for members (Part IX, column (A), line 4)			0	0
88	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		10,590,61	.5	10,365,632
Expenses	16	Professio	nal fundraising fees (Part IX, column (A), line 11e)		105,00	00	105,000
ф	b	Total fundr					
Ω	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,623,53	34	3,643,427
	18	Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		14,361,14	19	14,173,519
	19	Revenue	less expenses. Subtract line 18 from line 12		2,715,64	19	306,864
ces				Beginning o	f Current Yea	ar	End of Year
Net Assets or Fund Balances	20	Total acco	ets (Part X, line 16)		14,663,76	1	15,638,880
ABB			lities (Part X, line 26)		1,312,83		1,432,830
Net E. M			s or fund balances. Subtract line 21 from line 20		13,350,92		14,206,050
and the last	1 44	וזכנ מסטפנ	5 or rand balances. Subtract line 21 HOIII line 20	ı	10,000,92		17,200,030

Signature Block

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

	<u></u>						2024-05-13	
Sign Here		gnature of offic					Date	
Here	VVI	ESNER PIERRE pe or print nam	EXECUTIVE DIRECTOR & one and title	CEO				
	r	Print/Type p	preparer's name	Preparer's	signature	Date	a, , , , ,	PTIN
Paic	i					2024-05-13	Check if self-employed	P00543254
	oarer	Firm's name	e FKF O'CONNOR DAV	IES ADVISORY	LLC		Firm's EIN 🕨 8	37-3231666
Use	Only	Firm's addre	ess > 245 PARK AVENUE 1	Phone no. (212	Phone no. (212) 286-2600			
			NEW YORK, NY 101	67				
May tl	he IRS disc	cuss this retu	rn with the preparer sh	nown above?	See Instructions			. Ves 🗆 No
			Act Notice, see the s			Cat. N	No. 11282Y	Form 990 (2022
					Page 2			
Form	990 (2022))						Page 2
Par	•	•	f Program Service	Accomplis	shments			rage a
			-	•	any line in this Part III			
1			ganization's mission:		,			
			EN'S MISSION IS TO S' IN SCHOOL, SOCIETY		THE EMOTIONAL, SOCIA	L, AND COGNIT	IVE SKILLS OF	CHILDREN IN NEW YORK
CITT	30 IIILI C	AN SUCCEED	TIN SCHOOL, SOCIETY	, AND LIFE.				
2	Did the or	ganization ur	ndertake any significan	t program se	rvices during the year w	hich were not lis	ted on	
		orm 990 or 9						🗆 Yes 🗸 No
_			new services on Sche					
3		-	ease conducting, or ma	ke significant	changes in how it cond	ucts, any progra	m	. Yes No
	services?		changes on Schedule					. Yes UNO
4			<u> </u>		nts for each of its three	largest program	carvicas as i	meacured by expenses
-	Section 50	01(c)(3) and	501(c)(4) organization	s are require				ners, the total expenses,
	and reven	ue, if any, fo	r each program service	reported.				
4a	(Code:) (Expenses \$	6,492,528	including grants of \$	0) (Revenue \$	0)
								L-TIME STAFF IN SCHOOLS TO ERVICES, YOUTH DEVELOPMENT,
	AND COMM	UNITY ENGAGE	MENT. WE ESTABLISH ANI	MANAGE THE	COMMUNITY SCHOOLS PRO	GRAM, ALWAYS AL	ONGSIDE OUR (COMPREHENSIVE MENTAL HEALTH
			UPPORTS THAT ARE CORE			LARE) SO THAT EAC	LH OF OUR 19 C	OMMUNITY SCHOOLS BENEFIT
	-							
4b	(Code:) (Expenses \$	2,037,011	including grants of \$) (Revenue \$	794,214)
								PUBLIC AND CHARTER SCHOOLS EALTH SERVICES THAT INCLUDE
								DED IN SOCIAL-EMOTIONAL E, ON-TASK BEHAVIOR, AND
	ACHIEVEME	NT LÉVELS; IM		ROOM MANAGE				TION; REDUCE VIOLENCE AND
		, , , , , , , , , , , , , , , , , , ,	TOE TAINENTO AND TAINE					
4c	(Code:) (Expenses \$	1,098,887	including grants of \$	0) (Revenue \$	0)
	OUT-OF-SC							STUDENT ENGAGEMENT AND
	DIRECT AFT	TER-SCHOOL, S	SUMMER AND EXTENDED S	CHOOL DAY PR	OGRAMS AT 7 SCHOOLS WE	HERE WE ALSO PRO	OVIDE COMPREH	IIPS WITH PEERS AND ADULTS. WE ENSIVE PROGRAMMING DURING
	THE SCHOO	DL DAY, EXTEND	DING STUDENTS' SOCIAL-	EMOTIONAL LEA	RNING OUTSIDE THE TRAD	OITIONAL SCHOOL I	DAY AND CLASS	ROOM SETTING.
	(Code:) (Expenses \$	1,019,848	including grants of \$	50 460) (Revenue \$	0)
	•	TION:PWC'S A	, , ,			•		RTS PROGRAMMING AS A POTENT
	COMPLEME	NT TO PWC'S C	OMPREHENSIVE SUPPORT	MODEL, FULLY	ALIGNING WITH OUR STUD	ENT-CENTERED, W	HOLE-CHILD AP	PROACH. THIS PROGRAMMING N CONNECTS TO MATERIAL BEING
	EXPLORED :	IN OTHER CON	TENT AREAS, AND CAN BE	DELIVERED IN	-SCHOOL, AFTER-SCHOOL,	ON SATURDAYS, A	ND DURING SUN	MER. WE ALSO OFFER A CAREER
	THE CITY.	ENT PROGRAM	THAT PROVIDES HIGH SCI	TOOL SENIORS	WITH CAKEER READINESS	IKAINING AND IN	IEKNSHIPS IN C	REATIVE INDUSTRIES ACROSS
	(Code:) (Expenses \$	800,371	including grants of \$) (Revenue \$)
					OL-TIME PROGRAM IN HARLE PIPELINE TO PREVENTION S			OPERATED A GENERAL STHAT NEED SUPPORT. THE
	PROGRAM T	TAILORED SERV	ICES TO THE NEEDS OF F	AMILIES AND C	HILDREN THROUGH CASE M	MANAGEMENT, RES	OURCE NAVIGAT	ION, SERVICE REFERRALS, AND ED ON JUNE 30, 2023 IN ORDER
			L-BASED PROGRAMS.		common man			JOILE 50, 2023 IN ORDER
	_	_					•	

40 Other program services (Describe in Schedule O.)
(Expenses \$ 1,820,219 including grants of \$ 59,460) (Revenue \$

4e Total program service expenses ▶

11,448,645

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Form **990** (2022)

0)

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Par	tiv 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	Yes	NO
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	Yes	
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 \mathfrak{B} .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
	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		No
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		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🗐	11e	Yes	
	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	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
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		No
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		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17	Yes	
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes." complete Schedule H	20-		NI.

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	No

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Pa	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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? <i>If "Yes," complete Schedule J </i>	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
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		No
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? <i>If "Yes," complete Schedule L,</i> Part III	27		No
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 "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	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>	32		No
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 "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
_	Claborate Day at the Other TDC Fill and A TDC County			

Part V Statements Regarding Other IRS Filings and Tax Compliance

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



					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	89			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to v (gambling) winnings to prize winners?			1c		
				F	orm 99	0 (2022)

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-orm	990 (2022)			Daga I
	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Page 5
	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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		No
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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions 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 services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
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	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?	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 10a			
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources 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.			
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		

	2/25, 6:38 AM Partnership With Children Inc - Full Filing - Nonprofit E.	xplorer - ProPublica			
D	which the organization is licensed to issue qualified health plans				
c	c Enter the amount of reserves on hand				
	a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	. 0	14b		
		-	15		No
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		No
	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 would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	/ activities that	17		
	·		F	orm 99	0 (2022)
	Page 6 —				
Form	m 990 (2022)				Page 6
	Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b	helow and for a "No	" resn	onse to	
i di	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See instructions.	-	onse to	_
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	•		✓
Эе	Section A. Governing Body and Management			Yes	No
1a	a Enter the number of voting members of the governing body at the end of the tax year 1a	21		. 00	-110
	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 in Schedule O.				
b	b Enter the number of voting members included in line 1a, above, who are independent 1b	21			
2			2		No
3		e direct supervision	3		No
4		90 was filed? .	4		No
5		-	5		No
6	Did the organization have members or stockholders?		6		No
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or ap members of the governing body?	point one or more	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken of the following:	luring the year by			
а	a The governing body?		8a	Yes	
b	b Each committee with authority to act on behalf of the governing body?		8b	Yes	,
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No
Se	Section B. Policies (This Section B requests information about policies not required by the	Internal Revenue	Code	e.)	
		-		Yes	No
	a Did the organization have local chapters, branches, or affiliates?	<u>L</u>	10a		No
	and branches to ensure their operations are consistent with the organization's exempt purposes?	_	10b		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body form?		11a	Yes	
b	b Describe on Schedule O the process, if any, used by the organization to review this Form 990	[
	a Did the organization have a written conflict of interest policy? If "No," go to line 13	 	12a	Yes	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that c conflicts?		12b	Yes	
С	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye Schedule O how this was done	es," describe on	12c	Yes	
13		L	13	Yes	
14	Did the organization have a written document retention and destruction policy?	[14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by independent			
а	a The organization's CEO, Executive Director, or top management official	[15a	Yes	
b	b Other officers or key employees of the organization	[15b		No

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

10/22/	20, 0.007 Will Official Fill of Fair Filling Prohipfort Explorer File ablied	4	
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	No
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	
Se	ection C. Disclosure	<u> </u>	<u> </u>
17			
18	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.		
	✓ Own website ✓ Another's website ✓ Upon request □ Other (explain in Schedule O)		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.		
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ▶MARINA SCHREIBER 299 BROADWAY 1300 NEW YORK, NY 10007 (212) 689-9500		
		Form	n 990 (2022)
	Page 7		
Form	990 (2022)		Page 7
Pai	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Empland Independent Contractors	ployees,	
	Check if Schedule O contains a response or note to any line in this Part VII	<u> </u>	. \square
Se	ection A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
	omplete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the	he organiza	ition's tax
year.	List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of and	ount	
	mpensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.		
• l	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, or 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	more perso	than on is	one bot rect	not bo: h ar	office rustee	ess er	(D) Reportable compensation from the organization (W- 2/1099- MISC/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ANDREW BETTWY	1.00	Х		x		Ь		0	0	0
PRESIDENT (2) JED FINN EXECUTIVE VICE PRESIDENT	1.00	х		х				0	0	0
(3) DAVID COHEN VICE PRESIDENT	1.00	х		Х				0	0	0
(4) ALEXANDRA MURRAY VICE PRESIDENT	1.00	х		Х				0	0	0
(5) RAMNEEK RIKHY VICE PRESIDENT	1.00	х		x				0	0	0
(6) TRAM NGUYEN SECRETARY - THRU 6/28/23	1.00	х		x				0	0	0
(7) HELENA WILLNER	1.00									

10/22/25, 6:38 AM	Partnershi	p With (Child	ren	Inc ·	- Full	Filin	g - Nonprofit Exploi	er - ProPublica	
TREASURER		Х		Х				0	0	0
(8) NEL AKOTH DIRECTOR	1.00	х						0	0	0
(9) BRIAN ANGIOLET DIRECTOR	1.00	х						0	0	0
(10) LINDA BOFF DIRECTOR - THRU 6/28/23	1.00	х						0	0	0
(11) TOM BOOKER DIRECTOR	1.00	х						0	0	0
(12) ANDRE BRANCH DIRECTOR	1.00	х						0	0	0
(13) JILL BRAUFMAN DIRECTOR	1.00	х						0	0	0
(14) JONATHAN FASSBERG DIRECTOR	1.00	х						0	0	0
(15) OMINO GARDEZI DIRECTOR	1.00	х						0	0	0
(16) KALENA GRIFFIN COSTA DIRECTOR	1.00	х						0	0	0
(17) CASTLEIGH JOHNSON	1.00	V							0	

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Form 990 (2022)

DIRECTOR

Page **8**

0

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

Part VII Section A. Officers, Directors	s, Trustees, K	ey Eiii	pio	yee:	s, a	iiu ni	igiie	est Compensated	i Employees (cor	itinueu)
(A) Name and title	(B) Average hours per week (list any hours	more pers	thar on is	one bot	not bo: h ar	check x, unlo n office rustee	ess er	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	2/1099- MISC/1099-NEC)	(W-2/1099- MISC/1099-NEC)	organization and related organizations
(18) PINAR KIP DIRECTOR	1.00	х						0	0	0
(19) ALAN KLINGER ESQ DIRECTOR - THRU 6/28/23	1.00	x						0	0	0
(20) JULIE LANG DIRECTOR	1.00	x						0	0	0
(21) HELEN LIN DIRECTOR	1.00	×						0	0	0
(22) NEALA MARTIN DIRECTOR - THRU 6/28/23	1.00	×						0	0	0
(23) FREDDY ROLON DIRECTOR	1.00	×						0	0	0
(24) MICHAEL ROST DIRECTOR	1.00	×						0	0	0
(25) MIGDALIA VASQUEZ	1.00	Х						0	0	0

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DIRECTOR - THRU 6/28/23		!	$\perp \perp$	1						
(26) PAY WU	1.00	Х					0	C)	0
DIRECTOR										
(27) WESNER PIERRE	35.00		$ _{x}$				260,425	C		6,518
EXECUTIVE DIRECTOR & CEO		••••								
(28) MARINA SCHREIBER	35.00		$ \cdot _{x}$				180,695	C		20,781
CHIEF FINANCIAL & ADMINISTRATIVE							100,033			20,701
(29) ANGELA JEFFERSON	35.00			X			160.040	0		15.541
CHIEF PROGRAM OFFICER		 -		^			169,840	C		15,541
(30) JESSICA RAWLINS	35.00									
CHIEF DEVELOPMENT OFFICER THRU 3/23				Х			170,473	C)	11,607
(31) TRAVIS RODGERS	35.00									
CHIEF EQUITY AND STRATEGY THRU 12/22	33.00				Χ		159,164	C)	9,331
(32) RENE FRANKLYN PINTADO	25.00			1 1						
	35.00	.			Χ		134,796	C)	26,372
VICE PRESIDENT OF FINANCE (33) MEREDITH SHERMAN	+									
	35.00	<u> </u>			Х		122,497	C)	22,149
VP OF PROGRAMS			+	+						
(34) KATHERINE NICHOLSON	35.00				Х		106,607	C)	4,264
CLINICAL DIRECTOR										
1b Sub-Total					•	٠				
c Total from continuation sheets to Part	•					`—	1 204 407	0		116.563
d Total (add lines 1b and 1c)						•	1,304,497			116,563
2 Total number of individuals (including b of reportable compensation from the or		those li	sted ab	ove) v	vho re	eceived	more than \$100	0,000		
or reportable compensation from the or	yanızatıdır 📂 8									
									Yes	No
3 Did the organization list any former off	icer, director or t	rustee,	key em	ploye	e, or	highest	compensated e	mployee on		
line 1a? If "Yes," complete Schedule J fo						_	•		3	No
4 For any individual listed on line 1a, is the	a cum of ronorta	blo con	ananant	ion or	.d a+h	or com	noncation from	<u> </u>		110
For any individual listed on line 1a, is the organization and related organizations								tile		
individual			´						Yes	
5 Did any person listed on line 1a receive	or accrue compe	ncation	from a	nv un	rolato	d organ	nization or indiv		103	
5 Did any person listed on line 1a receive services rendered to the organization? <i>I</i>	•			•		_			_	l
Services remarks to the organization	res, complete	Scriede	110 3 101	Sucii	perse				•	No
Section B. Independent Contractor										
1 Complete this table for your five highes from the organization. Report compensa-	t compensated in	idepend	lent cor	tracto		at racai				
Troffi the organization. Report compens.		iluai ye	ar andi	a wit	rs th	within t	ved more than	\$100,000 of compe	ensation	
Name and			ar endi	ng wit	ors the	vithin t	ved more than the organization	s tax year.	1	->
NEW YORK EDGE	(A) d business address		ar endii	ng wit	ors the	vithin t	he organization'	\$100,000 of compe s tax year. (B) ption of services	ensation (C	
NEW TORK EDGE			ar endi	ng wit	ors the	within t	he organization'	s tax year. (B) ption of services	(0	
			ar endi	ng wit	ors the	vithin t	he organization' Descri	s tax year. (B) ption of services	(0	nsation
58-12 QUEENS BOULEVARD SUITE 1 WOODSIDE, NY 11377			ar endi	ng wit	ors the	vithin t	he organization' Descri AFTER SCHOO	s tax year. (B) ption of services	(0	nsation
58-12 QUEENS BOULEVARD SUITE 1			ar endi	ng wit	ors the	vithin t	he organization' Descri AFTER SCHOO	s tax year. (B) ption of services DL PROGRAM	(0	nsation
58-12 QUEENS BOULEVARD SUITE 1 WOODSIDE, NY 11377 CITY YEAR INC			ar endi	ng wit	ors the	vithin t	he organization' Descri AFTER SCHOO PROVIDER	s tax year. (B) ption of services DL PROGRAM	(0	349,315
58-12 QUEENS BOULEVARD SUITE 1 WOODSIDE, NY 11377			ar endi	ng wit	ors the	vithin t	he organization' Descri AFTER SCHOO PROVIDER	s tax year. (B) ption of services DL PROGRAM	(0	349,315
58-12 QUEENS BOULEVARD SUITE 1 WOODSIDE, NY 11377 CITY YEAR INC 287 COLUMBUS AVENUE			ar endi	ng wit	ors the	vithin t	he organization' Descri AFTER SCHOO PROVIDER	s tax year. (B) ption of services DL PROGRAM ERVICES	(0	349,315
58-12 QUEENS BOULEVARD SUITE 1 WOODSIDE, NY 11377 CITY YEAR INC 287 COLUMBUS AVENUE BOSTON, MA 02116 BARBI ZAKIN EVENTS			ar endil	ng wit	ors the	vithin t	he organization' Descri AFTER SCHOO PROVIDER TUTORING SE	s tax year. (B) ption of services DL PROGRAM ERVICES	(0	349,315 160,000
58-12 QUEENS BOULEVARD SUITE 1 WOODSIDE, NY 11377 CITY YEAR INC 287 COLUMBUS AVENUE BOSTON, MA 02116			ar endi	ng wit	ors the	vithin t	he organization' Descri AFTER SCHOO PROVIDER TUTORING SE	s tax year. (B) ption of services DL PROGRAM ERVICES	(0	349,315 160,000
58-12 QUEENS BOULEVARD SUITE 1 WOODSIDE, NY 11377 CITY YEAR INC 287 COLUMBUS AVENUE BOSTON, MA 02116 BARBI ZAKIN EVENTS 370 EAST 76TH STREET			ar endil	ng wit	ors the	vithin t	he organization' Descri AFTER SCHOO PROVIDER TUTORING SE	s tax year. (B) ption of services DL PROGRAM ERVICES	(0	349,315 160,000
58-12 QUEENS BOULEVARD SUITE 1 WOODSIDE, NY 11377 CITY YEAR INC 287 COLUMBUS AVENUE BOSTON, MA 02116 BARBI ZAKIN EVENTS 370 EAST 76TH STREET NEW YORK, NY 10021	d business address	limite.		ng wit	h or v	vithin t	Descri AFTER SCHOO PROVIDER TUTORING SE	s tax year. (B) ption of services DL PROGRAM ERVICES	Compe	349,315 160,000
58-12 QUEENS BOULEVARD SUITE 1 WOODSIDE, NY 11377 CITY YEAR INC 287 COLUMBUS AVENUE BOSTON, MA 02116 BARBI ZAKIN EVENTS 370 EAST 76TH STREET NEW YORK, NY 10021 2 Total number of independent contractors	d business address	t limitec		ng wit	h or v	vithin t	Descri AFTER SCHOO PROVIDER TUTORING SE	s tax year. (B) ption of services DL PROGRAM ERVICES	Compe	349,315 160,000
58-12 QUEENS BOULEVARD SUITE 1 WOODSIDE, NY 11377 CITY YEAR INC 287 COLUMBUS AVENUE BOSTON, MA 02116 BARBI ZAKIN EVENTS 370 EAST 76TH STREET NEW YORK, NY 10021	d business address	t limitec		ng wit	h or v	vithin t	Descri AFTER SCHOO PROVIDER TUTORING SE	s tax year. (B) ption of services DL PROGRAM ERVICES	Compe	160,000 105,000
58-12 QUEENS BOULEVARD SUITE 1 WOODSIDE, NY 11377 CITY YEAR INC 287 COLUMBUS AVENUE BOSTON, MA 02116 BARBI ZAKIN EVENTS 370 EAST 76TH STREET NEW YORK, NY 10021 2 Total number of independent contractors	d business address	t limited		ng wit	h or v	vithin t	Descri AFTER SCHOO PROVIDER TUTORING SE	s tax year. (B) ption of services DL PROGRAM ERVICES	Compe	160,000 105,000
58-12 QUEENS BOULEVARD SUITE 1 WOODSIDE, NY 11377 CITY YEAR INC 287 COLUMBUS AVENUE BOSTON, MA 02116 BARBI ZAKIN EVENTS 370 EAST 76TH STREET NEW YORK, NY 10021 2 Total number of independent contractors	d business address	t limited	d to tho	se list	h or v	vithin t	Descri AFTER SCHOO PROVIDER TUTORING SE	s tax year. (B) ption of services DL PROGRAM ERVICES	Compe	160,000 105,000
58-12 QUEENS BOULEVARD SUITE 1 WOODSIDE, NY 11377 CITY YEAR INC 287 COLUMBUS AVENUE BOSTON, MA 02116 BARBI ZAKIN EVENTS 370 EAST 76TH STREET NEW YORK, NY 10021 2 Total number of independent contractors	d business address	t limited		se list	h or v	vithin t	Descri AFTER SCHOO PROVIDER TUTORING SE	s tax year. (B) ption of services DL PROGRAM ERVICES	Compe	160,000 105,000
58-12 QUEENS BOULEVARD SUITE 1 WOODSIDE, NY 11377 CITY YEAR INC 287 COLUMBUS AVENUE BOSTON, MA 02116 BARBI ZAKIN EVENTS 370 EAST 76TH STREET NEW YORK, NY 10021 2 Total number of independent contractors	d business address	t limited	d to tho	se list	h or v	vithin t	Descri AFTER SCHOO PROVIDER TUTORING SE	s tax year. (B) ption of services DL PROGRAM ERVICES	Compe	160,000 105,000
58-12 QUEENS BOULEVARD SUITE 1 WOODSIDE, NY 11377 CITY YEAR INC 287 COLUMBUS AVENUE BOSTON, MA 02116 BARBI ZAKIN EVENTS 370 EAST 76TH STREET NEW YORK, NY 10021 2 Total number of independent contractors compensation from the organization ▶ 3	d business address	t limited	d to tho	se list	h or v	vithin t	Descri AFTER SCHOO PROVIDER TUTORING SE	s tax year. (B) ption of services DL PROGRAM ERVICES	Compe	160,000 105,000
58-12 QUEENS BOULEVARD SUITE 1 WOODSIDE, NY 11377 CITY YEAR INC 287 COLUMBUS AVENUE BOSTON, MA 02116 BARBI ZAKIN EVENTS 370 EAST 76TH STREET NEW YORK, NY 10021 2 Total number of independent contractors compensation from the organization ▶ 3 Form 990 (2022) Part VIII Statement of Revenue	d business address		d to tho	se list	ed ab	ove) w	Descri AFTER SCHOO PROVIDER TUTORING SE	s tax year. (B) ption of services DL PROGRAM ERVICES	Compe	160,000 105,000
58-12 QUEENS BOULEVARD SUITE 1 WOODSIDE, NY 11377 CITY YEAR INC 287 COLUMBUS AVENUE BOSTON, MA 02116 BARBI ZAKIN EVENTS 370 EAST 76TH STREET NEW YORK, NY 10021 2 Total number of independent contractors compensation from the organization ▶ 3 Form 990 (2022)	d business address		d to tho	see list	ed ab	ove) w	he organization' Descri AFTER SCHOO PROVIDER TUTORING SE FUNDRAISING ho received mor	s tax year. (B) ption of services DL PROGRAM ERVICES G SERVICES Te than \$100,000 o	Compe	160,000 105,000 Page 9
S8-12 QUEENS BOULEVARD SUITE 1 WOODSIDE, NY 11377 CITY YEAR INC 287 COLUMBUS AVENUE BOSTON, MA 02116 BARBI ZAKIN EVENTS 370 EAST 76TH STREET NEW YORK, NY 10021 2 Total number of independent contractors compensation from the organization ▶ 3 Form 990 (2022) Part VIII Statement of Revenue	d business address		d to tho Page	se list	ed ab	ove) w	he organization' Descri AFTER SCHOO PROVIDER TUTORING SE FUNDRAISING ho received more	S tax year. (B) ption of services DL PROGRAM ERVICES G SERVICES Te than \$100,000 o (C) Unrelated	f Form 99	160,000 105,000 Page 9
S8-12 QUEENS BOULEVARD SUITE 1 WOODSIDE, NY 11377 CITY YEAR INC 287 COLUMBUS AVENUE BOSTON, MA 02116 BARBI ZAKIN EVENTS 370 EAST 76TH STREET NEW YORK, NY 10021 2 Total number of independent contractors compensation from the organization ▶ 3 Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a	d business address		d to tho Page	se list	ed ab	ove) w	Descri AFTER SCHOO PROVIDER TUTORING SE FUNDRAISING ho received more (B) Related or exempt	S tax year. (B) ption of services DL PROGRAM ERVICES G SERVICES Te than \$100,000 o (C) Unrelated business	f Form 99	160,000 105,000 Page 9
58-12 QUEENS BOULEVARD SUITE 1 WOODSIDE, NY 11377 CITY YEAR INC 287 COLUMBUS AVENUE BOSTON, MA 02116 BARBI ZAKIN EVENTS 370 EAST 76TH STREET NEW YORK, NY 10021 2 Total number of independent contractors compensation from the organization ▶ 3 Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a	d business address		d to tho Page	se list	ed ab	ove) w	he organization' Descri AFTER SCHOO PROVIDER TUTORING SE FUNDRAISING ho received more	S tax year. (B) ption of services DL PROGRAM ERVICES G SERVICES Te than \$100,000 o (C) Unrelated	f Form 99	160,000 105,000 Page 9 nue d from sections
58-12 QUEENS BOULEVARD SUITE 1 WOODSIDE, NY 11377 CITY YEAR INC 287 COLUMBUS AVENUE BOSTON, MA 02116 BARBI ZAKIN EVENTS 370 EAST 76TH STREET NEW YORK, NY 10021 2 Total number of independent contractors compensation from the organization ▶ 3 Form 990 (2022) Part VIII Statement of Revenue	d business address		d to tho Page	se list	ed ab	ove) w	Descri AFTER SCHOO PROVIDER TUTORING SE FUNDRAISING ho received more (B) Related or exempt function	S tax year. (B) ption of services DL PROGRAM ERVICES G SERVICES Te than \$100,000 o (C) Unrelated business	f Form 99 L (D Reve excluded tax under	160,000 105,000 Page 9 nue d from sections

9a 9b

See Part IV, line 19 . .

b Less: direct expenses . . .

·	2,20,0.00,			g		
	c Net income or (loss) from gaming activit	ies 🕨				
	10aGross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of invent					
		Business Code				
		business code	1			
	11a					
	b					
Oth	er R evenueMiscAmt	1				
	d All other revenue	•				
	e Total. Add lines 11a-11d	•				
	12 Total revenue. See instructions	· · · •				
	12 Total Total See Modracions		14,480,383	794,214	0	20,216
						E 000 (2022)

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Form 990 (2022) Page **10**

Check if Schedule O contains a response or note to an Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		,	3	,
2 Grants and other assistance to domestic individuals. See Part IV, line 22	59,460	59,460		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	700,545	190,872	433,073	76,600
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,275		1,275	
7 Other salaries and wages	7,929,690	6,789,900	747,528	392,262
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	166,456	142,970	14,463	9,023
9 Other employee benefits	663,395	552,222	75,342	35,83
LO Payroll taxes	904,271	733,631	121,542	49,098
11 Fees for services (non-employees):				
a Management				
b Legal	4,497		4,497	
c Accounting	70,725		70,725	
d Lobbying	48,000	24,000		24,000
e Professional fundraising services. See Part IV, line 17	105,000			105,000
f Investment management fees	19,739		19,739	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	942,855	745,306	130,775	66,774
12 Advertising and promotion	59,111	22,491	24,054	12,566
13 Office expenses	654,023	566,115	52,343	35,565
14 Information technology	52,079	37,533	12,385	2,161
15 Royalties				
16 Occupancy	354,100	252,094	73,671	28,335
17 Travel	55,068	44,187	10,714	167

18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	142,844	84,265	56,893	1,686
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	44,144	35,814	5,933	2,397
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a STUDENT EVENTS	1,106,950	1,106,950		
	b STAFF RECRUITMENT	55,268	32,603	22,013	652
	c REPAIRS AND MAINTENANCE	15,455	14,114	763	578
	d STORAGE EXPENSE	13,026	9,274	2,710	1,042
	e All other expenses	5,543	4,844	687	12
25	Total functional expenses. Add lines 1 through 24e	14,173,519	11,448,645	1,881,125	843,749
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).				

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Form 990 (2022) Page **11**

Pa	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part IX			\square
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			1,273,122	1	136,802
	2	Savings and temporary cash investments .			2,722,836	2	3,031,322
	3	Pledges and grants receivable, net			5,231,284	3	6,135,319
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or trustee, key employee, creator or founder, subs controlled entity or family member of any of the	tantial	contributor, or 35%		5	
	6	Loans and other receivables from other disquali section $4958(f)(1)$), and persons described in section $4958(f)(1)$			6		
93	7	Notes and loans receivable, net				7	
ssets	8	Inventories for sale or use				8	
AS,	9	Prepaid expenses and deferred charges			79,988	9	90,478
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	68,120			
	b	Less: accumulated depreciation	10b	68,120	0	10c	0
	11	Investments—publicly traded securities .			5,287,653	11	5,929,047
	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			68,878	15	315,912
	16	Total assets. Add lines 1 through 15 (must equ	ual line	: 33)	14,663,761	16	15,638,880
	17	Accounts payable and accrued expenses			1,229,085	17	1,113,420
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability. Complete F	art IV	of Schedule D		21	
pilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contril or family member of any of these persons	butor, o	or 35% controlled entity		22	

	! 1		· · · · · · · · · · · · · · · · · · ·	1			
	2	3 Secured mortgages and notes payable to unrelated third parties		23			
	2	4 Unsecured notes and loans payable to unrelated third parties		24			
	2	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	83,754	25			319,410
	12	26 Total liabilities. Add lines 17 through 25	1,312,839	26		1.	432,830
nces	_	Organizations that follow FASB ASC 958, check here ▶ ✓ and complete lines 27, 28, 32, and 33.	,, ,,,,,,				
a	2	7 Net assets without donor restrictions	12,507,281	27		13,	496,729
B	2	8 Net assets with donor restrictions	843,641	28			709,321
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33.					
0	2	9 Capital stock or trust principal, or current funds		29			
Sis	3	O Paid-in or capital surplus, or land, building or equipment fund		30			
Assets	3	1 Retained earnings, endowment, accumulated income, or other funds		31			
A	3	2 Total net assets or fund balances	13,350,922	32		14.	206,050
Net	3	3 Total liabilities and net assets/fund balances	14,663,761	33			.638,880
		b lotal liabilities and lice assets/falla salatices 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	, , , , ,	-	F		0 (2022)
Forr	m 9	Page 12 ———————————————————————————————————					Page 12
Р	art	XI Reconcilliation of Net Assets					_
		Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>		
1		Total revenue (must equal Part VIII, column (A), line 12)		1			480,383
2	-	Total expenses (must equal Part IX, column (A), line 25)		2		14,	173,519
3	I	Revenue less expenses. Subtract line 2 from line 1		3			306,864
4	-	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4		13,	350,922
5	ı	Net unrealized gains (losses) on investments		5			548,264
6	-	Donated services and use of facilities		6			
7]	Investment expenses		7			
8	-	Prior period adjustments		8			
9	(Other changes in net assets or fund balances (explain in Schedule O)		9			0
10	0 1	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, li	ne 32, column (B))	10		14,	206,050
Р	art	XII Financial Statements and Reporting					
		Check if Schedule O contains a response or note to any line in this Part XII				_	✓
		Check it Schedule 8 contains a response of flote to any line in this part All 1			•	Yes	No
1]	Accounting method used to prepare the Form 990: Cash Accrual Oth If the organization changed its method of accounting from a prior year or checked "Other," Schedule O.					
2	a \	Were the organization's financial statements compiled or reviewed by an independent accou	intant?		2a		No
		If `Yes,' check a box below to indicate whether the financial statements for the year were coseparate basis, consolidated basis, or both:	mpiled or reviewed	on a			
		☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate	ate basis				
I]	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 au consolidated basis, or both:	idited on a separate	basis,	2b	Yes	
		✓ Separate basis	ate basis				
•		If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibili of the audit, review, or compilation of its financial statements and selection of an independe			2c	Yes	
]	If the organization changed either its oversight process or selection process during the tax	year, explain in Sche	edule O).		
	(As a result of a federal award, was the organization required to undergo an audit or audits a Guidance, 2 C.F.R. Part 200, Subpart F?			3a		No
ı		If "Yes," did the organization undergo the required audit or audits? If the organization did n audit or audits, explain why in Schedule O and describe any steps taken to undergo such at		ired	3b		• (2022)
					F	orm 99	0 (2022)

Additional Data Return to Form

Software ID: Software Version:

Form 990 Special Condition Description:

efile Public Visual Render

ObjectId: 202411349349309136 - Submission: 2024-05-13

TIN: 13-5596751

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.

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

OMB No. 1545-0047

2022

ormation. Open to Public
Inspection

		he organization					Employer identific	ation number
PARTN	IERSHII	P WITH CHILDREN INC					13-5596751	
	rt I	Reason for Public	Charity Stat	us (All organization	s must comp	ete this part.) S	See instructions.	
_	rganiz	zation is not a private fou		-	-			
1		A church, convention of	•				(A)(i).	
2		A school described in s	ection 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form	990).)		
3		A hospital or a coopera	tive hospital ser	vice organization desc	ribed in sectio	n 170(b)(1)(A)(iii).	
4		A medical research organized name, city, and state:	anization operat	ed in conjunction with	a hospital desc	cribed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		An organization operate 170(b)(1)(A)(iv). (Co			rsity owned or	operated by a gov	ernmental unit descril	oed in section
6		A federal, state, or loca	l government or	governmental unit de	scribed in sect	ion 170(b)(1)(A	a)(v).	
7	✓	An organization that no section 170(b)(1)(A)			s support from	a governmental u	nit or from the genera	al public described in
8		A community trust desc	cribed in sectio	170(b)(1)(A)(vi).	(Complete Part	II.)		
9		An agricultural research non-land grant college						ege or university or a
10		An organization that no from activities related to investment income and 30, 1975. See section	to its exempt fur unrelated busin	nctions—subject to cer less taxable income (le	tain exceptions	, and (2) no more	than 33 1/3% of its su	ipport from gross
11		An organization organiz	zed and operated	d exclusively to test fo	r public safety.	See section 509	(a)(4).	
12		An organization organized more publicly supported on lines 12a through 12	d organizations	described in section 5	09(a)(1) or s	ection 509(a)(2). See section 509(a	
а		Type I. A supporting o organization(s) the pow complete Part IV, See	rganization oper ver to regularly a	rated, supervised, or composite or elect a major	ontrolled by its	supported organiz	zation(s), typically by	
b		Type II. A supporting management of the sup must complete Part 1	organization sup oporting organiz	ervised or controlled i ation vested in the sar				
С		Type III functionally supported organization	integrated. A	supporting organizatio				ted with, its
d		Type III non-function functionally integrated. instructions). You mus	nally integrate The organizatio	d. A supporting organing organic	ization operated fy a distribution	d in connection wing requirement and	th its supported orgar	
е		Check this box if the or integrated, or Type III	ganization recei	ved a written determir	nation from the		pe I, Type II, Type III	functionally
f	Enter	r the number of supporte	d organizations				<u> </u>	
g		de the following informat						
	(i) N	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	` '	ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			· -					
Tota								
For F	aperv	work Reduction Act No or 990-EZ.	tice, see the I	nstructions for	Cat. No. 112	 35F	Schedule	A (Form 990) 2022
				Pa	ge 2 ———			
Sche	dule A	(Form 990) 2022			J -			Page 2
Pa	rt II			rations Described ne box on line 5, 7,				

If the organization failed to qualify under the tests listed below, please complete Part III.)

	2/25, 6:38 AM	Partne	rship With Childre	n Inc - Full Filing -	Nonprofit Explorer	- ProPublica	
	r 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 grant.")	10,213,426	9,143,388	10,685,042	15,601,069	13,665,953	59,308,878
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						
4	the organization without charge Total. Add lines 1 through 3	10,213,426	9,143,388	10,685,042	15,601,069	13,665,953	59,308,878
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		.,,,,,,,,	3,33,33			
6	(f) Public support. Subtract line 5 from line 4.						59,308,878
	Section B. Total Support		T	1	T	1	T
	lendar year r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	10,213,426	9,143,388	10,685,042	15,601,069	13,665,953	59,308,878
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	133,818	128,647	117,809	161,242	143,907	685,423
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						
10	or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						59,994,301
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	4,548,080
13	First 5 years. If the Form 990 is for t						nization, check
	this box and stop here			<u> </u>		▶□	
	Section C. Computation of Public						
14	Public support percentage for 2022 (lin	, , ,		. ,,		14	98.860 %
15	Public support percentage for 2021 Sc					15	98.850 %
16	33 1/3% support test—2022. If the						_
	and stop here. The organization quali						
t	33 1/3% support test—2021. If the						_
17	box and stop here. The organization a 10%-facts-and-circumstances test and if the organization meets the "fact	t— 2022. If the or s-and-circumstan	rganization did not nces" test, check tl	check a box on ling this box and stop h	ne 13, 16a, or 16b 1ere. Explain in Pa	o, and line 14 is 10 ort VI how the orga	% or more, anization
b	meets the "facts-and-circumstances" to 10%-facts-and-circumstances tes more, and if the organization meets to	st—2021. If the c	organization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line 1	5 is 10% or
18	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	ed organization		_
	instructions						
						Schedule A (Form 990) 2022
			Page 3				
Sch	edule A (Form 990) 2022						Page 3
	Support Schedule for (Complete only if you	checked the bo	ox on line 10 of	Part I or if the o	rganization faile		er Part II. If
	the organization fails	to qualify unde	r the tests listed	l below, please o	complete Part II	.)	
	Section A. Public Support lendar year	F	1	1	T	1	1
	r fiscal year beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services	1					
	performed, or facilities furnished in	1					
	any activity that is related to the organization's tax-exempt purpose	1					
3	Gross receipts from activities that are	е					
_	not an unrelated trade or business under section 513				1		

10/22/2	25, 6:38 AM	Partners	ship With Children	Inc - Full Filing -	Nonprofit Explore	r - ProPublica			
4	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								
h									
U	received from other than disqualified								
	Add lines 7a and 7b								
8									
Se		1	<u> </u>	<u> </u>	<u>+</u>				
		(=) 2010	(b) 2010	(-) 2020	(4) 2021	(2) 2022	(6)	Takal	
(or f	fiscal year beginning in) 🕨	(a) 2018	(B) 2019	(c) 2020	(a) 2021	(e) 2022	(1)	Total	
10a									
	securities loans, rents, royalties and								
	income from similar sources								
D									
	businesses acquired after June 30,								
_									
	activities not included on line 10b,								
	whether or not the business is								
12									
	loss from the sale of capital assets								
13									
13	11, and 12.)								
14		-			•		-		_
								!	▶□
	ction C. Computation of Public	Support Perce	antaga						
	Public support percentage for 2022 (li	ne 8 column (f) c	divided by line 13	column (f))		45			
15	Public support percentage for 2022 (lin	ne 8, column (f) o	divided by line 13,			15			
15 16	Public support percentage for 2022 (lin Public support percentage from 2021 S	ne 8, column (f) c Schedule A, Part I	divided by line 13,			15 16			
15 16 Se	Public support percentage for 2022 (lin Public support percentage from 2021 S ction D. Computation of Invest	ne 8, column (f) c Schedule A, Part I Iment Income	divided by line 13, III, line 15 Percentage			16			
15 16 Se 17	Public support percentage for 2022 (lin Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 20	ne 8, column (f) constant in Schedule A, Part Income 22 (line 10c, column	divided by line 13, III, line 15 Percentage Imn (f) divided by	line 13, column	(f))	16			
15 16 Se 17 18	Public support percentage for 2022 (lin Public support percentage from 2021 S ction D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2	ne 8, column (f) of Schedule A, Part Income Income 22 (line 10c, colu	divided by line 13, III, line 15	line 13, column	(f))	16 17 18	line 17	is not	
15 16 Se 17 18	Public support percentage for 2022 (ling Public support percentage from 2021 States of the Public support percentage from 2021 States of the Public support percentage for 20 Investment income percentage from 203 1/3% support tests-2022. If the	ne 8, column (f) of Schedule A, Part Income 22 (line 10c, colu	divided by line 13, III, line 15 Percentage Imn (f) divided by Part III, line 17 . not check the box	line 13, column	(f))	16 17 18 an 33 1/3%, and			
15 16 Se 17 18 19a	Public support percentage for 2022 (ling Public support percentage from 2021 States of the Public support percentage from 2021 States of the Public support percentage for 20 Investment income percentage from 20 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and	ne 8, column (f) of Schedule A, Part I ment Income 22 (line 10c, colu 1021 Schedule A, organization did in stop here. The	Percentage Imm (f) divided by Part III, line 17. Percentage Imm (f) divided by Part III, line 17. Inot check the box organization qual	line 13, column on line 14, and ifies as a publicly	(f))	16 17 18 an 33 1/3%, and ization	[ightharpoons	18 is
15 16 Se 17 18 19a	Public support percentage for 2022 (lin Public support percentage from 2021 Section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the	ne 8, column (f) of Schedule A, Part I sement Income 22 (line 10c, colu 2021 Schedule A, organization did stop here. The e organization did	Percentage Imm (f) divided by Part III, line 17 . not check the box organization qual I not check a box	line 13, column	(f))	17 18 an 33 1/3%, and ization is more than 33	 1/3 % a l	nd line	18 is
15 16 Se 17 18 19a	Public support percentage for 2022 (lin Public support percentage from 2021 Section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	ne 8, column (f) of Schedule A, Part I ment Income 22 (line 10c, colu 2021 Schedule A, organization did a stop here. The e organization did a and stop here.	Percentage Imm (f) divided by Part III, line 17 . not check the box organization qual I not check a box The organization	line 13, column on line 14, and ifies as a publicly on line 14 or line qualifies as a put	(f))	17 18 an 33 1/3%, and ization is more than 33 rganization	 1/3 % a I	nd line	18 is
15 16 Se 17 18 19a	Public support percentage for 2022 (lin Public support percentage from 2021 Section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	ne 8, column (f) of Schedule A, Part I ment Income 22 (line 10c, colu 2021 Schedule A, organization did a stop here. The e organization did a and stop here.	Percentage Imm (f) divided by Part III, line 17 . not check the box organization qual I not check a box The organization	line 13, column on line 14, and ifies as a publicly on line 14 or line qualifies as a put	(f))	17 18 an 33 1/3%, and ization is more than 33 rganization te instructions .	 1/3 % ar 	nd line	
15 16 Se 17 18 19a	Public support percentage for 2022 (lin Public support percentage from 2021 Section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	ne 8, column (f) of Schedule A, Part I ment Income 22 (line 10c, colu 2021 Schedule A, organization did a stop here. The e organization did a and stop here.	Percentage Imm (f) divided by Part III, line 17 . not check the box organization qual I not check a box The organization	line 13, column on line 14, and ifies as a publicly on line 14 or line qualifies as a put	(f))	17 18 an 33 1/3%, and ization is more than 33 rganization te instructions .	 1/3 % ar 	nd line	
15 16 Se 17 18 19a	Public support percentage for 2022 (lin Public support percentage from 2021 Section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	ne 8, column (f) of Schedule A, Part I ment Income 22 (line 10c, colu 2021 Schedule A, organization did a stop here. The e organization did a and stop here.	Percentage Imm (f) divided by Part III, line 17 . not check the box organization qual I not check a box The organization	line 13, column on line 14, and ifies as a publicly on line 14 or line qualifies as a put	(f))	17 18 an 33 1/3%, and ization is more than 33 rganization te instructions .	 1/3 % ar 	nd line	
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15 16 Se 17 18 19a b	Public support percentage for 2022 (line Public support percentage from 2021 Station D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization	ne 8, column (f) of Schedule A, Part I ment Income 22 (line 10c, colu 2021 Schedule A, organization did a stop here. The e organization did a and stop here.	Percentage Imm (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,	line 13, column on line 14, and ifies as a publicly on line 14 or line qualifies as a put	(f))	17 18 an 33 1/3%, and ization is more than 33 rganization te instructions .	 1/3 % ar 	nd line	2022
15 16 Se 17 18 19a b	Public support percentage for 2022 (line Public support percentage from 2021 Station D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization of the A (Form 990) 2022	ne 8, column (f) of Schedule A, Part I ment Income 22 (line 10c, colu to 22 Schedule A, organization did of stop here. The e organization did of and stop here. on did not check to 3 schedule A, organization did of stop here.	Percentage Imm (f) divided by Part III, line 17 . not check the box organization qual not check a box The organization a box on line 14,	line 13, column on line 14, and ifies as a publicly on line 14 or line qualifies as a put	(f))	17 18 an 33 1/3%, and ization is more than 33 rganization te instructions .	 1/3 % ar 	nd line	
15 16 Se 17 18 19a b	Public support percentage for 2022 (lin Public support percentage from 2021 Station D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked	ne 8, column (f) of Schedule A, Part I ment Income 22 (line 10c, colu 2021 Schedule A, organization did of stop here. The e organization did of and stop here. on did not check and stop here.	divided by line 13, III, line 15 Percentage Imm (f) divided by Part III, line 17 . not check the box organization qual I not check a box The organization a box on line 14, Image 4	line 13, column on line 14, and ifies as a publicly on line 14 or line qualifies as a put 19a, or 19b, chee	(f))	an 33 1/3%, and ization is more than 33 rganization et instructions . Schedule A	 1/3% ar (Form	nd line	2022 Page 4
15 16 Se 17 18 19a b	Public support percentage for 2022 (lin Public support percentage from 2021 Section D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section 100 100 100 100 100 100 100 100 100 10	me 8, column (f) of Schedule A, Part I ment Income 22 (line 10c, colu 2021 Schedule A, organization did of stop here. The ele organization did of and stop here. on did not check and stop here. on did not check are a box on line 12 of ections A and C. If	divided by line 13, III, line 15 Percentage Imm (f) divided by Part III, line 17 . not check the box organization qual I not check a box The organization a box on line 14, Page 4	line 13, column on line 14, and ifies as a publicly on line 14 or line qualifies as a put 19a, or 19b, chee	(f))	an 33 1/3%, and ization is more than 33 rganization et instructions . Schedule A	 1/3% ar (Form	nd line	2022 Page 4
3 received from disqualited persons Amounts included on lines 2 and 3 persons that exceed the greater of \$5,000 or 19 so of the amount on line 13 for the year. 2 Add lines 2 and 7 b. 3 From line 6, 10. 4 Gustrant and 10. 5 Section B. Total Support Calendar year (or fiscal year beginning in) 9 9 Amounts from line 6. 10 Gross income from interested on securities loans, rents, royalties and income from similar sources. b Unrelated business taxable income businesses acquired after June 30, 1975. c Add lines 10a and 10b. 11 Net income from unrelated linesses whether or not the business shape whether or not the business is regularly carried on. 12 Other income. Do not include gain or (Explain in Part VI). 13 Total support. (Add lines 9, 10c, 11, and 12.). 14 Firs 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organ this box and stop here. Section D. Computation of Public Support Percentage 15 Public support exercises from 2022 Identical, Part III, line 17 17 Investment income percentage from 2021 Schedule A, Part III, line 15 18 Investment income percentage from 2021 Schedule A, Part III, line 15 19 A 33 179% support tax percentage from 2021 Schedule A, Part III, line 17 19 A 33 179% support septemage and 2021 Schedule A, Part III, line 17 18 Investment income percentage from 2021 Schedule A, Part III, line 17 19 A 33 179% support septemage and 2021 Schedule A, Part III, line 17 19 A 33 179% support septemage and 2021 Schedule A, Part III, line 17 19 A 33 179% support septemage and 2021 Schedule A, Part III, line 17 19 A 31 179% support septemage and 2021 Schedule A, Part III, line 17 20 Private foundation. If the organization of the organization qualifies as a publicly supported organization Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and 6. It you checked box 12a, of Part I, complete Sections A an		 1/3% ar (Form	nd line	2022 Page 4					
15 16 Se 17 18 19a b 20	Public support percentage for 2022 (line Public support percentage from 2021 Station D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Section	me 8, column (f) of Schedule A, Part I ment Income 22 (line 10c, column (graph) Schedule A, organization did stop here. The e organization did at and stop here. on did not check of the stop here or did not check of the stop here or did not check of the stop here.	divided by line 13, III, line 15 Percentage Imm (f) divided by Part III, line 17 . not check the box organization qual I not check a box The organization a box on line 14, Page 4	line 13, column on line 14, and ifies as a publicly on line 14 or line qualifies as a put 19a, or 19b, chee	(f))	an 33 1/3%, and ization is more than 33 rganization et instructions . Schedule A	 1/3% ar (Form	pou checked box	2022 Page 4 ked
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15 16 Se 17 18 19a b 20 Scheo Par	Public support percentage for 2022 (lin Public support percentage from 2021 Strion D. Computation of Invest Investment income percentage for 20 Investment income percentage from 2 33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization (Complete only if you checked box 12b, of Part I, complete Se 12d, of Part I, complete Se 12d, of Part I, complete Section A. All Supporting Organization of the organization in Part VI how the section the describe the designation. If historic and Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in Percentage in Section 509(a)(1) or (2). Did the organization have a supported 3c below. Did the organization confirm that each the public support tests under section	ne 8, column (f) of Schedule A, Part I Imment Income 22 (line 10c, column (g) 22 (line 10c, column (g) 21 Schedule A, organization did stop here. The elegan organization did stand stop here. On did not check go a box on line 12 cections A and C. It is A and D, and cections are also organization to the column (g) are to the colum	Page 4 Page 4 Page 4 Page 4 Page 15 Page 16 Page 16 Page 4 Page 16 Page 17 Page 18 Page 19 Page 19 Page 19 Page 19 Page 19 Page 20 Page 20 Page 30 Page 30 Page 4 Page 5 Page 6 Page 6 Page 7 Page 8 Page 9	line 13, column	(f))	an 33 1/3%, and ization is more than 33 rganization	B. If you check	pou checked box	2022 Page 4 ked

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C	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.			<u> </u>
		3с		
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.			
	, and the second	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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 .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		
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).	8		
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 .	9a		
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.	9a 9b		
С	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 .	9c		
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.	10a		
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).			
		10b	2 000)	202
	Schedule A	(1 990)	2022
	Page 5			
Sched	dule A (Form 990) 2022		I	Page S
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			<u> </u>
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 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
Se	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations			<u> </u>

0/22/	25 C.20 AM Dortnovskip With Children Inc. Full Filir	a Na	annrafit Evalorer - Dra Dublica			
)/22/. 1	25, 6:38 AM Partnership With Children Inc - Full Filir were a majority or the organization's directors or trustees during the tax year also a new partnership with Children Inc - Full Filir were a majority or the organization's directors or trustees during the tax year also a new partnership with Children Inc - Full Filir were a majority or the organization's directors or trustees during the tax year also an armonic management of the partnership with Children Inc - Full Filir were a majority or the organization's directors or trustees during the tax year also a new partnership with Children Inc - Full Filir were a majority or the organization's directors or trustees during the tax year also a new partnership with Children Inc - Full Filir were a majority or the organization's directors or trustees during the tax year also a new partnership with Children Inc - Full Filir were a majority or the organization's directors or trustees during the tax year also an armonic majority or the organization or the partnership with the	_	•	ı	1	ī
_	each of the organization's supported organization(s)? If "No," describe in Part VI how	contr	ol or management of the			
	supporting organization was vested in the same persons that controlled or managed the	he sup	ported organization(s).	1		
Se	ection 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 fif	th month of the organization's		165	NO
•	tax year, (i) a written notice describing the type and amount of support provided durin Form 990 that was most recently filed as of the date of notification, and (iii) copies of	ng the	prior tax year, (ii) a copy of the			
	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 eleorganization(s) or (ii) serving on the governing body of a supported organization? If "I organization maintained a close and continuous working relationship with the supported	No," e.	xplain in Part VI how the			
	organization maintained a close and continuous working relationship with the supported	or gr	anizacion(3).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported voice in the organization's investment policies and in directing the use of the organization during the tax year? If "Yes," describe in Part VI the role the organization's supported	tion's i	ncome or assets at all times	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Pa	art Tes	t during the year (see instruct	ions):		
а			, ,	,		
b	The organization is the parent of each of its supported organizations. Complete	line	3 below.			
c	The organization supported a governmental entity. Describe in Part VI how yo	u supr	oorted a government entity (see	instru	ctions)	
		a sapr	vorted a government entity (see		oc.o,	
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					
	supported organization(s) to which the organization was responsive? If "Yes," then in a organizations and explain how these activities directly furthered their exempt purpose.					
	responsive to those supported organizations, and how the organization determined the					
	substantially all of its activities.			2a		
b	 Did the activities described on line 2a, above constitute activities that, but for the organization's supported organization(s) would have been engaged in? If "Yes," 					
	the organization's position that its supported organization(s) would have engaged in the organization's involvement.	hese a	ctivities but for the			
_				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 offi the supported organizations? If "Yes" or "No", provide details in Part VI.	cers, c	irrectors, or trustees of each or	3a		
b	Did the organization exercise a substantial degree of direction over the policies, progra					
	supported organizations? If "Yes," describe in Part VI. the role played by the organizations	ation ii	n this regard.	3b		
			Schedule A	(Forn	n 990)	202
	Page 6					
	Page 6 ————					
م مام د	dula A (Farma 000) 2022				_	
	dule A (Form 990) 2022				F	Page (
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting O					
1	Check here if the organization satisfied the Integral Part Test as a qualifying true instructions. All other Type III non-functionally integrated supporting organiza				е	
	Section A - Adjusted Net Income		(A) Prior Year		rent Yea	r
_	Not shout town conital gain	1		(орп	onal)	
2	Net short-term capital gain 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	6				
	income or for management, conservation, or maintenance of property held for production of income (see instructions)					
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
	Section B - Minimum Asset Amount		(A) Prior Year		rent Yea onal)	r
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1				
a	Average monthly value of securities	1a				
h	Average monthly cash balances	1b	l l			

1c

1d

c Fair market value of other non-exempt-use assets

d Total (add lines 1a, 1b, and 1c)

е	Discount claimed for blockage or other factors (explain in detail in Part VI):		· · · I
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	
			Current Year
	Section C - Distributable Amount		Current real
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	Current real
1 2		1 2	Current real
	Adjusted net income for prior year (from Section A, line 8, Column A)		Culterit real
2	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1	2	Culterit real
2	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A)	2	Culterit real
3	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3	3 4	Culterit real
2 3 4 5	Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency	2 3 4 5 6	

– Page 7 -

Schedule A (Form 990) 2022

d From 2020.e From 2021.f Total of lines 3a through e

instructions)

g Applied to underdistributions of prior years
 h Applied to 2022 distributable amount
 i Carryover from 2017 not applied (see

a Applied to underdistributions of prior years

j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.4 Distributions for 2022 from Section D, line 7:

Page **7**

Section D - Distributions				Current Year
1 Amounts paid to supported organizations to accomplish	n exempt purposes		1	
2 Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	organizations, in	2	
3 Administrative expenses paid to accomplish exempt pu	rposes of supported organizati	ons	3	
4 Amounts paid to acquire exempt-use assets			4	
5 Qualified set-aside amounts (prior IRS approval require	ed - provide details in Part VI)		5	
6 Other distributions (describe in Part VI). See instruction	ons		6	
7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to windetails in Part VI). See instructions	hich the organization is respon	sive (<i>provide</i>	8	
9 Distributable amount for 2022 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ons	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				

		ı	1	I
b Applied to	2022 distributable amount			
c Remainder.	Subtract lines 4a and 4b from line 4.			
2022, if an	underdistributions for years prior to y. Subtract lines 3g and 4a from line 2. unt is greater than zero, explain in Part VI . ttions.			
lines 3h an	Inderdistributions for 2022. Subtract d 4b from line 1. If the amount is greater explain in Part VI . See instructions.			
7 Excess dist 3j and 4c.	tributions carryover to 2023. Add lines			
B reakdown	of line 7:			
a Excess fro	m 2018			
b Excess fro	m 2019			
c Excess from	m 2020			
d Excess fro	m 2021			
e Excess fro	m 2022			
:hedule A (For	m 990) 2022	———— Page 8 ——		
Part VI Se	m 990) 2022 Ipplemental Information. Provide the expection A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, art IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Sections).	lanations required by Pa 9b, 9c, 11a, 11b, and 1 on E, lines 1c, 2a, 2b, 3	1c; Part IV, Section B, li a and 3b; Part V, line 1;	Page e 17a or 17b; Part III, line 12; Part IV, nes 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V
Part VI Se Pa Se	Ipplemental Information. Provide the expection A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, rt IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8, and Part V, Section D, lines 2, 6, and 8, and Part V, Section D, lines 2, 6, and 8, and Part V, Section D, lines 2, 6, and 8, and Part V, Section D, lines 2, 6, and 8, and Part V, Section D, lines 2, 6, and 8, and Part V, Section D, lines 2, and P	lanations required by Pa 9b, 9c, 11a, 11b, and 1 on E, lines 1c, 2a, 2b, 3	1c; Part IV, Section B, li a and 3b; Part V, line 1; lso complete this part fo	Page e 17a or 17b; Part III, line 12; Part IV, nes 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V
Part VI Se Pa Se	Ipplemental Information. Provide the expection A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, rt IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8, and Part V, Section D, lines 2, 6, and 8, and Part V, Section D, lines 2, 6, and 8, and Part V, Section D, lines 2, 6, and 8, and Part V, Section D, lines 2, 6, and 8, and Part V, Section D, lines 2, 6, and 8, and Part V, Section D, lines 2, and P	lanations required by Pa 9b, 9c, 11a, 11b, and 1 on E, lines 1c, 2a, 2b, 3 n E, lines 2, 5, and 6. A	1c; Part IV, Section B, li a and 3b; Part V, line 1; lso complete this part fo	Page e 17a or 17b; Part III, line 12; Part IV, nes 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V
Part VI Se Se Pa Se ins	Ipplemental Information. Provide the expection A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, rt IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 5, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8; and Part V, Section D, lines 2, 6, and 8, and Part V, Section D, lines 2, 6, and 8, and Part V, Section D, lines 2, 6, and 8, and Part V, Section D, lines 2, 6, and 8, and Part V, Section D, lines 2, 6, and 8, and Part V, Section D, lines 2, 6, and 8, and Part V, Section D, lines 2, and P	lanations required by Pa 9b, 9c, 11a, 11b, and 1 on E, lines 1c, 2a, 2b, 3 n E, lines 2, 5, and 6. A	1c; Part IV, Section B, li a and 3b; Part V, line 1; lso complete this part fo	Page e 17a or 17b; Part III, line 12; Part IV, nes 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V
Part VI Se Se Pa Se ins	ppplemental Information. Provide the expection A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, ort IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section Structions).	lanations required by Pa 9b, 9c, 11a, 11b, and 1 on E, lines 1c, 2a, 2b, 3 n E, lines 2, 5, and 6. A	1c; Part IV, Section B, li a and 3b; Part V, line 1; lso complete this part fo es Test	Page e 17a or 17b; Part III, line 12; Part IV, nes 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V r any additional information. (See
Se Pa Se ins	ppplemental Information. Provide the expection A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, ort IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section Structions).	lanations required by Pa 9b, 9c, 11a, 11b, and 1 on E, lines 1c, 2a, 2b, 3 n E, lines 2, 5, and 6. A	1c; Part IV, Section B, li a and 3b; Part V, line 1; lso complete this part fo es Test	nes 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V

efile Public Visual Rend	er ObjectId: 202411349349309136 - Sub	omission: 2024-05-13		TIN: 13-5596751
Schedule B		f Contributors		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service		990, 990-EZ, or 990-PF. <u>n990</u> for the latest information.		2022
Name of the organization PARTNERSHIP WITH CHILL	PREN INC			dentification number
Organization type (chec	k one):		13-5596751	:
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number) organiz	ation		
	4947(a)(1) nonexempt charitable	trust not treated as a private found	dation	
	☐ 527 political organization			
Form 990-PF	☐ 501(c)(3) exempt private foundati	on		
	4947(a)(1) nonexempt charitable	trust treated as a private foundatio	n	
	501(c)(3) taxable private foundation	on		
under sections 50 received from any 990, Part VIII, line For an organization during the year, to purposes, or for the purpose. Don't control of the purpose.	on described in section 501(c)(3) filing Form 19(a)(1) and 170(b)(1)(A)(vi), that checked 5 one contributor, during the year, total contribution on the end of the en	Schedule A (Form 990 or 990-EZ), ributions of the greater of (1) \$5,00 Parts I and II. D) filing Form 990 or 990-EZ that resively for religious, charitable, scients. Complete Parts I, II, and III. Filing Form 990 or 990-EZ that resible, etc., purposes, but no such covere received during the year for a Rule applies to this organization be reduring the year.	Part II, line 13, 10 or (2) 2% of eceived from an entific, literary, or eceived from an entributions total exclusively receause it receause it receause it receause the second of the Hofits Form	ny one contributor, or educational ny one contributor, or educational ny one contributor, aled more than \$1,000. eligious, charitable, etc., eived nonexclusively rm 990,
990-EZ, or 990-PF).		-	•	hadula B (Farra 000) (2000)
for Paperwork Reduction Ad for Form 990, 990-EZ, or 990	ct Notice, see the Instructions -PF.	Cat. No. 30613X	Sc	:hedule B (Form 990) (2022)
	F	Page 2		
Schedule B (Form 990) (Name of organization	2022)	l Emp	Page 2	cation number
PARTAICROUTE WITTH CHILI	NDENI TALO	Link	rocara	

https://projects.propublica.org/nonprofits/organizations/135596751/202411349349309136/full and the state of the state of

12-2240/21

Part I Contributor	Contributors (see instructions). Use duplicate copies of Part I if additions	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED			Person
		\$ RESTRICTED	Payroll
	,	- TRESTRICTED	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		<u> </u>	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
-		<u> </u>	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
'			Person
-			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•		\$	Payroll
			Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
•		\$	Payroll
		 _	Noncash
			(Complete Part II for noncash contributions.)
			Schedule B (Form 990) (2022)
	Page 3 ——		
Schedule B	(Form 990) (2022)		Page 3
Name of org	anization	Employer identification	
	IP WITH CHILDREN INC	13-5596751	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed		
(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
-			\$_	
(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		
Schedule	B (Form 990) (2022)			Page 4
Name of or PARTNERSI	ganization HIP WITH CHILDREN INC		Employer ide 13-5596751	ntification number
Part III	Exclusively religious, charitable, etc., conthan \$1,000 for the year from any one conorganizations completing Part III, enter the year. (Enter this information once. See Use duplicate copies of Part III if additional specific processes the second	tributor. Complete columns (a) the total of exclusively religious, che instructions.)	ibed in section 501(c)(7), nrough (e) and the follov naritable, etc., contributio	ving line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held
-				
-	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	Relationship of transferor	to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held
-	Transferee's name, address, and	(e) Transfer of gift ZIP 4 F	Relationship of transferor	to transferee
(a)			1	

22/25, 6:38 AM o. tromi	(b) Purpose of giπ	hip With Children Inc - F c) Use ot)		(a) Description of now gift is neighbored.
Part I	(1)	(3, 2 2 2 2		
		/ \ -		
_	Transferee's name, address, and ZIP	(e) Transfer		o of transferor to transferee
(a) o. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP	(e) Transfer	of gift Relationshi	o of transferor to transferee
				Schedule B (Form 990) (202
Additiona	al Data			Return to Form

Software ID: Software Version:

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ObjectId: 202411349349309136 - Submission: 2024-05-13

TIN: 13-5596751 OMB No. 1545-0047

Political Campaign and Lobbying Activities SCHEDULE C (Form 990)

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

	e of the organization NERSHIP WITH CHILDREN INC				Employer iden	tification nur	nber
					13-5596751		
Part			mpt under section 501(c)				
	Provide a description of the "political campaign activities"		d indirect political campaign activi	ities in Part IV. S	ee instructions fo	or definition of	
2	Political campaign activity	expenditures. See instruc	ctions		> :	\$	
	·	l campaign activities. Se	e instructions				
Part	I-B Complete if the	organization is exe	mpt under section 501(c)((3).			
1	Enter the amount of any ex	cise tax incurred by the	organization under section 4955 .		> :	\$	
2	Enter the amount of any ex	cise tax incurred by orga	anization managers under section	4955	> :	\$	
	_		it file Form 4720 for this year?			☐ Yes	☐ No
4a	Was a correction made?					☐ Yes	□ No
b	If "Yes," describe in Part IV						
Part	I-C Complete if the	organization is exe	mpt under section 501(c),	except section	on 501(c)(3)		
1	Enter the amount directly e	expended by the filing or	ganization for section 527 exempt	function activiti	es 🕨	\$	
			contributed to other organizations		exempt		
3	Total exempt function expe	nditures. Add lines 1 and	d 2. Enter here and on Form 1120	-POL, line 17b	> ,	\$	
4	Did the filing organization f	ile Form 1120-POL for	this year?			\$ • Yes	□ No
4 5	Did the filing organization f Enter the names, addresse organization made paymen of political contributions rec	file Form 1120-POL for s and employer identifica ts. For each organization ceived that were promptl		527 political orga om the filing orga rate political org	nizations to whice whice whice whice whice whice which are with a mization's funds.	th the filing Also enter the	amount
4 5	Did the filing organization f Enter the names, addresse organization made paymen of political contributions re- fund or a political action co	file Form 1120-POL for s and employer identifica ts. For each organization ceived that were promptl	this year?	527 political orga om the filing orga rate political org rmation in Part I	nizations to whice whice whice whice whice whice which are with a mization's funds.	ch the filing Also enter the sa separate s (e) Arr political correceived ar and directle to a separatorganization	e amount egregated nount of ntributions
4 5 (a) N	Did the filing organization f Enter the names, addresse organization made paymen of political contributions re- fund or a political action co	file Form 1120-POL for s and employer identificats. For each organization ceived that were promptly mmittee (PAC). If addition	this year?	527 political orga om the filing orga rate political org rmation in Part I	nizations to whice anization's funds. anization, such a V. Amount paid from a organization's ds. If none, enter	ch the filing Also enter the sa separate s (e) Arr political correceived ar and directle to a separatorganization	e amount egregated nount of ntributions nd promptly y delivered ate political on. If none,
4 5	Did the filing organization f Enter the names, addresse organization made paymen of political contributions re- fund or a political action co	file Form 1120-POL for s and employer identificats. For each organization ceived that were promptly mmittee (PAC). If addition	this year?	527 political orga om the filing orga rate political org rmation in Part I	nizations to whice anization's funds. anization, such a V. Amount paid from a organization's ds. If none, enter	ch the filing Also enter the sa separate s (e) Arr political correceived ar and directle to a separatorganization	e amount egregated nount of ntributions nd promptly y delivered ate political on. If none,
4 5 (a) N	Did the filing organization f Enter the names, addresse organization made paymen of political contributions re- fund or a political action co	file Form 1120-POL for s and employer identificats. For each organization ceived that were promptly mmittee (PAC). If addition	this year?	527 political orga om the filing orga rate political org rmation in Part I	nizations to whice anization's funds. anization, such a V. Amount paid from a organization's ds. If none, enter	ch the filing Also enter the sa separate s (e) Arr political correceived ar and directle to a separatorganization	e amount egregated nount of ntributions nd promptly y delivered ate political on. If none,
(a) N	Did the filing organization f Enter the names, addresse organization made paymen of political contributions re- fund or a political action co	file Form 1120-POL for s and employer identificats. For each organization ceived that were promptly mmittee (PAC). If addition	this year?	527 political orga om the filing orga rate political org rmation in Part I	nizations to whice anization's funds. anization, such a V. Amount paid from a organization's ds. If none, enter	ch the filing Also enter the sa separate s (e) Arr political correceived ar and directle to a separatorganization	e amount egregated nount of ntributions nd promptly y delivered ate political on. If none,
(a) N	Did the filing organization f Enter the names, addresse organization made paymen of political contributions re- fund or a political action co	file Form 1120-POL for s and employer identificats. For each organization ceived that were promptly mmittee (PAC). If addition	this year?	527 political orga om the filing orga rate political org rmation in Part I	nizations to whice anization's funds. anization, such a V. Amount paid from a organization's ds. If none, enter	ch the filing Also enter the sa separate s (e) Arr political correceived ar and directle to a separatorganization	e amount egregated nount of ntributions nd promptly y delivered ate political on. If none,
4 5 (a) N	Did the filing organization f Enter the names, addresse organization made paymen of political contributions re- fund or a political action co	file Form 1120-POL for s and employer identificats. For each organization ceived that were promptly mmittee (PAC). If addition	this year?	527 political orga om the filing orga rate political org rmation in Part I	nizations to whice anization's funds. anization, such a V. Amount paid from a organization's ds. If none, enter	ch the filing Also enter the sa separate s (e) Arr political correceived ar and directle to a separatorganization	e amount egregated nount of ntributions nd promptly y delivered ate political on. If none,

Schedule C (Form 990) 2022 Page 2

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under

Part II-A

	36CUOII 301(II/).	· 				
Δ (Check if the filing organization belongs to an		in Part IV each a	ffiliated group m	ember's nan	ne, address, EIN,
3 (expenses, and share of excess lobbying Check $ ightharpoonup$ if the filing organization checked box $ ho$, ,	rovisions annly			
			ovisions apply.	1 ((a) Filing	(b) Affiliated grou
	Limits on Lobbying (The term "expenditures" means		urred)	org	ganization's totals	totals
	•	•	•			
	, , ,	, ,,				
b	Total lobbying expenditures to influence a legislative Total lobbying expenditures (add lines 1a and 1b)	, , , , , , , , , , , , , , , , , , , ,				
c d	Other exempt purpose expenditures					
	Total exempt purpose expenditures (add lines 1c and					
f	Lobbying nontaxable amount. Enter the amount from	n the following table in b	oth			
	If the amount on line 1e, column (a) or (b) is:	The lobbying pontava	ble amount is:			
	Not over \$500,000	20% of the amount on line				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the e		0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the e				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the ex				
	Over \$17,000,000	\$1,000,000.				
		1 7 7				
g	Grassroots nontaxable amount (enter 25% of line 1f)				
h	Subtract line 1g from line 1a. If zero or less, enter -0 $$)				
	Subtract line 1f from line 1c. If zero or less, enter -0					
J	If there is an amount other than zero on either line 1 section 4911 tax for this year?					☐ Yes ☐ No
	,					
	Calendar year (or fiscal year	(a) 2019	(b) 2020	(c) 2021	(d) 202	2 (e) Total
	beginning in)			. ,	. ,	
a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures				Cale a deal	- C (F 000) 202
					Schedule	e C (Form 990) 202
_		Page 3 -				
_l.	adula C (Farres 000) 3033					
	edule C (Form 990) 2022 ort II-B Complete if the organization is e	evemnt under section	on 501(c)(3)	and has NOT	filed	Page
	Form 5768 (election under secti		311 301(c)(s)		cu	
or e	each "Yes" response on lines 1a through 1i below, pro	ovide in Part IV a detailed	d description of th	ne lobbying	(a)	(b)
	vity.		,	, 3	Yes	No Amount
1	During the year, did the filing organization attempt including any attempt to influence public opinion or					
а	Volunteers?					No
b	Paid staff or management (include compensation in			i)?	Yes	
c	Media advertisements?	·	-	•		No
d	Mailings to members, legislators, or the public? \dots					No
_	Publications or published or broadcast statements?)				No

0/22/	/25, 6:38 AM	Partnership With Children Inc - Full Filing - Nonprofit Explorer - P	roPublic	ca			
f	' '	lobbying purposes?	Yes				48,000
g	Direct contact with legislators, the	eir staffs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminars	s, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?			No			
j	Total. Add lines 1c through 1i						48,000
2a	Did the activities in line 1 cause t	he organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any	tax incurred under section 4912			1		
c	If "Yes," enter the amount of any	tax incurred by organization managers under section 4912					
d	If the filing organization incurred	a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under section 501(c)(4), section 501(c)	(5), o	r sect	ion		
	Ware substantially all (000/ or m	and dues received pendeductible by members?		r	1	Yes	No
1 2		ore) dues received nondeductible by members?			2	₩	
3					3	-	<u> </u>
		y over lobbying and political expenditures from the prior year? ganization is exempt under section 501(c)(4), section 501(c)				<u> </u>	
1 2		nounts from membersbying and political expenditures (do not include amounts of political n 527(f) tax was paid).	1				
a b			2a 2b				
c	,		2c				
3		ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
4	If notices were sent and the amounth organization agree to carryov	unt on line 2c exceeds the amount on line 3, what portion of the excess does er to the reasonable estimate of nondeductible lobbying and political	4				
5	'	political expenditures. See Instructions	5				
	art IV Supplemental Info	· · · · · · · · · · · · · · · · · · ·					
Pro	vide the descriptions required for P	art I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); o, complete this part for any additional information.	Part II-	A, lines	1 an	d 2 (s€	ee
	Return Reference	Explanation					
PART	TII-B, LINE 1:	THE ORGANIZATION'S MANAGEMENT, UNDER THE GUIDANCE OF AN ENGAGE FIRM, CONTACTED AND ATTENDED MEETINGS WITH NEW YORK CITY COUNC DISCRETIONARY FUNDING AS PART OF THE NEW YORK CITY FISCAL YEAR 20	IL MEM	BERS T	O RE	QUEST	
			Sched	ule C (Form	990)	2022

Additional Data

Return to Form

Software ID: Software Version: efile Public Visual Render

ObjectId: 202411349349309136 - Submission: 2024-05-13

TIN: 13-5596751

SCHEDULE D

(Form 990)

Department of the Treasury

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.

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization **Employer identification number** PARTNERSHIP WITH CHILDREN INC 13-5596751 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25, 2006, and not on a 2d historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes □ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Cat. No. 52283D

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

Schedule D (Form 990) 2022

----- Page 2 ------

Sche	dule D	(Form 990) 2022											Page 2
Parl	III	Organizations Ma	aintaining Col	lections of Art,	Histori	cal T	reas	ures, o	r Other	Similar A	ssets (c	ontinued)	
3		the organization's acq (check all that apply):		, and other record	s, check a	any of	the fo	llowing	that are a	significant ı	use of its	collection	
а		Public exhibition			d		Loar	or exch	nange prog	rams			
b		Scholarly research			е		Othe	er					
С		Preservation for future	e generations										
4	Provide Part >	de a description of the		ections and explai	n how the	ey furtl	ner th	e organi	zation's ex	empt purpo	se in		
5		g the year, did the orga s to be sold to raise fur									☐ Yes		No
Par	t IV	Escrow and Cust Complete if the ord line 21.			orm 990	, Part	IV, li	ne 9, o	r reported	d an amou			
1a		e organization an agent ded on Form 990, Part I									☐ Yes		No
b	If "Ye	es," explain the arrange	ment in Part XIII	and complete the	following	table:				A	mount		
c		ining balance		·	-				1c				
d		ions during the year .							1d				
е		butions during the year							1e				
f	Endin	ig balance							1f				_
2a	Did th	ne organization include	an amount on Fo	rm 990. Part X. lin	e 21. for	escrow	or cu	ıstodial	account lia	bility?	☐ Yes		 No
b		s," explain the arrange			•					•	_		
	rt V	Endowment Fund		CHECK HEIC II THE	схрішний	on nas	been	provide	a iii i di c A				
		Complete if the or		ered "Yes" on Fo	orm 990	, Part	IV, li	ne 10.					
				(a) Current year		rior yea		(c) Two	years back	(d) Three ye		e) Four ye	
		ing of year balance .		225,000	0	225	5,000		225,000		225,000		225,000
		outions		10,65	2	1/	1,030		26,635		2,971		5,680
		estment earnings, gair		10,03.	2	1.	+,030		20,033		2,971		3,060
		or scholarships											
	and pr	expenditures for facilition ograms		10,65	2	14	1,030		26,635		2,971		5,680
		strative expenses .											
g	End of	year balance		225,000	0	225	5,000		225,000		225,000		225,000
2 a		de the estimated perce I designated or quasi-e		ent year end baland	ce (line 1	g, colu	mn (a	ı)) held a	as:				
b	Perm	anent endowment 🕨	100.000 %										
С	Term	endowment 🕨											
_		ercentages on lines 2a		•									
3a		nere endowment funds nization by:	not in the posses	sion of the organiz	ation that	t are n	eid ar	nd admir	nistered for	the		Yes	No
	_	nrelated organizations									За		No
	(ii) R	elated organizations									3a((ii)	No
b		s" on 3a(ii), are the re	-	•			?.				3	b	
4		ribe in Part XIII the inte			owment f	funds.							
Par	t VI	Land, Buildings, Complete if the or			orm 000	Dart	T\/ li	no 11a	Soo For	m 000 Pai	rt V lino	10	
	Descri	ption of property	(a) Cost or oth (investme	er basis (b) Co	st or other				cumulated d) Book val	ue
12	Land												
		gs											
		old improvements					22,612			22,612			0
		nent					45,508	-		45,508			0
							-,500	1		.5,500			
		lines 1a through 1e. (C	L Column (d) must e	gual Form 990, Pa	rt X, colu	mn (B), line	10(c).)		>			0
		3 . (-	.,			• • •		. , ,		Sch	edule D	(Form 9	90) 2022

Schedule D (Form 990) 2022 Page **3**

(a) Description of security or category		line 11b.See For	(c) Method of va	
(including name of security)	(b) Book value	Cost	(c) Method of va t or end-of-year r	
1) Financial derivatives				
2) Closely-held equity interests				
N)				
3)				
C)				
0)				
=)				
F)				
G)				
н)				
	Þ			
Tart VIII Investments - Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV,	line 11c. See Fo	rm 990, Part X	, line 13.
(a) Description of investment		(b) Book value		nod of valuation: of-year market value
1)				
2)				
3)				
4)				
5)				
5)				
7)				
8)				
9)				
otal. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets.	Þ			
Complete if the organization answered 'Yes' on Form 990, I	Part IV, li	ine 11d. See For	m 990, Part X,	
(a) Description				(b) Book value
2)				
3)				
4)				
5)				
6)				
7)				
B)				
9)				
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)				
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, I	Part IV, li	ine 11e or 11f.S	ee Form 990, F	Part X, line 25.
(a) Description of liability				(b) Book value

-,	Ī	
EASE LIABILITY		319,410
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	•	319,410
Liability for uncertain tay positions. In Part VIII, provide the tayt of the featpate to the organization	's financial statements that	roports the

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2022 Page 4 Schedule D (Form 990) 2022 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Part XI Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements . 14,903,908 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments . . . 2a 548,264 Donated services and use of facilities . . . 2b b 2c Recoveries of prior year grants . . . Other (Describe in Part XIII.) . . . 2d 548,264 Add lines 2a through 2d . . . 3 14,355,644 3 Subtract line 2e from line 1 . Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 19,739 4a 4b 105,000 4с 124,739 5 5 14,480,383 Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 1 14,048,780 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities . . 2a 2b b Prior year adjustments . **2**c c Other (Describe in Part XIII.) . 2d Add lines 2a through 2d . . 2e 3 3 Subtract line 2e from line 1 . 14,048,780 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 19,739

Part XIII Supplemental Information

Other (Describe in Part XIII.) . .

c

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

Return Reference	Explanation
	THE PRINCIPAL OF THE ENDOWMENT FUND IS RESTRICTED BY THE DONOR IN PERPETUITY. INCOME FROM THE ENDOWMENT IS INTENDED TO SUPPORT THE GENERAL OPERATIONS OF THE ORGANIZATION.
	PWC MAKES DISCLOSURES ABOUT THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT PWC HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. PWC IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR THE TAX YEARS PRIOR TO FISCAL JUNE 30. 2020.

4b

105,000

4c

Add lines **4a** and **4b**

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .

124,739

14,173,519

	processing the second of the s
PART XI, LINE 4B - OTHER ADJUSTMENTS:	RECLASS OF PROFESSIONAL FUNDRAISING FEES 105,000.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	RECLASS OF PROFESSIONAL FUNDRAISING FEES 105,000.

Schedule D (Form 990) 2022

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ObjectId: 202411349349309136 - Submission: 2024-05-13

TIN: 13-5596751 OMB No. 1545-0047

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

2022

Department of the Treasury Internal Revenue Service	Complete if the orga	anization answe nization entered Atta	red "Yes" o I more than th to Form 9	son Form 990, Part IV, lines 1 \$15,000 on Form 990-EZ, li 990 or Form 990-EZ. Instructions and the latest in	7, 18, or 19, or if the ne 6a.	Open to Public Inspection
Name of the organization PARTNERSHIP WITH CHILD	DREN INC				Employer id	entification number
					13-5596751	
	-	_		answered "Yes" on Fo	orm 990, Part IV, line	17.
	Z filers are not requir					
_	organization raised fund	as through any		llowing activities. Check		
a Mail solicitations			е	Solicitation of non-		
b Internet and ema	il solicitations		f	Solicitation of gove	ernment grants	
c Phone solicitation	S		g	Special fundraising	g events	
d In-person solicita	tions					
or key employees list	ted in Form 990, Part VI	I) or entity in	connection	idual (including officers, n with professional fundr oursuant to agreements	aising services?	Yes No ser is
	t least \$5,000 by the or			_		
(i) Name and address of ir or entity (fundraise		fundrai cust cont	Did ser have ody or trol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
	ELINID DATOTNIC	Yes	No			
BARBI ZAKIN EVENTS 370 EAST 76TH ST	FUNDRAISING LLC CONSULTING		No	915,504	105,00	810,504
NEW YORK, NY 10021						
				045 504	105.00	040 504
Total				915,504	105,00	
3 List all states in which licensing.	the organization is regis	tered or licens	sed to solid	cit contributions or has b	een notified it is exempl	: from registration or
NY 						
For Paperwork Reduction Ac	t Notice, see the Instruct	ions for Form	990 or 990	-EZ. Cat. No.	50083H	Schedule G (Form 990) 2022
			—— Pag	ge 2 —————		

Schedule G (Form 990) 2022

Page 2

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 gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	3 1 3	(a) Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		SPRING GALA	JEPPE EVENT		col. (c))
		(event type)	(event type)	(total number)	
le					
ent					
Revenue					
ч					
	1 Gross receipts	812,354	103,150		915,504
	I Gloss receipts	612,334	103,130		913,304
	2 Less: Contributions	733,704	93,175		826,879
	3 Gross income (line 1 minus line 2)	78,650	9,975		88,625
	4 Cash prizes				
	5 Noncash prizes				
Direct Expenses	6 Rent/facility costs	100.000	10.017		112.252
)eu	•	100,336	12,017		112,353
盔	7 Food and beverages				
act	8 Entertainment	6,050	33,200		39,250
Ö	9 Other direct expenses	58,298	2,556		60,854
	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)		•	212,457
	11 Net income summary. Subtract line 10	from line 3, column (d)		•	-123,832
Par	t III Gaming. Complete if the orga	anization answered "Ye	s" on Form 990, Part I	V, line 19, or reported	more than \$15,000
	on Form 990-EZ, line 6a.				Τ
Revenue		(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add col.
vel			bingo/progressive bingo		(a) through col.(c))
Re	1 Gross revenue				
Se					
enses	2 Cash prizes				
	3 Noncash prizes				
Direct Exp	4 Rent/facility costs				
ire	4 Kentyhadiity costs				
ш	5 Other direct expenses				
		☐ Yes%_	☐ Yes%	☐ Yes <u>%</u>	
	6 Volunteer labor	☐ No	☐ No	☐ No	
	— Direct overse	huntinh Eta antic (1)			
	7 Direct expense summary. Add lines 2 t	nrough 5 in column (a)			
	8 Net gaming income summary. Subtract	line 7 from line 1, colum	n (d)		<u> </u>
9	Enter the state(s) in which the organizati	on conducts gaming activi	ties:		
a	Is the organization licensed to conduct ga				☐ Yes ☐ No
b	If "No," explain:				
					I
10a					
10a b		enses revoked, suspende	d or terminated during the	e tax year?	
	Were any of the organization's gaming lic	enses revoked, suspended	d or terminated during the	e tax year?	☐ Yes ☐ No

Schedule & (Folili 990) 2022

		 [Page 3 ————	
Sche	dule G (Form 990) 2022			Page 3
11	Does the organization conduct gamin	g activities with nonmember	s?	· 🗌 Yes 🗌 No
12	Is the organization a grantor, benefici formed to administer charitable gamin	ary or trustee of a trust or a	member of a partnership or other entity	: Yes No
L3	Indicate the percentage of gaming ac	tivity conducted in:		Tes ONO
а	The organization's facility			.3a %
b	An outside facility			3b %
L 4	Enter the name and address of the pe	erson who prepares the orga	nization's gaming/special events books and reco	rds:
	Name Name			
	Address			
15a				
b	If "Yes " enter the amount of gaming	revenue received by the ora		· U Yes U No
-	amount of gaming revenue retained b			
С	If "Yes," enter name and address of the	· · · · · · · · · · · · · · · · · · ·		
		• •		
	Name Name			
	Adduses			
	Address			
16	Gaming manager information:			
	Name Name			
	Gaming manager compensation \(\bigs\) \\$			
	Description of services provided			
	Description of services provided -			
	Diversity (afficient	∩ r	O to do a conduct contraction	
	☐ Director/officer	☐ Employee	☐ Independent contractor	
17	Mandatory distributions:			
a	•	ate law to make charitable di	istributions from the gaming proceeds to	
	retain the state gaming license? .			· 🗌 Yes 🔲 No
b	Enter the amount of distributions requ	uired under state law distribi	uted to other exempt organizations or spent	
	in the organization's own exempt acti		·	
Pai			tions required by Part I, line 2b, columns (i licable. Also provide any additional informa	
	Return Reference		Explanation	
SCHE	EDULE G, PART I, LINE 2B, COLUMN (V)		TWO AGREEMENTS WITH THE PROFESSIONAL FU	
	, , ,		NG BENEFIT GALA AND ART EVENT. THE AGREEN SING SERVICES IN ONE AND TWO INSTALLMENT:	
		PROVIDE FOR THE REIMBL	URSEMENT OF ADDITIONAL OUT-OF-POCKET EXP	/
		ORGANIZATION'S APPROV		G (Form 990) 2022
			Schedule	- (- 2 222) - 222
_				
Ac	dditional Data			Return to Form

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TIN: 13-5596751

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Schedule I (Form 990)

Grants and Other Assistance to Organizations,

OMB No. 1545-0047

Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990. Open to Public Department of the Inspection ► Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Employer identification number PARTNERSHIP WITH CHILDREN INC 13-5596751 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Yes ☐ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (if applicable) (f) Method of valuation (d) Amount of cash (e) Amount of non-(g) Description of noncash assistance (h) Purpose of grant organization grant (book, FMV, appraisal, or assistance or government assistance other) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)(12)2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2022 – Page 2 *–* Schedule I (Form 990) 2022 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book (f) Description of noncash assistance recipients cash grant noncash assistance FMV, appraisal, other) (1) CAREER DEVELOPMENT PROGRAM **SCHOLARSHIPS** 20 (2) CAREE STIPENDS CAREER DEVELOPMENT PROGRAM 19,460 (2) (3) (4) (5) (6) (7) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: SCHOLARSHIPS: THE EDWARD R. WIENER SCHOLARSHIP IS AWARDED TO RECOGNIZE OUTSTANDING PARTICIPANTS OF THE CAREER DEVELOPMENT PROGRAM WHO ARE SCHOLARSHIPS: THE EDWARD R. WIENER SCHOLARSHIP IS AWARDED TO RECOGNIZE OUTSTANDING PARTICIPANTS OF THE CAREER DEVELOPMENT PROGRAM WHO ARE INTERESTED IN PURSUING A CAREER IN THE ARTS. SCHOLARSHIPS ARE AWARDED ON A NONDISCRIMINATORY AND OBJECTIVE MANNER BASED UPON VARIOUS CRITERIA SUCH AS ACADEMIC MERIT AND FINANCIAL NEED. PAYMENTS ARE MADE DIRECTLY TO STUDENTS, AND AWARDS ARE STRUCTURED WITH REGULAR CHECK-INS BETWEEN THE STAFF AND THE STUDENTS. SPECIFICALLY, THE AWARD PACKETS OUTLINE RESPONSIBILITIES AND CORRESPONDING DEADLINES FOR THE STUDENTS (I.E. THANK YOU LETTER, PROOF OF ENROLLMENT/MATRICULATION, AND FIRST SEMESTER REFLECTIONS ETC.) STUDENT STIPENDS: STUDENT STIPENDS ARE PROVIDED AS PART OF THE ORGANIZATION'S CAREER DEVELOPMENT PROGRAM. STUDENTS MUST MEET ATTENDANCE REQUIREMENTS AND SUBMIT THE NECESSARY PAPERWORK TO BE ELIGIBLE TO RECEIVE STIPENDS. THE PAYMENTS ARE MONITORED BY THE ORGANIZATION'S PROGRAM MANAGERS WHO SUBMIT THE APPROVAL FOR EACH STIPEND PAYMENT TO THE FINANCE DEPARTMENT Schedule I (Form 990) 2022

Additional Data Return to Form Software Version:

10/22/25, 6:38 AM Partnership With Children Inc - Full Filing - Nonprofit Explorer - ProPublica efile Public Visual Render ObjectId: 202411349349309136 - Submission: 2024-05-13 TIN: 13-5596751 **Compensation Information** OMB No. 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Internal Revenue Service Open to Public Name of the organization PARTNERSHIP WITH CHILDREN INC Employer identification number 13-5596751 **Questions Regarding Compensation**

					Yes	No
1a	Check the appropiate box(es) if the organization proven 990, Part VII, Section A, line 1a. Complete Part III to					
	First-class or charter travel		Housing allowance or residence for personal use			
	☐ Travel for companions		Payments for business use of personal residence			
	☐ Tax idemnification and gross-up payments		Health or social club dues or initiation fees			
	Discretionary spending account		Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on Line 1a are checked, did the or reimbursement or provision of all of the expenses des			1b		
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Execut			2		
3	Indicate which, if any, of the following the filing organization's CEO/Executive Director. Check all that used by a related organization to establish compensa	apply. Do n	not check any boxes for methods			
	✓ Compensation committee		Written employment contract			
	☐ Independent compensation consultant	✓	Compensation survey or study			
	Form 990 of other organizations	~	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, F related organization:	Part VII, Se	ction A, line 1a, with respect to the filing organization or a			
а	Receive a severance payment or change-of-control pa	ayment? .		4a		No
b	Participate in, or receive payment from, a supplemen	tal nonqual	ified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity-ba	sed comper	nsation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and prov	ide the app	olicable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) orga	anizations	must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, li compensation contingent on the revenues of:					
а	The organization?			5a		No
b	Any related organization? . If "Yes," on line 5a or 5b, describe in Part III.			5b		No
6	For persons listed on Form 990, Part VII, Section A, li compensation contingent on the net earnings of:	ine 1a, did	the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," de:			7	Yes	
8	Were any amounts reported on Form 990, Part VII, p subject to the initial contract exception described in F	Regulations	section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III			8		No
9	If "Yes" on line 8, did the organization also follow the 53.4958-6(c)?		presumption procedure described in Regulations section $\cdot \cdot \cdot$	9		

Schedule J (Form 990) 2022 Page 2

Cat. No. 50053T

Schedule J (Form 990) 2022

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

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

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

Page 2 -

(A) Name and Title		(B) Breakdown	of W-2, 1099-MIS and/or 1099-NEC		(C) Retirement and other	Retirement (D) Nontaxable (E) Total of (F) and other benefits columns Compensa		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
1 WESNER PIERRE EXECUTIVE DIRECTOR & CEO	(i)	260,425	0	0	0	6,518	266,943	0
	(ii)	0	0	0	0	0	- 0	0
2 MARINA SCHREIBER CHIEF FINANCIAL & ADMINISTRATIVE	(i)	175,695	5,000	0	7,308	13,473	201,476	0
	(ii)	0	0	0	0	0	- 0	0
3 ANGELA JEFFERSON CHIEF PROGRAM OFFICER	(i)	164,840	5,000	0	6,898	8,643	185,381	0
	(ii)	0	0	0	0	0	- 0	0
4 JESSICA RAWLINS CHIEF DEVELOPMENT OFFICER THRU 3/23	(i)	165,473	5,000	0	3,598	8,009	182,080	0
	(ii)	0	0	0	0	0	- - 0	0

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10/22/25, 6:38 AM 5 TRAVIS RODGERS	Parmer (i)	ship With Child	lien inc - Full 0	riling - Nonpi 0	6,481	2,850	168,495	0
CHIEF EQUITY AND STRATEGY THRU 12/22								
	(ii)	0	0	0	0	0	0	0
6 RENE FRANKLYN PINTADO VICE PRESIDENT OF FINANCE	(i)	129,796	5,000	0	5,706	20,666	161,168	0
	(ii)	0	0	0	0	0	- 0	0
. <u> </u>								
	1	•			•		Schedule J (Fo	orm 990) 2022
		Pa	nge 3 ————					
Schedule J (Form 990) 2022								Page 3
Part III Supplemental Inform	nation							
	r descriptions required for Part I, lines 1a,	1b, 3, 4a, 4b, 4c, 5	a, 5b, 6a, 6b, 7, a	nd 8, and for Par	t II. Also complete	this part for any	additional info	rmation.
Return Reference			Ex	planation		<u>-</u>		-
PART I, LINE 7	THE ORGANIZATION PROVIDED DISCRET THEIR REPORTABLE COMPENSATION.	IONARY BONUS CO	MPENSATION TO I	INDIVIDUALS REF	PORTED IN PART VI	I AND SCHEDUL	E J, WHICH W	AS INCLUDED IN

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Schedule J (Form 990) 2022

efile Public Visual Render

ObjectId: 202411349349309136 - Submission: 2024-05-13

TIN: 13-5596751

OMB No. 1545-0047

2022

Open to Public Inspection

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

PARTNERSHIP WITH CHILDREN INC

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

Attach to Form 990 or 990-EZ.

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

Employer identification number

13-5596751

	13-5596751
Return Reference	Explanation
FORM 990, PART III, LINE 3	THE ORGANIZATION CEASED CONDUCTING PREVENTION PROGRAMS AS OF JUNE 30, 2023.
FORM 990, PART V, LINE 2A:	THE ORGANIZATION UTILIZED THE SERVICES OF A PROFESSIONAL EMPLOYER ORGANIZATION ("PEO") THROUGH MARCH 17, 2023. THE ORGANIZATION'S 2022 W-2 FORMS WERE ISSUED UNDER THE EMPLOYER IDENTIFICATION NUMBER OF THE PEO. THE NUMBER OF EMPLOYEES REPORTED IN PART I, LINE 5, AS WELL AS PART V, LINE 2A, REPRESENT THE TOTAL NUMBER OF THE ORGANIZATION'S EMPLOYEES IN CALENDAR YEAR 2022.
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTANT. THE FORM 990 IS REVIEWED IN DETAIL BY THE ORGANIZATION'S CHIEF FINANCIAL OFFICER AND CHIEF OPERATING OFFICER. THE REVISED FORM 990 IS THEN REVIEWED AND APPROVED BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. THE FORM 990 IS PROVIDED ELECTRONICALLY TO THE FULL BOARD OF DIRECTORS FOR REVIEW AND COMMENT PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY APPLICABLE TO DIRECTORS, OFFICERS, AND KEY EMPLOYEES. ALL PERSONS COVERED UNDER THE POLICY HAVE A DUTY TO DISCLOSE THE EXISTENCE OF ANY POSSIBLE CONFLICT OF INTEREST, WHICH SUCH PERSON DIRECTLY OR INDIRECTLY HAS OR MAY HAVE IN A TRANSACTION OR PROPOSED TRANSACTION WITH THE ORGANIZATION, PROMPTLY UPON BECOMING AWARE OF SUCH POSSIBLE CONFLICT. THE BOARD OF DIRECTORS MAKES DETERMINATIONS REGARDING CONFLICT MATTERS. COVERED PERSONS MAY NOT PARTICIPATE IN DELIBERATIONS OR VOTING RELATING TO A MATTER WITH RESPECT TO WHICH THEY MAY BE CONFLICTED AND ARE PROHIBITED FROM INFLUENCING THE DELIBERATION OR VOTING ON THE MATTER. AS PART OF THE DELIBERATIONS, THE BOARD CONSIDERS WHETHER THE PROPOSED TRANSACTION IS IN THE ORGANIZATION'S BEST INTEREST, IS FAIR AND REASONABLE AND IF ALTERNATIVE ARRANGEMENTS WITH PERSONS WHO ARE NOT IN A CONFLICT RELATIONSHIP SHOULD BE INVESTIGATED. DETERMINATIONS ARE MADE BY MAJORITY VOTE OF THE DIRECTORS PRESENT AT THE TIME OF THE VOTE AND DOCUMENTED IN THE BOARD MINUTES. ON AN ANNUAL BASIS, EACH DIRECTOR, OFFICER AND KEY EMPLOYEE IS PROVIDED WITH A COPY OF THE CONFLICT OF INTEREST POLICY AND IS REQUIRED TO COMPLETE, SIGN AND SUBMIT A WRITTEN STATEMENT TO THE COMPLIANCE OFFICER IDENTIFYING ANY RELATIONSHIPS OR TRANSACTIONS THAT MAY PRESENT A CONFLICT OF INTEREST. THE COMPLIANCE OFFICER SUBMITS THE STATEMENTS TO THE BOARD AND MONITORS COMPLIANCE WITH THE POLICY.
FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR & CEO AND SETS COMPENSATION ANNUALLY. IN DETERMINING THE COMPENSATION, THE EXECUTIVE COMMITTEE EXAMINES COMPARABILITY DATA PROVIDED BY PUBLIC SOURCES INCLUDING FORMS 990 OF SIMILAR ORGANIZATIONS AND COMPENSATION SURVEYS. THE EXECUTIVE COMMITTEE COMMUNICATES ITS DECISION IN WRITING TO THE ORGANIZATION FOR IMPLEMENTATION. THE EXECUTIVE DIRECTOR & CEO REVIEWS THE COMPENSATION OF THE CHIEF FINANCIAL & ADMINISTRATIVE OFFICER AND ALL OTHER EMPLOYEES ANNUALLY USING COMPARABILITY DATA OF SIMILAR ORGANIZATIONS. THE BOARD OF DIRECTORS APPROVES THE OVERALL BUDGET AND NOT INDIVIDUAL STAFF COMPENSATION AS PART OF THE ANNUAL BUDGET PROCESS.
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. THE FORM 990 AND THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE. IN ADDITION, THE FORM 990, THE FINANCIAL STATEMENTS AND THE GOVERNING DOCUMENTS ARE ALSO AVAILABLE UPON WRITTEN REQUEST.
FORM 990, PART XII, LINE 2C:	THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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

Cat. No. 51056K

Schedule O (Form 990) 2022

Additional Data

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