



May 14, 2024

Children's Forum, Inc. 3425 Bannerman Rd 501 Tallahassee, FL 32312

Children's Forum, Inc.:

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by May 15, 2024.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Very truly yours,

Thomas E. Montalbano

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2023

Prepared For:

Children's Forum, Inc. 3425 Bannerman Rd 501 Tallahassee, FL 32312

Prepared By:

Carr, Riggs & Ingram, LLC 2633 Centennial Blvd., Ste 200 Tallahassee, FL 32308

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office using our secure file transfer website – https://cricpa.sharefile.com/share/filedrop. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by May 15, 2024

. 8	879-TE			I	RS e-file Sig	nature Au x Exempt	thorizatior Entity	า	ŀ	OMB No. 1545-0047
Form •		For a	alendar vea	ır 2022	or fiscal year beginning J	-	-	30 20	23	0000
			Jaroniaan you	0,		he IRS. Keep for		,	<u> </u>	2022
	ent of the Treasury levenue Service			C	Go to www.irs.gov/Fo			ı.		
Name o	f filer								EIN or SSN	
	CHII	DREN'	S FOI		, INC.				65-01	L65007
Name a	nd title of officer	or person si	ubject to ta		ERIN SMELTZI	ER				
Devt	Turne	of Date			CEO urn Information					
Part										
Form 5 or 10a whiche	330 filers may below, and the	enter dolla e amount o le, blank (d	rs and ce n that line	ents. F e for t	he return being filed wi	er whole dollars on th this form was b	ly. If you check the lank, then leave line	box on line e 1b, 2b, 3	e 1a, 2a, 3 3b, 4b, 5b,	 Form 8038-CP and 3a, 4a, 5a, 6a, 7a, 8a, 9a, , 6b, 7b, 8b, 9b, or 10b, Do not complete more
1a	Form 990 ch		þ	X	b Total revenue, if a	iny (Form 990, Par	t VIII, column (A), lii	ne 12)		1ь19,578,658.
2a	Form 990-E2		F		b Total revenue, if a					
3a	Form 1120-F	OL check	here [b Total tax (Form 11					3b
4a	Form 990-PF	check her	re [b Tax based on inve					4b
5a	Form 8868 c	heck here	[b Balance due (Forr	n 8868, line 3c) \dots				5b
6a	Form 990-T	check here	[b Total tax (Form 99	0-T, Part III, line 4)				6b
7a	Form 4720 c		_		b Total tax (Form 47	20, Part III, line 1)				7b
8a	Form 5227 c		-		b FMV of assets at		orm 5227, Item D)			8b
9a	Form 5330 c		-		b Tax due (Form 533					9b
	Form 8038-0				b Amount of credit				ie 22)	10b
Part					Ire Authorization					
interna acknow of any entry tk payme person PIN: cl	ediate service p vledgement of refund. If appli o the financial i al institution to an 2 business nt of taxes to r al identification neck one box I authorize as my signa with a state on the retu As an office return. If I h IRS Fed/St	provider, tra receipt or r cable, I aut institution a debit the ed days prior t eceive com n number (F only <u>CARR,</u> ature on the e agency(ies rn's disclos er or persor pave indicat ate program	ansmitter eason fo horize the cocunt in entry to the to the pa fidential i PIN) as m <u>RIGO</u> e tax yea s) regulat ure cons n subject red withir	; or el r rejec e U.S. ndicati nis acc ymen nform ny sigr GS r 2022 ing ch ent sc to tax n this i	. Treasury and its desig ted in the tax preparatin count. To revoke a pay t (settlement) date. I als nature for the electronic & INGRAM, LI ERO firm 2 electronically filed retro narities as part of the IF	or (ERO) to send t n, (b) the reason to inated Financial Ag on software for par ment, I must conta so authorize the fir wer inquiries and it to return and, if app ac name urn. If I have indica as Fed/State progra tity, I will enter my e return is being fi	he return to the IRS or any delay in pro gent to initiate an e yment of the federa act the U.S. Treasu ancial institutions i resolve issues relat licable, the consen ted within this return am, I also authorized PIN as my signature led with a state age	S and to reacessing the lectronic ful al taxes own ry Financia involved in ed to the p t to electro to electro to electro urn that a ca e the aforea	ceive from e return or unds withd ed on this il Agent at the proces ayment. I I onic funds enter my P opy of the mentioned ax year 20 gulating cl	the IRS (a) an refund, and (c) the date lrawal (direct debit) return, and the 1-888-353-4537 no ssing of the electronic have selected a withdrawal. PIN <u>65007</u> Enter five numbers, but do not enter all zeros return is being filed d ERO to enter my PIN 222 electronically filed harities as part of the
Signature Part	of officer or person		and Au	uther	ntication				Date	
					c filing identification					
	r (EFIN) followe	•	-		•		5917806 Do not enter			
submit			-	-	l, which is my signature equirements of Pub. 4		•			
ERO's s	ignature <u>C</u>	CARR,	RIGGS	5 &	INGRAM, LLC	2	Date	05/1	4/24	
				E	RO Must Retain	This Form - Se	e Instructions			
			Do No		bmit This Form to				ο	
LHA F	or Privacy Ac	t and Pape			tion Act Notice, see ir		-			Form 8879-TE (2022)
202521	-	-								

	_		EXTENDED TO MAY 15, 2 Return of Organization Exempt F	1024 From	Income Tax	OMB No. 1545-0047
For	_ g	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			2022
1 01	•		Do not enter social security numbers on this form as			
		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and t	-	•	Open to Public Inspection
			ar year, or tax year beginning $JUL 1, 2022$ and	ending	JUN 30, 2023	
	Check if applicat	De: C Name o	forganization		D Employer identifica	tion number
	Addr	ess CHIL	DREN'S FORUM, INC.			
	Name	e Doing b	usiness as		65-016500	7
	Initia	n Numbe		Room/sui		
	Final returi termi	n		501	(850)681-	
_	ated Amer	City or 1	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	19,578,658.
	return	1 IALL	AHASSEE, FL 32312		H(a) Is this a group retu	
	tion pend		nd address of principal officer: ERIN SMELTZER		for subordinates?	
	.	empt status:			H(b) Are all subordinates inclu	
			X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) THECHILDRENSFORUM.COM	0r [5	If "No," attach a lis	
	Webs		X Corporation Trust Association Other		H(c) Group exemption r ar of formation: 1989 M S	
	art I					State of legal domicile
_	1	,	be the organization's mission or most significant activities: PROV	TDES	LEADERSHIP AND	ADVOCACY
e	1.		EVE HIGH-QUALITY, AFFORDABLE AND A			
Governance	2	Check this bo				
veri	3					. 11
ĝ	4		lependent voting members of the governing body (Part VI, line 1b)			11
			of individuals employed in calendar year 2022 (Part V, line 2a)			91
itie	6		of volunteers (estimate if necessary)			11
Activities &	7 a		d business revenue from Part VIII, column (C), line 12			0.
Ă	b		business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
-	8	Contributions	and grants (Part VIII, line 1h)	Г	15,139,562.	17,900,315.
nu	9	Program serv	ce revenue (Part VIII, line 2g)		1,132,487.	1,674,727.
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		229,834.	46.
8	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,765.	3,570.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		16,504,648.	19,578,658.
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)		10,169,312.	12,049,031.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		4,010,983.	5,480,813.
nse	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b.	Total fundrais	ing expenses (Part IX, column (D), line 25)	0.		
Û	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,815,316.	1,954,235.
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		15,995,611.	19,484,079.
	19	Revenue less	expenses. Subtract line 18 from line 12		509,037.	94,579.
0 C	9			_	Beginning of Current Year	End of Year
t Assets or	20		Part X, line 16)		5,915,420.	4,684,899.
tAs	21		; (Part X, line 26)		2,668,820.	1,343,720.
Inet	22		fund balances. Subtract line 21 from line 20		3,246,600.	3,341,179.
	art II	-				
			I declare that I have examined this return, including accompanying schedules			nowledge and belief, it is
true	, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of wh	nich prepai	rer has any knowledge.	
		1				

Sign	Signature of officer		Date					
Here	ERIN SMELTZER, CEO							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature Da	·····					
Paid	THOMAS E. MONTALBANO	THOMAS E. MONTALBANO 05						
Preparer	Firm's name CARR, RIGGS & ING	RAM, LLC	Firm's EIN 72-1396621					
Use Only	Firm's address 2633 CENTENNIAL B	LVD., STE 200						
	TALLAHASSEE, FL 3	2308	Phone no.850.878.877	7				
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
232001 12-1	X32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)							

¹²⁻¹³⁻²² LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Par	990 (2022) CHILDREN'S FORUM, INC.	65-0165007	Page 2
	t III Statement of Program Service Accomplishments		77
	Check if Schedule O contains a response or note to any line in this Part III		Χ
1	Briefly describe the organization's mission:		
	PROVIDES LEADERSHIP AND ADVOCACY TO ACHIEVE HIGH-QUALITY		
	AND AVAILABLE EARLY CARE AND EDUCATION SERVICES FOR ALL	CHILDREN.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	s measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses, an	d
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$10,147,462. including grants of \$7,895,504.) (Rev		
		RLY CHILDHOOD	
	SCHOLARSHIP PROGRAM: PROVIDES SCHOLARSHIPS FOR EARLY CAN		AND
	CENTER DIRECTORS TO WORK TOWARDS EARNING AN ASSOCIATE'S		
	CREDENTIALS IN EARLY CHILDHOOD EDUCATION. THE MAJORITY (ן
	BOOK COSTS ARE PAID FOR AND MOST TEACH PARTICIPANTS RECI		
	PER-SEMESTER STIPEND FOR TRAVEL OR FOR INTERNET ACCCESS		
	BONUS FOR CAREGIVERS AND DIRECTORS WHO COMPLETE THEIR SC		
	CONTRACT. THE TEACH PROGRAM WORKS WITH SEVERAL COLLEGES AND VOCATIONAL TECHNICAL SCHOOLS THROUGHOUT THE STATE AS		>
		ANAGEMENT OF 7	רעד
	FORUM, THE FLORIDA TEACH EARLY CHILDHOOD SCHOLARSHIP PRO		
	AN UMBRELLA FOR A VARIETY OF EDUCATIONAL SCHOLARSHIP OPI		
4b	(Code:) (Expenses \$3,643,966. including grants of \$2,871,886.) (Rev		<i></i>
10	CHILD CARE INCENTIVES FLORIDA: THE PROGRAM IS DESIGNED		
	STABILITY AND IMPROVE CHILD CARE QUALITY BY REDUCING TU		
	ENCOURAGING CONTINUED EDUCATION OF CHILD CARE PRACTITION		
	PROGRAM PROVIDES EDUCATION BASED SALARY SUPPLEMENTS FOR	LOW TO MODERA	ATE
	WAGE EARNERS WHO WORK WITH YOUNG CHILDREN AGES BIRTH TO	FIVE.	
4c	(Code:)(Expenses \$ 1,803,209. including grants of \$ 1,281,641.) (Rev	enue \$	
4c	(Code:) (Expenses \$1,803,209. including grants of \$1,281,641.) (Reve HELP ME GROW FAMILY SUPPORT: THIS PROGRAM IS DESIGNED TO		
4c		D HELP ALL	VER
4c	HELP ME GROW FAMILY SUPPORT: THIS PROGRAM IS DESIGNED TO	D HELP ALL R TO HELP ANSV	VER
4c	HELP ME GROW FAMILY SUPPORT: THIS PROGRAM IS DESIGNED TO CHILDREN THRIVE. THE PROGRAM PROVIDES A CARE COORDINATOR	D HELP ALL R TO HELP ANSV /ELOPMENT,	VER
4c	HELP ME GROW FAMILY SUPPORT: THIS PROGRAM IS DESIGNED TO CHILDREN THRIVE. THE PROGRAM PROVIDES A CARE COORDINATOR ANY QUESTIONS THAT PARTICIPANTS MAY HAVE ABOUT CHILD DEV) HELP ALL R TO HELP ANSV VELOPMENT, , FREE	VER
4c	HELP ME GROW FAMILY SUPPORT: THIS PROGRAM IS DESIGNED TO CHILDREN THRIVE. THE PROGRAM PROVIDES A CARE COORDINATOR ANY QUESTIONS THAT PARTICIPANTS MAY HAVE ABOUT CHILD DEV CUSTOMIZED SUPPORT AND CONNECTION TO COMMUNITY SERVICES) HELP ALL R TO HELP ANSV VELOPMENT, , FREE	VER
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4c 4d	HELP ME GROW FAMILY SUPPORT: THIS PROGRAM IS DESIGNED TO CHILDREN THRIVE. THE PROGRAM PROVIDES A CARE COORDINATOR ANY QUESTIONS THAT PARTICIPANTS MAY HAVE ABOUT CHILD DEV CUSTOMIZED SUPPORT AND CONNECTION TO COMMUNITY SERVICES DEVELOPMENT AND BEHAVIORAL SCREENINGS, AS WELL AS PARENY DEVELOPMENTAL ACTIVITIES. Other program services (Describe on Schedule O.)	D HELP ALL R TO HELP ANSV /ELOPMENT, , FREE FING TIPS AND	VER
4d	HELP ME GROW FAMILY SUPPORT: THIS PROGRAM IS DESIGNED TO CHILDREN THRIVE. THE PROGRAM PROVIDES A CARE COORDINATOR ANY QUESTIONS THAT PARTICIPANTS MAY HAVE ABOUT CHILD DEV CUSTOMIZED SUPPORT AND CONNECTION TO COMMUNITY SERVICES DEVELOPMENT AND BEHAVIORAL SCREENINGS, AS WELL AS PARENT DEVELOPMENTAL ACTIVITIES. Other program services (Describe on Schedule O.) (Expenses \$ 3,367,900. including grants of \$ 0.) (Revenue \$) HELP ALL R TO HELP ANSV VELOPMENT, , FREE	VER
4d	HELP ME GROW FAMILY SUPPORT: THIS PROGRAM IS DESIGNED TO CHILDREN THRIVE. THE PROGRAM PROVIDES A CARE COORDINATOR ANY QUESTIONS THAT PARTICIPANTS MAY HAVE ABOUT CHILD DEV CUSTOMIZED SUPPORT AND CONNECTION TO COMMUNITY SERVICES DEVELOPMENT AND BEHAVIORAL SCREENINGS, AS WELL AS PARENY DEVELOPMENTAL ACTIVITIES. Other program services (Describe on Schedule O.)	D HELP ALL R TO HELP ANSV VELOPMENT, , FREE TING TIPS AND 121,458.)	VER
4d 4e	HELP ME GROW FAMILY SUPPORT: THIS PROGRAM IS DESIGNED TO CHILDREN THRIVE. THE PROGRAM PROVIDES A CARE COORDINATOR ANY QUESTIONS THAT PARTICIPANTS MAY HAVE ABOUT CHILD DEV CUSTOMIZED SUPPORT AND CONNECTION TO COMMUNITY SERVICES DEVELOPMENT AND BEHAVIORAL SCREENINGS, AS WELL AS PARENT DEVELOPMENTAL ACTIVITIES. Other program services (Describe on Schedule O.) (Expenses \$ 3,367,900. including grants of \$ 0.) (Revenue \$	D HELP ALL R TO HELP ANSV VELOPMENT, , FREE TING TIPS AND 121,458.) Form 9	

Form	990	(2022)
1 01111	330	120221

 Form 990 (2022)
 CHILDREN'S FORUM, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		<u> </u>
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?			77
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	х	
h	Part VI	<u>11a</u>	Δ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		х
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u></u>
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		х
Ч	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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			
u		11d		х
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	х	- 23
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
124	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
232003	12-13-22	Form	990	(2022)

232003 12-13-22

3 2022.05090 CHILDREN'S FORUM, INC. 45-01671

Form	990	(2022)
FUIII	330	(2022)

 Form 990 (2022)
 CHILDREN'S FORUM, INC.
 65-0165007
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 65-0165007
 Page 4

	· (contractor)		Yes	Na
00			res	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		х	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Δ	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	L
	Charle if Cabadula Characteria a vacanteria averate to any line in this David V			
	Check if Schedule O contains a response or note to any line in this Part V	· · · · · · · · · · · · · · · ·	Yes	No
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3856		169	
b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3030 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ŭ	(gambling) winnings to prize winners?	1c	х	
232004	12-13-22			(2022)
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Form	990 (2022) CHILDREN'S FORUM, INC.		65-0165	007	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	91			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
				3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	Iccour	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	its (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		x
	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 th	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	:t?	7e 7f		
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?					
9	9 Sponsoring organizations maintaining donor advised funds.					
				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:		1			
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:		1			
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.				000	
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⁵ 2022.05090 CHILDREN'S FORUM, INC. 45-01671

Form 990	(2022)
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ow, and for a "No" resp	onse

Form 990 (2		65-0165007	Page 6	
Part VI	Governance, Management, and Disclosure. For each "Yes" response to	lines 2 through 7b below, and for a "No" res	ponse	
to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.				
	Check if Schedule O contains a response or note to any line in this Part VI		Χ	
A 11				

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 11	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	x	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ŭ	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		x
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section & requests information about policies not required by the internal neverule code.)		Yes	N
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
2	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
3	Did the organization have a written whistleblower policy?	13	X	
4	Did the organization have a written document retention and destruction policy?	14	X	
5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	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		X
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		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed NONE			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	1 finan	cial	
-	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			
	LAUREN WOFFORD - (850) 487-6300			
	1650 SUMMIT LAKE DRIVE, STE 210, TALLAHASSEE, FL 32317			

Form 990 (2022)	CHILDREN'S FORUM, INC.	65-0165007 Page 7					
Part VII Com	pensation of Officers, Directors, Trustees, Key Employees, H	ighest Compensated					
Employees, and Independent Contractors							
Check	Check if Schedule O contains a response or note to any line in this Part VII						
Section A. Office	ers, Directors, Trustees, Key Employees, and Highest Compensated Employ	ees					
	table for all persons required to be listed. Report compensation for the calendar y organization's current officers, directors, trustees (whether individuals or organ	, , , ,					

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	(C)					(D)	(F)		
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	amount of
	week		cer an	aau	recio	r/trus	lee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	l trus		/ee	m pen		1099-NEC)	1033-1120)	and related
	below	dual t	Institutional trustee	5	Key employee	est col	er			organizations
	line)	Indivi	In stit	Officer	Key e	Highest compensated employee	Former			0
(1) PHYLLIS KALIFEH	40.00									
RETIRED - CEO UNTIL 7/31/22				х				167,101.	Ο.	0.
(2) MELISSA CLEMENTS	40.00									
CHIEF RESEARCH OFFICER				х				90,973.	Ο.	6,453.
(3) LAUREN WOFFORD	40.00									
CHIEF FINANCIAL OFFICER				х				90,599.	Ο.	5,175.
(4) WILLIAM KIRCHHOFF	40.00									
CHIEF TECHNOLOGY OFFICER				х				81,313.	Ο.	13,267.
(5) LORI L. STEGMEYER	40.00									
CHIEF PROGRAM OFFICER				х				79,208.	Ο.	12,466.
(6) ERIN SMELTZER	40.00									
PRESIDENT/CEO				х				71,544.	Ο.	10,733.
(7) DENISE BISHOP	40.00									
CHIEF OPERATIONS OFFICER				х				74,570.	Ο.	5,980.
(8) ROBERT BUESING	1.00									
CHAIR				Х				0.	Ο.	0.
(9) LARRY PINTACUDA	1.00									
SECRETARY				Х				0.	Ο.	0.
(10) ALLISON DAVIS	1.00									
DIRECTOR		Х						0.	Ο.	0.
(11) KYLE BALTUCH	1.00									
DIRECTOR		Х						0.	Ο.	0.
(12) CHRISTOPHER CARD	1.00									
DIRECTOR		Х						0.	0.	0.
(13) CLAUDIA DAVANT	1.00									
DIRECTOR		Х						0.	0.	0.
(14) EDDIE GONZALEZ LOUMIET	1.00									
DIRECTOR		Х						0.	Ο.	0.
(15) THEODORE GRANGER	1.00									
DIRECTOR		х						0.	0.	0.
(16) GEGE KREISCHER	1.00									
DIRECTOR		Х						0.	0.	0.
(17) SHAWNA POINTVILLE	1.00									
DIRECTOR		Х						0.	0.	0.
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2022.05090 CHILDREN'S FORUM, INC.

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	990 (2022) CHILDREN'		-							65-0165	6007	Р	age 8
Par	t VII Section A. Officers, Directors, Trust		oloye	ees,			ghes	t C		· /			
	(A) Name and title	(B) (C) Average hours per week week							(D) Reportable compensation from	(E) Reportable compensation from related	on amou		
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	f org ar	npensa rom th ganizat id relat anizati	e ion ed
(18)	DIANA RAGBEER MURRAY	1.00							_				
	CTOR		X						0.	0.			0.
1b	Subtotal								655,308.	0.	5	4,0	74.
с	Total from continuation sheets to Part VII	, Section A							0.	0.		4,0	0.
2	Total (add lines 1b and 1c) Total number of individuals (including but no											1,0	<u>,</u>
	compensation from the organization											Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	,	,	,	•		,	0		5	3		X
4	For any individual listed on line 1a, is the su	m of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization			
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a										4	X	
<u></u>	rendered to the organization? <i>If</i> "Yes," com tion B. Independent Contractors	plete Schedule	e J fo	or su	ich r	bers	on .		-		5		Х
<u> </u>	Complete this table for your five highest cor	npensated ind	epe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compens	ation fr	om	
	the organization. Report compensation for t	he calendar ye	ear e	ndin	ng w	ith c	or wi	thin I		ear.		<u></u>	
	(A) Name and business address NONE							(B) Description of s	ervices		C) ensatio	n	
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	0	ot lin	nitec	d to t	thos C		ted	above) who received m	pre than		990 /	00000)

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			Check if Schedule O a	conta	ains a r	esponse	or note to any line	e in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts t	1	а	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues			1b					
A S, O		с	Fundraising events			1c					
lar ,		d	Related organizations			1d					
ini, o		е	Government grants (contr	ibutio	ons)	1e	17,900,315.				
er S		f	All other contributions, gifts,								
Ęġ			similar amounts not included	l abov		1f					
ontro Dd		g	Noncash contributions included in	lines 1	a-1f	1g \$		15 000 015			
<u></u> 		h	Total. Add lines 1a-1f				During of the	17,900,315.			
			AGEGGMENEG				Business Code	1 201 771			1201771
ice	2	a	ASSESSMENTS CONVENTION				900099 900099	1,391,771.			1391771.
ue v		b	WEBSITE CONSULTING S	פדסזז	TCFS		900099	155,795. 59,500.	59,500.		155,795.
ven S ven		C	MEMBERSHIP FEES	SERV	ICES		900099	58,388.	58,388.		
gra Re		a	SHARED SERVICES INCO	OME			900099	6,000.			6,000.
Program Service Revenue		e f	All other program service					3,273.			3,273.
_		g						1,674,727.			-,
	3		Investment income (includ					_ , * * _ , * _ * .			
	Ū		ι.	U		,		46.			46.
	4		Income from investment of								
	5		Royalties			•					
			,			Real	(ii) Personal				
	6	а	Gross rents	6a		3,570.					
		b	Less: rental expenses	6b		٥.					
		с	Rental income or (loss)	6c		3,570.					
		d	Net rental income or (loss))				3,570.	3,570.		
	7	a	Gross amount from sales of		(i) Se	ecurities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
Ine			and sales expenses	7b							
Revenue		с	Gain or (loss)	7c							
Re		d	Net gain or (loss)			·····					
her	8	а	Gross income from fundraisi	0	,						
Oth			including \$								
			contributions reported on		'						
		_	Part IV, line 18								
			Less: direct expenses								
			Net income or (loss) from				1				
	9	а	Gross income from gamin	-							
		h	Part IV, line 19 Less: direct expenses								
			Net income or (loss) from				'				
	10		Gross sales of inventory, I								
	10	u	and allowances				a .				
		b	Less: cost of goods sold								
			Net income or (loss) from								
		-		20,00		y	Business Code				
SUC	11	а									
Jue		b									
scellaneo Revenue		c									
Miscellaneous Revenue		d	All other revenue								
2			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					19,578,658.	121,458.	0.	1556885.
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Form 990 (2022) CHILDREN'S FORUM, INC.

CHILDREN'S FORUM, INC. Part IX Statement of Functional Expenses

	Check if Schedule O contains a respor	nse or note to any line in (A)	(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	12,049,031.	12,049,031.		
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,	-1- 0	COD 540		
	trustees, and key employees	715,277.	683,540.	31,737.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			150 105	
7	Other salaries and wages	3,878,999.	3,706,894.	172,105.	
8	Pension plan accruals and contributions (include	100 000	100.000		
	section 401(k) and 403(b) employer contributions)	103,009.	103,009.		
9	Other employee benefits	463,763.	433,405.	30,358.	
0	Payroll taxes	319,765.	319,765.		
1	Fees for services (nonemployees):				
а	Management				
b	Legal	-5,716.	-5,716.		
С	Accounting	92,671.	23,300.	69,371.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	846,631.	827,402.	19,229.	
2	Advertising and promotion	2,099.	2,099.		
3	Office expenses	215,433.	132,965.	82,468.	
4	Information technology	70,401.	70,401.		
5	Royalties				
6	Occupancy	294,525.	253,789.	40,736.	
7	Travel	159,643.	90,783.	68,860.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	58,161.	58,161.		
0	Interest	192.		192.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	6,688.	6,635.	53.	
3	Insurance	33,337.	31,116.	2,221.	
ł	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PUBLIC EDUCATION	57,162.	55,462.	1,700.	
a b	DUES & SUBSCRIPTIONS	53,616.	53,616.		
2	MENTORING & TRAINING	46,201.	46,201.		
d	PROFESSIONAL DEVELOPMEN	16,527.	14,015.	2,512.	
	All other expenses	6,664.	6,664.		
	Total functional expenses. Add lines 1 through 24e	19,484,079.	18,962,537.	521,542.	
5 6	Joint costs. Complete this line only if the organization		_0,002,007.		
-	reported in column (B) joint costs from a combined				
	educational comparing and fundraising collicitation				

232010 12-13-22

educational campaign and fundraising solicitation. Check here ______ if following SOP 98-2 (ASC 958-720)

> 10 2022.05090 CHILDREN'S FORUM, INC.

Form 990 (2022)

14570514 794202 45-01675.000

Form 990 (2022)

Part X Balance Sheet

CHILDREN'S FORUM, INC.

65-0165007 Page **11**

		Check if Schedule O contains a response or note	e to an	y line in this Part X			
	-				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			59,352.	1	87,593.
	2	Savings and temporary cash investments			350,020.	2	435,438.
	3	Pledges and grants receivable, net			5,375,143.	3	3,884,316.
	4	Accounts receivable, net			80,531.	4	263,183.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these	e pers	ons		5	
	6	Loans and other receivables from other disqualifi	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		163,816.			44.050
	b	• • • • • • • • • • • • • • • • • • • •		149,447.	21,057.	10c	14,369.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1		·····		12	
	13	Investments - program-related. See Part IV, line 1		· · · · · · · · · · · · · · · · · · ·		13	
	14	Intangible assets			20 217	14	0
	15	Other assets. See Part IV, line 11			29,317.	15	0.
	16	Total assets. Add lines 1 through 15 (must equa			5,915,420. 2,090,624.	16	4,684,899.
	17	Accounts payable and accrued expenses			2,090,024.	17	916,638.
	18	Grants payable			108,109.	18	29,665.
	19	Deferred revenue			100,109.	19	29,005.
	20 21	Tax-exempt bond liabilities				20 21	
	21	Escrow or custodial account liability. Complete P Loans and other payables to any current or forme		r		21	
Liabilities	22	trustee, key employee, creator or founder, substa		I			
bilit		controlled entity or family member of any of these				22	
Lia	23	Secured mortgages and notes payable to unrelat				23	
	24	Unsecured notes and loans payable to unrelated		Г		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D	-	· ·	470,087.	25	397,417.
	26	Total liabilities. Add lines 17 through 25			2,668,820.	26	<u>397,417.</u> 1,343,720.
		Organizations that follow FASB ASC 958, check	k her	e X			
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			3,234,952.	27	3,329,531.
Bal	28	Net assets with donor restrictions			11,648.	28	11,648.
pu		Organizations that do not follow FASB ASC 95	58, che	eck here			
, Fu		and complete lines 29 through 33.					
sol	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equ	uipmei	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc		E E E E E E E E E E E E E E E E E E E		31	
Nei	32	Total net assets or fund balances			3,246,600.	32	3,341,179.
	33	Total liabilities and net assets/fund balances			5,915,420.	33	4,684,899.

Form 990 (2022)

Form	1990 (2022) CHILDREN'S FORUM, INC.	65-	0165007	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,578		
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,484		
3	Revenue less expenses. Subtract line 2 from line 1	3			79.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,246	5,6	00.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	3,341	.,1	79.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
~	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X	Ĺ

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

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

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

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

	OMB No. 1545-0047
	2022
	Open to Public Inspection
Employer	identification number

T

Name of the organization

	-0165007
Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.	
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)	
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).	
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)	
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).	
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the	e hospital's name,
city, and state:	
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described ir	n
section 170(b)(1)(A)(iv). (Complete Part II.)	
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).	
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general publ	lic described in
section 170(b)(1)(A)(vi). (Complete Part II.)	
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)	
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant coll-	leae
or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or	-
university:	
10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gradient of the second	ross receipts from
activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from	
income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after	-
See section 509(a)(2). (Complete Part III.)	
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).	
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purp	rooses of one or
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check	-
lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.	
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by givir	ina
the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the suppo	-
organization. You must complete Part IV, Sections A and B.	orang
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having	1
control or management of the supporting organization vested in the same persons that control or manage the support	
organization(s). You must complete Part IV, Sections A and C.	led
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated w	vith
its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.	vicii,
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization	on(s)
that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentivene	
requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.	633
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.	
f Fater the symptom of even entropy in the symptom of the symptom of even entropy in the symp	
 g Provide the following information about the supported organization(s). 	
(i) Name of supported (ii) FIN (iii) Type of organization (iv) Is the organization listed (v) Amount of monetary	(vi) Amount of other
organization (in Figure or organization (in Figure organizatio))))))))))	pport (see instructions)
above (see instructions)) Yes No approximation (constructions))	
Total	
	le A (Form 990) 2022

Part II

CHILDREN'S FORUM, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	15201713.	15282543.	14775957.	15139562.	17900315.	78300090.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	15201713.	<u>15282543.</u>	14775957.	<u>15139562.</u>	<u>17900315.</u>	78300090.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						78300090.
Se	ction B. Total Support	1		1	1		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	15201713.	15282543.	14775957.	15139562.	<u>17900315.</u>	78300090.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	547.	138.	131.	173.	46.	1,035.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	2,514.	17,179.	2,216.	12,529.	3,273.	
11	Total support. Add lines 7 through 10						78338836.
12	,	N	,				,813,214.
13	First 5 years. If the Form 990 is for the		rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
0.0	organization, check this box and stop						
	ction C. Computation of Publi		-				00.05.00
	Public support percentage for 2022 (I					14	<u>99.95</u> % 99.93%
	Public support percentage from 2021					15	
168	33 1/3% support test - 2022. If the optimized in the star have the support test - 2022 is a star base of the support test of tes						V
	stop here. The organization qualifies		•				
Ľ	33 1/3% support test - 2021. If the open standard stan						
47.	and stop here. The organization qual		• •		10 10a au 10h a		
1/2	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	-	
L	meets the facts-and-circumstances te 10% -facts-and-circumstances test	-		• • • •		17a and line 15 is	
Ľ	more, and if the organization meets the	-					
	organization meets the facts-and-circl						
18	Private foundation. If the organization		•				
10	The organization in the organization	an aid not oneon a		<u>u, 100, 174, 01 176</u>			(Form 990) 2022

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Schedule A	(Form	900	2022
Schedule A		990	2022

CHILDREN'S FORUM, INC.

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	? (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			_	_	_	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the form 100 is for the for the form 100 is for the form 100 is for the form 100 is for 1	L	rot accord third	fourth or fifth tox		$\frac{1}{501(0)(2)}$	vization
-	•				.,.,	
check this box and stop here Section C. Computation of Publ	ic Support Per	centage				
15 Public support percentage for 2022 (column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inves						
17 Investment income percentage for 2		•	ine 13, column (f))	1	17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If the					33 1/3%, and I	
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the						3%, and
line 18 is not more than 33 1/3%, che	-					
20 Private foundation. If the organization						
232023 12-09-22					Sched	lule A (Form 990) 2022
		1 5	5			

2022.05090 CHILDREN'S FORUM, INC.

CHILDREN'S FORUM, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

16

232024 12-09-22

10b Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	CHILDREN'S
Part IV	Supporting Org	ganizations (continued)

022	CHILDREN'S	FORUM,	INC
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2

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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	l. or controlled the	supportina ora	anization.
Section C. T	vpe II Support	ting Organiz	ations

Yes 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1

Section D. All Type III Supporting Organizations	i
--	---

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c [The organization supported a governmental entity.	Describe in Part VI how	you supported a governm	nental entity (see instruction <u>s).</u>
------------	--	---	-------------------------	-------------------------	---

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

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

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

3b Schedule A (Form 990) 2022

2a

2b

3a

2022.05090 CHILDREN'S FORUM, INC.

Yes No

232026 12-09-22

1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in</i> Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must co	omplet	e Sections A through E.			
Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				

5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Schedule A (Form 990) 2022

45-01671

CHILDREN'S FORUM, INC.

Schedule A (Form 990) 2022
Part V Type III Non-

rt V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 19

Schedule A (Form 990) 2022

2022.05090 CHILDREN'S FORUM, INC. 45-01671

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CHILDREN'S FORUM, INC.

65-0165007 Page 7

	t V Type III Non-Functionally Integrated 509		nizations (continu	ied)	J UIUJUUT Pager
Sect	ion D - Distributions		leonand	<u>, , , , , , , , , , , , , , , , , , , </u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
C	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
<u>i</u>	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	CHILDREN'S FOF	UM, INC.		65-0165007 _{Page}
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D	rmation. Provide the explar 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9 , lines 2 and 3; Part IV, Sectior d 8; and Part V, Section E, line:	ations required by I bb, 9c, 11a, 11b, an E, lines 1c, 2a, 2b,	3a, and 3b; Part V, line 1; Part	V, Section B, line 1e; Part V,
32028 12-09-2	2				Schedule A (Form 990) 20
			20		

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

Schedule of Contributors

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

2022

Employer identification number

65-0165007

	CHILDREN'	S	FORUM

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

INC.

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

Name of organization

CHILDREN'S FORUM, INC.

Employer identification number

65-0165007

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ELC OF BROWARD COUNTY 6301 NW 5TH WAY, STE 3400 FT LAUDERDALE, FL 33309	\$ <u>1,020,353.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE CHILDREN'S TRUST - MIAMI DADE 3150 SW 3RD AVE, 8TH FL MIAMI, FL 33129	\$ <u>1,007,855.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	FLORIDA OFFICE OF EARLY LEARNING 325 WEST GAINES STREET TALLAHASSEE, FL 32399	\$11,800,714.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	ELC OF HILLSBOROUGH COUNTY 9125 NORTH AVENUE, STE 101 TAMPA, FL 33612	\$887,788.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ELC OF ORANGE COUNTY 7700 SOUTHLAND BLVD, STE 100 ORLANDO, FL 32809	\$ <u>1,498,916.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-15		\$	Person Payroll Complete Part II for noncash contributions.)

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14570514 794202 45-01675.000

2022.05090 CHILDREN'S FORUM, INC. 45-01671

Name of organization

Page 3
Employer identification number

65-0165007

CHILDREN'S FORUM, INC.

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

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2022.05090 CHILDREN'S FORUM, INC.

lame of organization					Employer identification number	
CHILDE	REN'S FORUM, INC.				65-0165007	
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	(a) through (e) and the following , charitable, etc., contributions of \$1,0	ine entry. For or	ganizations	at total more than \$1,000 for the year	
(a) No.	Ose duplicate copies of 1 art in it additiona					
from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Desc	cription of how gift is held	
		(e) Transfer	of gift			
-	Transferee's name, address,	and ZIP + 4	Re	elationship of tra	nsferor to transferee	
(a) No. from		[-				
from Part I	(b) Purpose of gift	(c) Use of gif	t 	(d) Desc	ription of how gift is held	
-		e) Transfer	of gift			
-	Transferee's name, address,	and ZIP + 4	Re	elationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Desc	cription of how gift is held	
		(e) Transfer	of gift			
-	Transferee's name, address,	and ZIP + 4	Re	elationship of tra	nsferor to transferee	
		-				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Desc	cription of how gift is held	
	(e) Transfer of gift					
-	Transferee's name, address,	and ZIP + 4	Re	elationship of tra	nsferor to transferee	
223454 11-15-	-22				Schedule B (Form 990) (2022	

24 2022.05090 CHILDREN'S FORUM, INC. 45-01671

<form> SCHEDULE 0 (rom 990) The train of the capacitation and servered "Yes" on Form 990, Part N. line 5, 7,8,9,9,0 Thto, 115, 115, 116, 117, 128, or 129. Does to the capacitation and the latest information. Name of the capacitation and the capacitation and the latest information. Imployed identification number of the capacitation and the latest information. Imployed identification number of 55-016500.07 Part D. Graphication Maintaining Doord Advised Funds or Other Similar Funds or Accounts. Complete information of the capacitation and the latest information. Complete information of the capacitation accounts of 55-016500.07 Part D. Graphication Maintaining Doord Advised Funds or Other Similar Funds or Accounts. Complete information of the capacitation accounts of the capacit</form>			Supplement	al Einanaial Statamanta		OMB No. 1545-0047
Part III. Ine 6. 7. 8 10. This, 11b, 11b, 11b, 12b, 17b, 22b, 72b. Description New of the organization Go to www.iss.gov/F.cm096 for instructions and the latest information. Description New of the organization MELDREN'S PORTM, INC. Engloyer identification number 65 - 01.6 50.07. Part II. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete it the organization answered 'Yes' on Form 1800, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts. 2 Aggregate value of commutoines to during year) (a) Donor advised funds (b) Funds and other accounts. 3 Aggregate value of commutoines to during year) (a) Donor advised funds (b) Funds and other accounts. 4 Aggregate value of commutoines to during year) (b) Ends and other accounts. (b) Funds and other accounts. 5 Did the organization inform all grantes, donor, and donor advises in writing that grant funds can be used only for charaltel burget on the portegin of the organization excluse in grant cands can be used only for charaltel burget on the organization excluses in writing that grant funds can burget on the organization intermediation excluses in grant cands can burget on organization intermediation excluses in grant cands can burget on the organization intermediation excluses and onor advised that the tast that the tast that that that that that						
Deservery Open to Sputial Out oww.isc.gov/form@it or insultations and the tatast information. Endpore inferition number (ETLIDERE)' \$ FORUM, INC. Endpore inferition number (\$ - 0165007) Part Organization Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complex it me (a) Donor advised funds or Other Similar Funds or Accounts. Complex it me (a) Donor advised funds 3 Aggregate value of continuo (a) on year) (a) Donor advised funds (b) Funds and other accounts. 4 Aggregate value of continuo (a) on year) (a) Donor advised funds (b) Funds and other accounts 5 Did to organization inform all donors and onor advisors in writing that grant funds can be used only for charitable purposes and not for the order or donor advisor, for any other purpose conferring immorringible private banefit. Yes No Part Conservation Easements heid by the organization form all grants. Yes No Propose(b) order bands (b) conservation assements heid by the organization inform all bands Preservation of a historical ymportal time organization (from all bands) Propose(b) order bands (b) conservation assements in by the organization inform all bands Preservation of a conservation assements in bounds and the organization inform all bands Preservation of a conservation assements in bounds Propose(b) order band	(Forn	n 990)				
Name of the organization Employen identification number 05 - 0155007 Pertil Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 800, Part IV, line 6. 1 Total number at end of year (e) Dunor advised funds (b) Funds and other accounts. 2 Aggregate value of contributions to (during year) (e) Dunor advised funds (b) Funds and other accounts 3 Aggregate value of contributions to (during year) (e) Dunor advised funds (e) Dunor advised funds 3 Aggregate value of contributions to (during year) (e) Dunor advised funds (f) Punds and other accounts 4 Aggregate value of contributions to (during year) (f) Ves No 6 Dat the organization inform all grantes, donors, and doora advisor in writing that grant funds can be used only for chariable purposes and not Basements. (f) Purposely of conservation Easements. (f) Purposely of conservation Easements. (f) Purposely of conservation casements and public use for example, increation or education (f) Preservation of a cortified historic structure (f) of the tax year. 6 Data accegar existicat by conservation easements in code of (n) (c) counted in (g). (f) advised fund (f) advised fund 7 Purposely of conservation easements			A	Attach to Form 990.		-
Part II Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete If the organization answered "Yes' on Form 800, Part IV, line 6. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 4 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds ves No 6 Did the organization inform all grantes, donors, and donor advisors in writing that grant tunds can be used only for charatable private banefit? Yes No 7 Purposet(g) of conservation Easements. (b) Preservation of a historically important land area Preservation of a conservation easements Yes' on Form 900, Part IV, line 5. 6 Total number of conservation easements Ze Ze No 7 Preservation of a conservation easements Ze Ze No 7 Preservation of and for publics of the cognization indeed conservation easements<			on		Emp	loyer identification number
orgänization answered "Yes" on Form 980, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions (during year) Aggregate value of contributions (during year) Aggregate value of and through year Aggregate value of and through year) Aggregate value of and through year Aggregate value of and through year Aggregate value of and through year) Aggregate value of and through year Yes No Do the organization inform all donors advisor in writing that grant funds can be used only the charitable purposes and not for the benefit of the donor or atorized vers Yes Yes No Part Conservation Easements. Complete if the organization nawwerd Yes	Dev					
I Total number at end of year (a) Donor advised funds (b) Funds and other accounts I Total number at end of year (b) Funds and other accounts 3 Aggregate value of contributions to (during year) (b) Funds and other accounts 4 Aggregate value of grants from (during year) (c) Aggregate value of grants from (during year) (c) Provide the organization inform all donors and donor advisors in writing that grant funds can be used only for charately purposes and to for the benefit of the donor of donor advisor, or for any other purpose contering impermissible private benefit? (c) No IP Denosel() of conservation Easements. Complete If the organization answered 'Yea' on form 990, Part IV, line 7. (c) Preservation of a lot for public use (for example, recreation or education) (c) Preservation of a historically important land area (c) Protection of nation prubic use (for example, recreation or education) (c) Preservation of a not public use (for example, recreation or education) (c) Preservation of a santified historic structure included in (a) 2 Complete lines 2 attricturg is of the organization answered 'Yea' on form 990, Part IV, line 7. (c) Preservation of a conservation easements in a cultified conservation constribution in the form of a conservation easements in a cultified conservation or a divisor in the last 'Yea' No 2 Complete lines 2 attricturg is of the organization in easements included in (a) 2a 2a 2a 2a	Par		-		coun	ts. Complete if the
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 and section 170(h)(4)(B)(ii)?	8	Does each conser	 vation easement reported on line 2(d) abov	we satisfy the requirements of section $170(h)(4)(B)(h)(4)(B)(h)(4)(B)(h)(h)(h)(h)(h)(h)(h)(h)(h)(h)(h)(h)(h)$	ïi)	
 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X (ii) Assets included in Form 990, Part X (iii) Assets included in Form 990, Part X (iii) Assets included on Form 990, Part X (ii) Assets included on Form 990, Part X (iii) Assets included on Form 990, Part X (iii) Assets included in Form 990, Part X (ii) Assets included in Form 990, Part X (iii) Assets included in Form 990, Part X (iii) Assets included in Form 990, Part X (ii) Assets included in Form 990, Part X (ii) Assets included in Form 990, Part X (iii) Assets included in Fo	0			• • • • • • • • • • • • • • • • • • • •		Yes No
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b 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 in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X (j) Revenue included on Form 990, Part X (j) Revenue included on Form 990, Part X (j) Assets included in Form 990, Part X (j) Assets included in Form 990, Part X (j) Assets included on Form 990, Part X (j) Assets included o	9					
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Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 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: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X c <		organization's acc	ounting for conservation easements.			
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets held service the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part X Assets included in Form 990, Part X Setted in Form 990) 2022 Sette	Par	t III Organiza	ations Maintaining Collections of	f Art, Historical Treasures, or Other S	imilar	⁻ Assets.
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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: a Revenue included on Form 990, Part X Assets included in For		Complete if	the organization answered "Yes" on Form	1 990, Part IV, line 8.		
 service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 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: a Revenue included on Form 990, Part X b Assets included in Form 990, Part X c Massets included in Form 990, Part X b Assets included in Form 990, Part X c Massets included in Form 990, Part X 	1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ince sh	eet works
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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:						
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: 		service, provide in Part XIII the text of the footnote to its financial statements that describes these items.				
provide the following amounts relating to these items: iiii Revenue included on Form 990, Part VIII, line 1 \$	b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of				
 (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 		art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,				
(ii) Assets included in Form 990, Part X \$		•	č			
2 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: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.						
the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022	-	.,				
a Revenue included on Form 990, Part VIII, line 1 \$	2	•		•	provide	
b Assets included in Form 990, Part X \$ LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. \$ Schedule D (Form 990) 2022		-		-		•
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022						
	_					P Schodulo D (Earm 000) 0000
		-	eduction Act Notice, see the Instruction	5 IUI TUIIII 330.	:	Schedule D (Form 990) 2022

25				
2022.05090	CHILDREN'S	FORUM,	INC.	45-01671

		N'S FORUM,						65-01	6500	7 Ра	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histor	rical Tre	asures, or	Othe	r Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	iny of the f	ollowing that	make si	ignificant (use of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	e	• 🗌 O	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how they	/ further th	e organizatio	n's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of					r similar	assets		_		-
D.	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the c	organizatio	n answered "	Yes" on	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod								٦		٦
	on Form 990, Part X?							∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing tab	ole:					A m o		
									Amount		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						ity :	L] INO
Par							10				
	Complete	(a) Current year		or year	(c) Two year			/ears back	(e) Four	vears	back
1a	Beginning of year balance			<u> </u>			()			<u> </u>	
	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
-	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g,	column (a)) held as:	•					
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%	_								
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation that a	are held ar	nd administere	ed for th	e		-		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Sch	edule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fur	nds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answere				i						
	Description of property	(a) Cost or o basis (investr		(b) Cost basis	or other (other)	• •	ccumulate preciation		(d) Bool	k value	e
1a	Land										
b	Buildings										
с	Leasehold improvements						-				
d	Equipment				1,858.		87,4		14	1,30	
e	Other			6	1,958.		61,9	58.			0.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X, column</u>	<u>(B), line 1</u>	0c.)				14	1,30	59.

Schedule D (Form 990) 2022

232052 09-01-22

Schedule D) (Form 990) 2022	CHILDREN S	FORUM,	INC.
Part VII	Investments -	Other Securities.		

Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Part IV line 1	1c Soc Form 990 Part X line 13	
(a) Description of investment			of yoor morket yolyo
	(b) Book value	(c) Method of valuation: Cost or end-	or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)	·		
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) AMOUNTS HELD ON BEHALF OF	OTHERS		397,417.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	25.)		397,417.
Total. (Column (b) must equal Form 990, Part X, col. (B) line	,	the organization's financial statements th	

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

Schedule D (Form 990) 2022

232053 09-01-22

Sche	dule D (Form 990) 2022 CHILDREN'S FORUM,	INC.	65-	0165007 Page 4
Pa	t XI Reconciliation of Revenue per Audited Finan		per Return.	<u> </u>
	Complete if the organization answered "Yes" on Form 990	, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial state	ements	1	19,578,658.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			19,578,658.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Par	rt I. line 12.)		19,578,658.
Pa	t XII Reconciliation of Expenses per Audited Fina	ncial Statements With Expense	es per Retur	n.
	Complete if the organization answered "Yes" on Form 990	, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	19,484,079.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			19,484,079.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, P	Part I, line 18.)	5	19,484,079.
Pa	rt XIII Supplemental Information.			

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

PART X, LINE 2:

THE FORUM UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINTY
IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS
BOARD (FASB) ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX POSITIONS
INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS
MORE-LIKELY-THAN-NOT THE POSITIONS WILL BE SUSTAINED UPON EXAMINATION BY
THE TAX AUTHORITIES. IT ALSOPROVIDES GUIDANCE FOR DERECOGNITION,
CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS,
DISCLOSURE AND TRANSITION. AS OF JUNE 30, 2023 AND 2022, THE FORUM HAS NO
UNCERTAIN TAX POSITIONS THAT QUALIFY FOR RECOGNITION OR DISCLOSURE IN THE
FINANCIAL STATEMENTS.

232054 09-01-22

	(continued)
	Schedule D (Form 990) 2022
232055 09-01-22	

14570514 794202 45-01675.000

Dependencies Attach to Form 990. Go to www.is.gov/Form990 for the latest information. Open to Public Implicit and Previous Social and Previous Social Part I General Information on Grants and Assistance. Employer Identification number 65 - 0165007 Part I General Information on Grants and Assistance	SCHEDULE I (Form 990)		Go	irants and Oth vernments, an ete if the organizatio	nd Individua	ls in the Ŭni	ted States		омв М	lo. 1545-0047
Child of the organization Employer identification number 65-0165007 Part I General Information on Grants and Assistance Employer identification number 65-0165007 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Child of the grants or assistance of the grants or assistance of the grant funds in the United States. Part II 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. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (f) Method of noncash grant (g) Description of noncash assistance (h) Purpose of grant or assistance			·	-	Attach to Form	n 990.				
CHILDREN'S FORUM, INC. 65-0165007 Part I General Information on Grants and Assistance 1 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Comparison of the grants or assistance of the grant of the gra	Internal Revenue Service			Go to www.irs	.gov/Form990 for	the latest inform	ation.		Ins	pection
Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Image: Complete if the organization's procedures for monitoring the use of grant funds in the United States. 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II 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. 1 (a) Name and address of organization (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of noncash assistance (g) Description of noncash assistance (h) Purpose of grant or assistance	Name of the organizati			TNO						
criteria used to award the grants or assistance? X Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II 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. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of noncash assistance (g) Description of noncash assistance (h) Purpose of grant or assistance	Part I General Ir			INC.					05-0	103007
criteria used to award the grants or assistance? X Yes No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II 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. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of noncash assistance (g) Description of noncash assistance (h) Purpose of grant or assistance	1 Does the organiz	ation maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selecti	ion	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II 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. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of noncash assistance (g) Description of noncash assistance (h) Purpose of grant or assistance	•			v		• • • •	v			s 🗌 No
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization or government (b) EIN (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of noncash grant (f) Method of valuation (book, FMV, appraisal, section noncash assistance (g) Description of noncash assistance (h) Purpose of grant or assistance										
1 (a) Name and address of organization or government(b) EIN(c) IRC section (if applicable)(d) Amount of cash grant(e) Amount of noncash assistance(f) Method of valuation (book, FMV, appraisal,(g) Description of noncash assistance(h) Purpose of grant or assistance							anization answered "Y	es" on Form 990, Part	t IV, line 21, for any	
or government (if applicable) cash grant assistance or ass				-		L	(f) Method of			
			(b) EIN			noncash	valuation (book, FMV, appraisal,			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

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 recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EACH SUB RECIPIENTS	4655	7,895,504.	0.		
INCENTIVEŞ SUB RECIPIENTS	2135	2,871,886.	0.		
HELP ME GROW SUB RECIPIENTS	11	1,281,641.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

FLORIDA'S OFFICE OF EARLY LEARNING MONITORS THE PROGRAMS AT LEAST ONCE A

YEAR. THEY REVIEW RECORDS FOR COMPLETENESS.

SC	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		•
Depar	tment of the Treasury	Attach to Form 990.		Open to		ic
Intern	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organization			identificatio		nber
		CHILDREN'S FORUM, INC.	65-0	016500'	/	
Ра	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	,				
	Travel for com					
	\equiv	ation and gross-up payments Health or social club dues or initiation fee				
		spending account Personal services (such as maid, chauffer	ir, chei)			
h	If any of the bayes	on line to are checked, did the organization follow a written policy regarding powment or				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
2		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and onice			····· -		
3	Indicate which, if ar	ny, of the following the organization used to establish the compensation of the organization's				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organizati				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	ompensation consultant Compensation survey or study				
	X Form 990 of o	ther organizations X Approval by the board or compensation of	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а		e payment or change-of-control payment?		4 a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
С	-	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
-)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
~	contingent on the re			E.		x
		ation?				X
U		ation?		50		
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
Ŭ	contingent on the n					
а				6a		x
		ation?				x
-		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	i			
		ies 5 and 6? If "Yes," describe in Part III		7		х
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
				8		Х
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?	<u></u>	9		
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990)	2022

232111 10-18-22

65-0165007

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PHYLLIS KALIFEH	(i)	167,101.	0.	0.	0.	0.	167,101.	0.
RETIRED - CEO UNTIL 7/31/22	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
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	(ii) (ii							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022	CHILDREN'	S	FORUM,

Part III Supplemental Information

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

INC.

Schedule J (Form 990) 2022

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

Attach to Form 990 or Form 990-EZ.

INC.

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

Employer identification number 65 - 0165007

OMB No. 1545-0047

Open to Public

Inspection

CHILDREN'S FORUM,

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

EDUCATION SERVICES FOR ALL CHILDREN.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PEOPLE WORKING IN EARLY CARE AND EDUCATION PROGRAMS.

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

IN ADDITION TO THE PROGRAMS LISTED ABOVE, THERE ARE FOUR OTHER PROGRAMS

THAT CHILDREN'S FORUM OPERATES. SOME OF THESE PROGRAMS ARE FOR

EDUCATIONAL AND TRAINING SERVICES.

EXPENSES \$ 3,367,900. INCLUDING GRANTS OF \$ 0. REVENUE \$ 121,458.

FORM 990, PART VI, SECTION A, LINE 7A:

NEW BOARD MEMBERS ARE ELECTED BY UNANIMOUS VOTE BY THE CURRENT BOARD

MEMBERS.

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

FORM 990 IS DISTRIBUTED TO THE GOVERNING BODY VIA EMAIL FOR THEM TO REVIEW.

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

EMPLOYEES AND DIRECTORS MUST SIGN AND DISCLOSE ANNUALLY ANY CONFLICTS OF

INTEREST.

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

THE EXECUTIVE DIRECTORS' COMPENSATION IS DETERMINED BY THE BOARD OF

DIRECTORS. THE OFFICERS' COMPENSATION IS DETERMINED BY THE EXECUTIVE

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 202223221110-28-22

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2022.05090 CHILDREN'S FORUM, INC. 45-01671

Name of the organization CHILDREN'S FORUM, INC.	Employer identification number 65-0165007
DIRECTOR.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	BY ANOTHER'S
VEBSITE.	
FORM 990, PART XI, LINE 2C	
THERE HAVE BEEN NO CHANGES FROM THE PRIOR YEAR.	
	Schedule O (Form 990) 2022

Page **2**

Schedule O (Form 990) 2022