L. M. Henderson & Company, LLP 450 E 96th St Ste 200 Indianapolis, IN 46240-3797

REMEMBER THE CHILDREN
1100 S 9TH STREET SUITE 211
NOBLESVILLE, IN 46060

Filing Instructions

REMEMBER THE CHILDREN

Exempt Organization Tax Return

Taxable Year Ended December 31, 2022

Date Due:

November 15, 2023

Remittance:

None is required. Your Form 990 for the tax year ended 12/31/22 shows no

balance due.

Signature:

You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible

to:

L. M. Henderson & Company, LLP

450 E 96th St Ste 200

Indianapolis, IN 46240-3797

Other:

Initial and date the copies of the IRS e-file Signature Authorization and the Form

990. Retain them for your records.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing

of your return.

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2022 Open to Public inspection

Department of the Treasury Internal Revenue Service

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

A	For the	2022 calendar year, or tax year beginning , and ending						
<u></u> -	Check if app			D Employer	identification number			
\neg	Address cha							
\equiv		Doing business as			128166			
\equiv	Name chang	Number and street (or P.O. box it mail is not delivered to street address)	Room/suite	E Telephon	number 774 – 5090			
_	initial return	1100 S 9TH STREET SUITE 211 City or town, state or province, country, and ZIP or foreign postal code		 31/-	114-2030			
	Final return/ terminated			0.0	eipts\$ 2,354,716			
П	Amended re	turn F Name and address of principal officer:		G Gross reco				
\exists	Application (r traite and address of principal officer.	H(a) Is this a gr	oup return for si	ubordinates? 🔲 Yes 🕱 No			
Ш	Application	· I III DIE DIE LE	H(b) Are all sui	nordinates incl	uded? Yes No			
		1100 S 9TH STREET SUITE 211	1 ' '		See instructions			
_		NOBLESVILLE IN 46060						
<u> </u>	Tax-exemp							
<u>1</u>	Website:	WWW.REMEMBER-THE-CHILDREN.ORG	H(c) Group exe					
	Form of org		Year of formation: 2	001	M State of legal domicile: IN			
	Part I	Summary						
	1 Br	iefly describe the organization's mission or most significant activities:	ODV MUB I	TIPE O				
9		TO PROVIDE TRAINING, SPONSORSHIP, AND RELIEF TO TRANSF	ORM THE L	TARS O	F			
Governance		CHILDREN IN ROMANIA AND TANZANIA.						
Э								
ő	2 CI	neck this box if the organization discontinued its operations or disposed of more than 25%	% of its net asse		e			
රේ	3 N	umber of voting members of the governing body (Part VI, line 1a)			6			
Activities	4 N	umber of independent voting members of the governing body (Part VI, line 1b)		1 - 1	6			
Σ	5 To	otal number of individuals employed in calendar year 2022 (Part V, line 2a)			4			
Act	6 To	otal number of volunteers (estimate if necessary)		6	4 0			
•		otal unrelated business revenue from Part VIII, column (C), line 12			0			
	b No	et unrelated business taxable income from Form 990-T, Part I, line 11	Prior Ye	7b	Current Year			
		antibutions and grants (Part VIII. line 1b)		9,851	2,275,512			
ne	8 C	ontributions and grants (Part VIII, line 1h)		_,	0			
Revenue	9 Pi	rogram service revenue (Part VIII, line 2g)		3	204			
Ş	10 in	vestment income (Part VIII, column (A), lines 3, 4, and 7d)			201			
_	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	65	9,854				
		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	65	J , U J T	<u> </u>			
		rants and similar amounts paid (Part IX, column (A), lines 1–3)						
		enefits paid to or for members (Part IX, column (A), line 4)		5,365				
ěs	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		2,303	. 2, 192			
Seuses	16a Pi	rofessional fundraising fees (Part IX, column (A), line 11e)						
Ä	יוט וי	otal fundraising expenses (Part IX, column (D), line 25) 32,999	54	3,391	2,112,938			
	" ~	ther expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		8,756	2,184,390			
		otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1,098				
<u>_</u>	19 R	evenue less expenses. Subtract line 18 from line 12	Beginning of Cu		End of Year			
Net Assets or	20 T	otal assets (Part X, line 16)		7,357	257,263			
Ass	21 T	otal liabilities (Part X, line 26)		3,251	11,831			
Net	月 22 N	et assets or fund balances. Subtract line 21 from line 20	15	4,106	245,432			
	Part II	Signature Block						
	Jnder pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and statem	ents, and to the b	est of my kr	nowledge and belief, it is			
t	rue, correc	and complete. Declaration of preparer (other than officer) is based on all information of which preparer	has any knowled	ge.				
_	T							
Si	gn	Signature of officer		Date	-			
	ere	ANDREW BAKER FOUNDER/PH	RESIDENT					
• • •		Type or print name and title						
		Print/Type preparer's name Preparer's signature	Date	/ Check				
Pa	id ,	MICHELLE L. ZIMMERMAN Michell L. Simmerm	an 16/14	2023 self-en	nployed P00266120			
Pr	enarer i	Firm's name L. M. HENDERSON & COMPANY, LLP		Firm's EIN	20-5520612			
	e Only	450 E 96TH ST STE 200						
	· · · · · · · · · · · · · · · · · · ·	Firm's address INDIANAPOLIS, IN 46240-3797	i	Phone no.	317-566-100			
Ms		6 discuss this return with the preparer shown above? See instructions			X Yes No			
		ork Reduction Act Notice, see the separate instructions.			Form 990 (2022			
DA								

Pa	Int III Statement of Program	Service Accomplishments	ne in this Part III
			ne in this Part III
1	Briefly describe the organization's miss	HON: CDOMCODCUTD AND DEL	IEF TO TRANSFORM THE LIVES OF
T	O PROVIDE TRAINING,	SPUNDURGHIF, AND RELI	TEF TO TRANSFORM THE ELIVER OF
Ç	HILDREN IN ROMANIA	AND TANZANIA.	
	•		
		. If	sich ware net lieted en the
2		nificant program services during the year wi	Mar. W. Mar.
	prior Form 990 or 990-EZ?	- Oshadala O	163 25 110
_	If "Yes," describe these new services of		unde and present
3		or make significant changes in how it cond	Y (V M-
	services?		165 ZZ NO
	If "Yes," describe these changes on So	chedule O.	I and a second second second by
4	Describe the organization's program se	ervice accomplishments for each of its three	largest program services, as measured by
			amount of grants and allocations to others,
	the total expenses, and revenue, if any	, for each program service reported.	
		1 000 100	
4a	(Code:) (Expenses \$	1,990,496 including grants of \$) (Revenue \$)
P	ROVIDE HOUSING, EDU	CATION, MEDICAL CARE,	AND OTHER NEEDS AS DETERMINED FOR
C	RPHANED CHILDREN IN	ROMANIA AND TANZANIA	•
	• • • • • • • • • • • • • • • • • • • •		
46	(Codo: \(\mathbb{E}\mathbb	including grants of \$) (Revenue \$
4b) (Revenue \$)
4b) (Revenue \$)
4b			
4b			
4b			
4b	I/A		
4b N	I/A		
4b	I/A		
4b N	I/A		
N	I/A		
4c N	(Code:) (Expenses \$ N/A	including grants of \$	
4c N	(Code:) (Expenses \$ N/A Other program services (Describe on	including grants of \$ Schedule O.)) (Revenue \$
4c N	(Code:) (Expenses \$ N/A Other program services (Describe on	including grants of \$	

Form 990 (2022) REMEMBER THE CHILDREN

₩ ₩:	Mark 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,"	1	x	
_	complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	-		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	•	x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			l
	"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,"		İ	
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	1		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		_ <u> </u>
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,"	44-	x	
	complete Schedule D, Part VI	11a	_	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11b		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110		
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		x
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	11d		x
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	110	X	
9	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
128	Schedule D, Parts XI and XII	12a		\mathbf{x}_{-}
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
•	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		_	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			l
	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	1		x
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		x
	If "Yes," complete Schedule G, Part III	19 20a	\vdash	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	+	+
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200	+	+
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	1	x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			

Form **990** (2022)

P	if IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	-	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			x
	employees? If "Yes," complete Schedule J	23	_	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			l
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a		x
	through 24d and complete Schedule K. If "No," go to line 25a	24b		
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		ĺ
	to defease any tax-exempt bonds?	24d	-	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		一
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	-200		
þ	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?	25b		X
	If "Yes," complete Schedule L, Part I	200		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			İ
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
^7	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	1-5		
27	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			1
		27	ļ	X
20	persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
28	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			<u> </u>
а	"Yes," complete Schedule L, Part IV	28a		X
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
b	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 Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			1
	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		1	۱
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		ļ	۱.,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	ļ <u>.</u>	X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
50000000	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
P	art V Statements Regarding Other IRS Filings and Tax Compliance			Γ
	Check if Schedule O contains a response or note to any line in this Part V		Yes	I MI
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		1 68	No
1a	Enter the maniper reported in box 6 of 1 only 1000.	\dashv		
b	Effect the flutiliber of Forms W-20 included on line fat. Effect of a first application	\dashv		
С		1c	*******	X
	reportable gaming (gambling) winnings to prize winners?			

Pa	Statements Regarding Other IRS Filings and Tax Compliance (continu	ıed)			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	4	_		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			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	o		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a			1 1		
	a financial account in a foreign country (such as a bank account, securities account, or other financial	acco	unt)?	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	cconi	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>5a</u>		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?		_6b		<u> </u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	9				77
	organization solicit any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributio	ns or				
	gifts were not tax deductible?			6b	******	*******
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	loods		_		
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S		_		
	required to file Form 8282?		I	7c		******
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		17	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f 7g		
g	If the organization received a contribution of qualified intellectual property, did the organization file Followship in the contribution of qualified intellectual property, did the organization file Followship in the contribution of qualified intellectual property, did the organization file Followship in the contribution of qualified intellectual property, did the organization file Followship in the contribution of qualified intellectual property, did the organization file Followship in the contribution of qualified intellectual property, did the organization file Followship in the contribution of qualified intellectual property, did the organization file Followship in the contribution of qualified intellectual property, did the organization file Followship in the contribution of qualified intellectual property, did the organization file Followship in the contribution of qualified intellectual property in the contribution of qualifi			7 <u>9</u> 7h	_	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are least one resistance and should fund a line of cars, boats, airplanes, or other vehicles, did the organizations are least one and the organizations.					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintainer	u by t		8	*******	*******
^	sponsoring organization have excess business holdings at any time during the year?					
9	Sponsoring organizations maintaining donor advised funds.			9a	********	********
a	Did the sponsoring organization make any taxable distributions under section 4966?			9b		
b	Section 501(c)(7) organizations. Enter:	• • • • •				
10	Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		\neg		
11	Section 501(c)(12) organizations. Enter:					
 а	Gross income from members or shareholders	11a	İ			
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
_	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	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	the state of the s			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b						
		13b				
C		13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?					X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			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 instructions and file Form 4720, Schedule N.		_			v
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.	.141				
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activ			17		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			.		
	If "Yes," complete Form 6069.			FA	m 990	0 (2022)
				-0		رحصت ر

-orm	990 (2022) REMEMBER THE CHILDREN	35-2128166			P	age 6
00000000	rt VI Governance, Management, and Dis	sclosure For each "Yes" response to lines 2 throu	gh 7b below, and	for a "	No"	
********	response to line 8a, 8b, or 10b below, de	scribe the circumstances, processes, or changes of	n Schedule O. Se	e instr	uctio	ns.
	Check if Schedule O contains a response					X
Sec	tion A. Governing Body and Management				_	
					Yes	No
1a	Enter the number of voting members of the governing bo	ody at the end of the tax year	1a 6			
	If there are material differences in voting rights among m					
	if the governing body delegated broad authority to an exe					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a	, above, who are independent	1b 6			
2	Did any officer, director, trustee, or key employee have a					
	any other officer, director, trustee, or key employee?			2		<u> </u>
3	Did the organization delegate control over management					4.5
	supervision of officers, directors, trustees, or key employ			3		X
4		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	ner persons who had the power to elect or appoint		"		x
	one or more members of the governing body?			7a		
b	Are any governance decisions of the organization reserv			7b		x
_	stockholders, or persons other than the governing body?		or by the following:	7.0		
8		meetings held or written actions undertaken during the ye	ar by the following.	8a	X	*******
a	The governing body?			8b	x	
b	Each committee with authority to act on behalf of the government o					
9	the organization's mailing address? If "Yes," provide the			9		x
Sec	tion B. Policies (This Section B requests information	rmation about policies not required by the Inter	nal Revenue Co	de.)	·	
	CION D. I GUIGIGO (TIMO GOGLIO). D TO GOGLIO WINO.				Yes	No
10a	Did the organization have local chapters, branches, or a	ffiliates?		10a		X
	If "Yes," did the organization have written policies and pr					l
	affiliates, and branches to ensure their operations are co			10b		
11a	Has the organization provided a complete copy of this Fe	orm 990 to all members of its governing body before filing	the form?	11a	X	
b	The state of the s					
12a	Did the organization have a written conflict of interest po			12a	<u> </u>	
b		required to disclose annually interests that could give ris	e to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor a	and enforce compliance with the policy? If "Yes,"		l		
	describe on Schedule O how this was done			12c	<u>.</u>	X
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention a	and destruction policy?		14_	X	
15	Did the process for determining compensation of the foll					
_		praneous substantiation of the deliberation and decision?		15a	X	
a	man and the second seco	agement official		15b	- -	X
b	If "Yes" to line 15a or 15b, describe the process on Sche	edule O. See instructions.				
16a						
, yu				16a		X
b	If "Yes," did the organization follow a written policy or pro	ocedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applica					
	organization's exempt status with respect to such arrange	gements?		16b		
Sec	ction C. Disclosure					
17	List the states with which a copy of this Form 990 is requ					
18		s 1023 (1024 or 1024-A, if applicable), 990, and 990-T (so	3C(10N 5U1(C)			
	(3)s only) available for public inspection. Indicate how you					
46	Own website Another's website X Upon re		rest nolicy			
19	and financial statements available to the public during the	ganization made its governing documents, conflict of inte	iou. policy,			
20		person who possesses the organization's books and reco	rds			
	NDREW BAKER	1100 S 9TH STREET SUITE 211				
					4 -	

IN 46060

NOBLESVILLE

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a	L	ם ס	Page

Part VII	Compensation of	Officers, Directors	, Trustees, Ke	y Employees,	Highest Compens	ated Employees, and
	Independent Con	tractors				

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 orga	anization nor any	/ rela	ted			lion c	oml	pensated any current office	er, director, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)) bo	x, unic icer a	Pos check ess pe	rson i irecto	than both Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ANDREW BAKER		_	8		_	整				
(!/121211211	40.00									
FOUNDER/PRESIDENT	0.00	X		X				57,750	0	
(2) KEVIN HART										
	2.00							_		
BOARD MEMBER	0.00	X	L		_			0	0	
(3) AMANDA VEST	2.00									
BOARD MEMBER	0.00	x				Ш		0	0	
(4) ROGER CLARK	2.00									
BOARD CHAIR	0.00	x	l	x				o	0	(
(5) MAX ARMES					1					-
	2.00				[
SECRETARY	0.00	X		X				0	0	
(6) DR DAVID WOLF DI										
	2.00	x		x				o	o	
BOARD VICE CHAIR (7) ASHLEY LABAR	0.00	^	╁	^	-	\vdash			<u> </u>	
(/)ASRUEI DADAK	2.00			ĺ				:		
BOARD MEMBER	0.00	X	İ					0	0	
(8)										
]					1		
(9)		 								
(10)										
		1								
(11)										
		1			<u> </u>		L	<u></u>	<u> </u>	5 990 (000

*******	rt VII Section A. Officers				_	mpl	oyee	s, a	and Highest Compensated		rage U
(A) Name and title		(B) Average hours	bo	x, unle	Pos check ess pe	rson	than d is both or/trust	an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation
		per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
						_					
							<u> </u>				
					_						
	Subtotal					L		<u></u>	57,750		
C	Total from continuation she			ion A	Α						
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (ir reportable compensation from	ncluding but not l	imite	ed to	thos	se lis	sted a	abo\	ve) who received more than		Yes Ño
3	Did the organization list any for employee on line 1a? If "Yes, For any individual listed on lin organization and related orga	" complete Schelle e 1a, is the sum nizations greater	dule of re that	<i>J fol</i> eport n \$1	r <i>suc</i> able 50,06	ch in con 00?	divida npen if "Ye	<i>ual</i> satio ∋s,"	on and other compensation complete Schedule J for su	from the	3 X
5	individual Did any person listed on line for services rendered to the otton B. Independent Contractor	1a receive or acc rganization? <i>If</i> "\	rue	com	pens	satio	n tro	m a	ny unrelated organization of	r individual	
1	Complete this table for your fi compensation from the organ	ve highest comp	ensa	ated ensa	inde	pen for	dent the c	con aler	<u>idar year ending with or with</u>	than \$100,000 of hin the organization's tax ye (B) otion of services	ear. (C) Compensation
	riante ani	a nuominos auditoss							50001)		
					<u> </u>			-			
2	Total number of independent received more than \$100,000	contractors (incl	udin	g bu	t not	limi	ted to	the	ose listed above) who	0	
DAA								_			Form 990 (2022

	πV	Stateme Check if		: Revenue edule O conta	ins a	a respor	nse or note	to any line in thi	s Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
a a	1a	Federated camp	aigns		1a						
ž j	b	Membership due			1b	l					
S, C	C	Fundraising ever	nts		1c						
	d	Related organiza	ations		1d						
ă,E	е	Government grants (co	ntribution	s)	1e		810,000				
ution ler S	f	All other contributions, and similar amounts no			1f	1,	465,512				
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions lines 1a-1f			1g	\$	79,000				
S E	ħ	Total. Add lines						2,275,512			
Program Service Revenue		.,					Business Code				
am S eveni	C										
rogi R	8										
<u> </u>	f	All other program									
	g	Total. Add lines									
	3	Investment inco	me (inc	cluding dividend	s, inte	rest, and		204			204
		other similar am Income from inv						201			
	4						**********				
	5	Royalties	·····	(i) Real	,		Personal				
		Orașa ranta		(i) Real		\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	1 01301121				
	6a	Gross rents	6a								
	0	Less: rental expenses	6b								
	C	Rental inc. or (loss)	6c]								
	d 7a	Net rental incom Gross amount from	e or (l		·····	1					
		sales of assets	_	(i) Securities	000	+	i) Other				
		other than inventory	7a	79,	000	-					
ner Revenue	Ь	Less: cost or other		=-							
Ž		basis and sales exps.	7b	79,	000		· · · · · · · · · · · · · · · · · · ·				
8		Gain or (loss)	7c								
		Net gain or (loss				 					
ð	8a	Gross income from		ising events							
		(not including \$		<u> </u>							
		of contributions rep									
		1c). See Part IV, lir			8a						
	b	Less: direct exp			_8b	L					
	C	•			events	<u> </u>					
	9a	Gross income fr	_	-		ľ					
		activities. See P			9a	<u> </u>					
		Less: direct exp			9b	<u> </u>					
	ı	Net income or (I			<u>rities .</u>	 					
	10a	Gross sales of it		-	١						
		returns and allow			10a						
		Less: cost of go			10b						
_	C	Net income or (I	loss) fr	om sales of inve	entory		Business Code				
ST							Dusiness Code				
Miscellaneous Revenue	11a						-			 	
<u>a</u>	Ь						———			<u> </u>	-
See	C						The state of the s				
Ē		All other revenu	_ ,,,,								
_		Total. Add lines						2,275,716	0	0	204
	12	Total revenue.	See in	Structions				4,4/3,/10	1		201

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (C) Management and (A) Total expenses Do not include amounts reported on lines 6b. 7b. 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 21,945 57,750 8,663 27,142 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 3,277 1,293 4,054 8,624 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 1,930 2,387 5,078 761 Payroll taxes Fees for services (nonemployees): Management 90 90 Legal 23,937 23,937 Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column 70,304 70,304 (A) amount, list line 11g expenses on Schedule O.) 2,144 5,847 7.991 Advertising and promotion 12 Office expenses Information technology 14 15 Royalties 3,600 3,600 Occupancy 16 85,295 85,295 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 13,848 13,848 19 Conferences, conventions, and meetings 20 Payments to affiliates 21 2,223 2,223 Depreciation, depletion, and amortization 2,503 2,503 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1,903,147 PROGRAM EXPENSE 1,903,147 All other expenses 2,184,390 1,999,159 152,232 32,999 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

				(A) Beginning of year		(B) End of year
	Cook non-interest bearing			143,245	1	221,864
	Cash—non-interest-bearing				2	342,000
2	Savings and temporary cash investments				3	
3	Pledges and grants receivable, net		3,609		11,003	
4	Accounts receivable, net Loans and other receivables from any current or for					
5						
ļ	trustee, key employee, creator or founder, substanti		5			
١	controlled entity or family member of any of these po					
١٣	Loans and other receivables from other disqualified				6	
Assets	under section 4958(f)(1)), and persons described in			8,019	7	
\$ 7	Notes and loans receivable, net			0,019		
•	Inventories for sale or use			897	9	896
9	Prepaid expenses and deferred charges	11		037		050
10a	Land, buildings, and equipment: cost or other		37,319			
	basis. Complete Part VI of Schedule D	108	18,556		10c	18,763
þ	Less: accumulated depreciation	[100]		1,367	11	10,703
11	Investments—publicly traded securities					<u> </u>
12	Investments—other securities. See Part IV, line 11				12	
13	Investments—program-related. See Part IV, line 11				13	
14	Intangible assets			14	4,737	
15	Other assets. See Part IV, line 11			157 257	15_	257,263
16	Total assets. Add lines 1 through 15 (must equal lin		157,357			
17	Accounts payable and accrued expenses		3,251	17	7,094	
18	Grants payable			18		
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	-
21	Escrow or custodial account liability. Complete Part				21	
စ္ထု 22	Loans and other payables to any current or former of					
Liabilities	trustee, key employee, creator or founder, substanti		35%		*****	
<u>a</u>	controlled entity or family member of any of these p				22	
<u>23</u> 23	Secured mortgages and notes payable to unrelated				23	
24	Unsecured notes and loans payable to unrelated thi				24	
25	Other liabilities (including federal income tax, payab					
	parties, and other liabilities not included on lines 17-	-24). Complete Pr	art X			1 727
	of Schedule D			2 051	25	4,737 11,831
26	Total liabilities. Add lines 17 through 25			3,251	26	11,031
	Organizations that follow FASB ASC 958, check	here X				
<u> </u>	and complete lines 27, 28, 32, and 33.			174 106		045 422
<u>E</u> 27	Net assets without donor restrictions		154,106		245,432	
28					28	
Net Assets or Fund Balances 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Organizations that do not follow FASB ASC 958	, check here 🔃				
편	and complete lines 29 through 33.					
ි 29	Capital stock or trust principal, or current funds				29	<u> </u>
कु 30 इस	· · · · · · · · · · · · · · · · · · ·			30	 	
ğ 31	Retained earnings, endowment, accumulated incon	4 7 4 4 4 4	31	045 400		
<u>5</u> 32	Total net assets or fund balances			154,106		245,432
2 33	Total liabilities and net assets/fund balances			157,357	33	257,263

orm	990 (2022) REMEMBER THE CHILDREN	35-2128100			Pag	<u> 12</u>
	Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this	Part XI				لل
1	Total revenue (must equal Part VIII, column (A), line 12)		1 . 1	2,27		
2	Total expenses (must equal Part IX, column (A), line 25)			2,18		
3	Revenue less expenses. Subtract line 2 from line 1				1,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column	(A))	4	<u> </u>	54,1	<u> 106</u>
5	Net unrealized gains (losses) on investments					
6	Donated services and use of facilities					
7	Investment expenses					
8	Prior period adjustments					
9	Other changes in net assets or fund balances (explain on Schedule O)		9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Pe					
	32, column (B))		10	24	15,4	<u> 132</u>
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this	Part XII				
		-		***************	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual	Other				
	If the organization changed its method of accounting from a prior year or checked "Ot	her," explain on				
	Schedule O.					
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 w	ere compiled or				
	reviewed on a separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate	ate 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 w					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate	ate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes response					l
Ĭ	the audit, review, or compilation of its financial statements and selection of an indepe			2c	X	
	If the organization changed either its oversight process or selection process during the		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Schedule O.	•				
3a	As a result of a federal award, was the organization required to undergo an audit or a	udits as set forth in the			, ,	
-	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a_		X_
h	If "Yes," did the organization undergo the required audit or audits? If the organization	did not undergo the				
J	required audit or audits, explain why on Schedule O and describe any steps taken to	undergo such audits	<u> </u>	3b		
	required addit of addito, explain any on concease o and account any order taken to			For	m 990	(2022)

SCHEDULE A (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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Employer Identification number

35-2128166 REMEMBER THE CHILDREN Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I

The	orga			e it is: (For lines 1 through 12, o						
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 hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
4	Ш	A medical res		in conjunction with a hospital of	described	in sectio	n 170(b)(1)(A)(iii). Enter the h	ospital's name,		
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
9										
6	\Box	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	H	An organization that normally receives a substantial part of its support from a governmental unit or from the general public								
•		described in s	ed in section 170(b)(1)(A)(vi). (Complete Part II.)							
8	Щ			70(b)(1)(A)(vi). (Complete Part			unation with a land grant called	10		
9		An agricultura or university of university:	or a non-land-grant college o	cribed in section 170(b)(1)(A)(i f agriculture (see instructions).	x) operate Enter the	name, ci	ty, and state of the college or	je		
10	X	An organizati	on that normally receives (1)	more than 33 1/3% of its supp	ort from c	ontributio	ns. membership fees, and gro	 38		
10		receipts from	activities related to its exem	pt functions, subject to certain	exception:	s; and (2)	no more than 331/3% of its			
		support from	gross investment income an	d unrelated business taxable in	come (les	s section	511 tax) from businesses			
	_), 1975. See section 509(a)(2).						
11	Ц	An organizati	on organized and operated e	exclusively to test for public safe	ety. See s	ection 50)9(a)(4).	of		
12		An organizati	on organized and operated e	exclusively for the benefit of, to	perform tr	etion Eng	ns of, or to carry out the purpo	ses or Check		
		one or more p	oublicly supported organizati	ons described in section 509(a cribes the type of supporting or	ganization	and con	nplete lines 12e. 12f. and 12g.	Onook		
	_			erated, supervised, or controlled				ng		
	а	the suppo	orted organization(s) the pov	er to regularly appoint or elect	a majority	of the di	rectors or trustees of the			
		supportin	g organization. You must co	omplete Part IV, Sections A a	nd B.					
	b	Type II.	A supporting organization su	pervised or controlled in connec	ction with	its suppo	rted organization(s), by having			
		control or	management of the suppor	ting organization vested in the s	same pers	ons that	control or manage the support	∋d		
		organizat	ion(s). You must complete	Part IV, Sections A and C.				iala.		
	C	Type III f	functionally integrated. A s	upporting organization operated tructions). You must complete	in conne Part IV. :	ction witr Sections	n, and functionally integrated w	ıın,		
	d	Type III r	neu olganization(s) (see ilis non-functionally integrated	. A supporting organization ope	erated in c	onnection	n with its supported organization	n(s)		
	u	that is no	t functionally integrated. The	organization generally must se	atisfy a dis	tribution	requirement and an attentiven	ess		
		requirem	ent (see instructions). You n	nust complete Part IV, Section	ns A and	D, and P	art V.			
	е	Check the	is box if the organization rec	eived a written determination fron- n-functionally integrated suppor	om the IR ting organ	S that it is ization.	s a Type I, Type II, Type III			
	f		nber of supported organizati							
	g	Provide the fo	ollowing information about th	e supported organization(s).						
	i) Nan	ne of supported	(ii) EIN	(III) Type of organization		organization	(v) Amount of monetary	(vi) Amount		
	01	ganization		(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support instruction		
					Yes	No	,			
(A)										
(/										
(B))									
•										
(C)										
(D))									
(E))									
Tot	 al									
			**************************************					Schodule A (Form	0001 202	

35-2128166 REMEMBER THE CHILDREN Page 2 Schedule A (Form 990) 2022 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.) Section A. Public Support (e) 2022 (f) Total (d) 2021 Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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 Section B. Total Support (d) 2021 (e) 2022 (f) Total (a) 2018 (b) 2019 (c) 2020 Calendar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here

Sec	tion C. Computation of Public Support Percentage		
14	Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	%
15	Public support percentage from 2021 Schedule A, Part II, line 14	15	%_
16a	33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		🗆
17a	10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in		
	Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		[
b	10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain		
	in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		E

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions Schedule A (Form 990) 2022

REMEMBER THE CHILDREN

Schedule A (Form 990) 2022
Part III Support

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.)

<u> </u>	if the organization falls to	quality under the	tesis listed be	FICHY, PIEASE CO	impieto i art II.,		
	tion A. Public Support dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees	(4) 2010	(5) 2010	(0) 2020	17,	\-,	
1	received. (Do not include any "unusual grants.")	570,335	574,420	791,130	659,851	2,275,512	4,871,248
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	570,335	574,420	791,130	659,851	2,275,512	4,871,248
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						4 071 240
	line 6.)						4,871,248
	tion B. Total Support	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	ndar year (or fiscal year beginning in)	570,335	574,420	791,130	659,851	2,275,512	4,871,248
9	Amounts from line 6	570,335	5/4,420	791,130	039,032	272737322	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2	3	3	3		11
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	2	3	3	3		11
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.)	4,248					4,248
13	Total support. (Add lines 9, 10c, 11,				Į		
	and 12.)	574,585	574,423	791,133	659,854	2,275,512	4,875,507
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	re <u></u>				(3) 	
Sec	tion C. Computation of Public S					1 /2 1	0.5 0/
15	Public support percentage for 2022 (line						99.91%
16	Public support percentage from 2021 Sci					16	99.85%
	tion D. Computation of Investment			column (6)	<u> </u>	17	%
17	Investment income percentage for 2022						%
18	Investment income percentage from 2021 33 1/3% support tests—2022. If the org	ocnequie A, Mart III.	, mie i /ine	14 and line 15 is	more than 33 1/39		
19a	17 is not more than 33 1/3%, check this l	hox and ston here	The organization of	ualifies as a public	ly supported orga	nization	X
b	33 1/3% support tests—2021. If the org	anization did not che	ck a box on line 1	4 or line 19a, and I	line 16 is more tha	n 33 1/3%, and	
J	line 18 is not more than 33 1/3%, check t	this box and stop he	re. The organizati	on qualifies as a p	ublicly supported	organization	
20	Private foundation. If the organization of	lid not check a box o	n line 14, 19a, or	19b. check this box	and see instructi	ons	

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on 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

- 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.
- 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.
- 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?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No

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5c 6 7 8 9a 9b		

Par	Supporting Organizations (continued)			
			Yes	<u>No</u>
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		
C	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		
Secti	on B. Type I Supporting Organizations			
		900000000000000000000000000000000000000	Yes	<u>No</u>
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, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		Yes	No
	184.		: 03	140
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 trustees of each of the organization's supported organization(s)? If No, describe in Fart vi now control or management of the supporting organization was vested in the same persons that controlled or managed			
	•	1		.00000000000
Secti	the supported organization(s). On D. All Type III Supporting Organizations			
<u> </u>	On D. All Type III Cupporting Ciganizations		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		L
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions,).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete Ilne 3 below.	uctions)		
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). Activities Test. Answer lines 2a and 2b below.	10110110). [Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations							
1							
	instructions. All other Type III non-functionally integrated supporting organizations mus	t com	plete Sections A through E.				
Sect	ion A – Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3		<u> </u>			
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection	1					
	of gross income or for management, conservation, or maintenance of	ļ					
	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):	4-					
	Average monthly value of securities	1a					
	Average monthly cash balances	<u>1b</u>					
	Fair market value of other non-exempt-use assets	1c					
	Total (add lines 1a, 1b, and 1c)	1d					
e	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2		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	<u> </u>				
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		5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			I			
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally integrated	Type I	II supporting organization				
	(see instructions).						

Schedule A (Form 990) 2022

Section D – Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 1	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported	
organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3	
4 Amounts paid to acquire exempt-use assets 4	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive 8	
(provide details in Part VI). See instructions.	
9 Distributable amount for 2022 from Section C, line 6	<u>. </u>
10 Line 8 amount divided by line 9 amount 10	
(I) (II)	(III)
Section E - Distribution Allocations (see instructions) Excess Distributions Underdistributions	Distributable
Pre-2022	Amount for 2022
1 Distributable amount for 2022 from Section C, line 6	
2 Underdistributions, if any, for years prior to 2022	
(reasonable cause required-explain in Part VI). See	
instructions.	
3 Excess distributions carryover, if any, to 2022	
a From 2017	
b From 2018	
c From 2019	
d From 2020	
e From 2021	
f Total of lines 3a through 3e	
g Applied to underdistributions of prior years	
h Applied to 2022 distributable amount	
i Carryover from 2017 not applied (see instructions)	
J Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	
4 Distributions for 2022 from	
Section D, line 7:	
a Applied to underdistributions of prior years	
b Applied to 2022 distributable amount	
c Remainder. Subtract lines 4a and 4b from line 4.	
5 Remaining underdistributions for years prior to 2022, if	
any. Subtract lines 3g and 4a from line 2. For result	
greater than zero, explain in Part VI. See instructions.	
6 Remaining underdistributions for 2022. Subtract lines 3h	
and 4b from line 1. For result greater than zero, <i>explain in</i>	
Part VI. See instructions.	
7 Excess distributions carryover to 2023. Add lines 3j	
and 4c.	
8 Breakdown of line 7:	
a Excess from 2018	
b Excess from 2019	
c Excess from 2020	
d Excess from 2021	
d Excess from 2021 e Excess from 2022	chedule A (Form 990) 2022

	B, li 3a,	nes 1 a and 3b;	nd 2; F Part V	Part IV, Se /, line 1; F	A, lines 1, 2 ection C, line Part V, Section C, letter this pare	e 1; Part IV, s on B, line 1e	Section D, e; Part V, S	lines 2 and section D, lir	l 3; Part IV nes 5, 6, a	/, Section E ind 8; and I	E, lines 1c, 2	a, 2b,
PART	III,	LINE	12	- OTH	ER INCOM	ME DETAI	[L					
SALES				•••••	• • • • • • • • • • • • • • • • • • • •	s	\$	4,248				
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Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Schedule B (Form 990) (2022)

2022

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Employer identification number

35-2128166 REMEMBER THE CHILDREN Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule |X| 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** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/s% 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) filling 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 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).

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

Name of organization
REMEMBER THE CHILDREN

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
.1	EAST 91ST STREET CHRISTIAN CHURCH 6049 E. 91ST STREET INDIANAPOLIS IN 46250-1304	\$ 5,000	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	KRISTEN ORANDER 12618 FULLER CT FISHERS IN 46038-1082	\$ 5,000	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	JOHN & PAMELA SARNO 519 DALLAM COURT BEL AIR MD 21014-2866	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4.	DAVID AND ANNE WOLF 5396 BROOKS BEND GREENWOOD IN 46143	\$ 5,560	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	FIRST CHRISTIAN CHURCH OF BLUFF P.O. BOX 217 BLUFF CITY TN 37618	\$ 5,768	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			
6	JOHN & AMY BANKSTON 18881 LONG GROVE WAY LOUISVILLE KY 40245-6305	\$ 5,850	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

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Page 2

Name of organization

REMEMBER THE CHILDREN

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					
7	NANCY THOMPSON 5776 BRENDON FOREST DR INDIANAPOLIS IN 46226-1045	\$ 6,000	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
8	FAIRVIEW CHRISTIAN CHURCH 2028 W. FAIRVIEW RD. UNDERWOOD IN 47177	\$ 6,015	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a)	(b)	(c) Total contributions	(d) Type of contribution					
9	Name, address, and ZIP + 4 MICHAEL GALLAGHER 716 PHEASANT DRIVE FOREST HILL MD 21050	\$ 6,231	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a)	(b)	(c) Total contributions	(d) Type of contribution					
10	Name, address, and ZIP + 4 MICHAEL & REBECCA SMITH 643 E SAND HOLLAR RD BLOOMFIELD IN 47424-4794	\$ 6,433	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					
11	DUSTIN & KATHERINE RUBECK 2527 FARMERS BRANCH LN FARMERS BRANCH TX 75234	\$ 6,575	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					
12	NORTHWEST AVE CHURCH OF CHRIST 737 NORTHWEST AVE TALLMADGE OH 44278	\$ 6,600	Person X Payroll Noncash (Complete Part II for noncash contributions.)					

Name of organization

REMEMBER THE CHILDREN

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DONALD SHANNON 14529 WILLEMITE STREET APT 249 RAMSEY MN 55303	s 7,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	MONTE CURNUTT 11279 MUIRFIELD TRACE FISHERS IN 46037	\$ 7,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
15	Name, address, and ZIP + 4 CHRISTOPHER & JAMIE EATON 1828 N GREENLEESE DR FREDERICK MD 21701-9338	\$ 7,900	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	CALVIN & NANCY ROSS 5 TALLAPOOSA RD JOHNSON CITY TN 37604	\$ 8,000	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
17.	JOHN MILLER 770 S. MAPLE ST. SISTERS OR 97759	\$ 8,000	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
18	RAYMOND & MARGIE STALLINGS 220 TERREBONNE ROAD YORKTOWN VA 23692-4867	\$ 8,200	Person X Payroll Noncash (Complete Part II for noncash contributions.)

PAGE 4 OF 7

Page 2

Name of organization
REMEMBER THE CHILDREN

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
19	GARY & CINDY STANTON 10401 STONE COURT CINCINNATI OH 45242-5128	\$ 8,420	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		
20	DUANE SOLIMENO P.O. BOX 979 ROCKY HILL CT 06067	\$ 8,755	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c) Total contributions	(d) Type of contribution		
No. 21	Name, address, and ZIP + 4 NORTHEAST CHRISTIAN CHURCH 990 STAR SHOOT PARKWAY LEXINGTON KY 40509	\$ 9,565	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		
22	SHERWOOD OAKS CHRISTIAN CHURCH 2700 EAST ROGERS ROAD BLOOMINGTON IN 47401	\$ 9,600	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		
23	GERALDINE PITTS 1135 CASTLE ROW INDIANAPOLIS IN 46220	\$ 10,103	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
24	JOHN & CINDY SPICKLEMIRE 8134 BITTERN LN INDIANAPOLIS IN 46256-1780	\$ 14,152	Person Payroll Noncash (Complete Part II for noncash contributions.)		

PAGE 5 OF 7

Page 2

Name of organization REMEMBER THE CHILDREN

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
25	CHERRY AVENUE CHRISTIAN CHURCH 1720 CHERRY AVE CHARLOTTESVILLE VA 22903	s 14,220	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
26	DARYL & ASHLEY LABAR 6250 E 106TH ST FISHERS IN 46038	\$ 14,622	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
27	DANIEL NEIDHARDT 4791 STONO LINKS DRIVE HOLLYWOOD SC 29449	\$ 15,401	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c) Total contributions	(d) Type of contribution		
28	Name, address, and ZIP + 4 NORTHSIDE CHRISTIAN CHURCH MISSIONS 1300 GEORGE WASHINGTON HWY. YORKTOWN VA 23693-4303	\$ 15,943	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		
29	SUSAN LAMB 4620 N 8TH STREET TACOMA WA 98406	\$ 16,628	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		
30	ALFRED JERRY & SYLVIA TAYLOR 1403 BALSAM CT FOREST HILL MD 21050-3026	\$ 17,260	Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization	n	
REMEMBER	THE	CHILDREN

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
31	JEFF & BRENDA BOURN 1760 SCIOTA ROAD ELIZABETHTON TN 37643-1904	\$ 17,461	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	
.32	UTICA CHURCH OF CHRIST MISSION P.O. BOX 532 UTICA OH 43080	\$ 22,946	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution	
33	MARCUS & LAURA MYERS 44794 PRIDE MOUNTAIN ST TEMECULA CA 92592-6510	\$ 27,800	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d) Type of contribution	
34	Name, address, and ZIP + 4 SCOTT & KIMBERLY WHITLOCK 8740 MUD CREEK ROAD INDIANAPOLIS IN 46256	Total contributions \$ 35,000	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	
35	EATON COMMUNITY CHURCH 813 CAMDEN ROAD EATON OH 45320-0122	\$ 36,62 5	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c) Total contributions	(d) Type of contribution	
3 6	Name, address, and ZIP + 4 TOOGER SMITH 637 E SAND HOLLAR ROAD BLOOMFIELD IN 47424	\$ 45,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization REMEMBER THE CHILDREN

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	MOUNTAIN CHRISTIAN CHURCH 1824 MOUNTAIN ROAD JOPPA MD 21085	\$ 46,657	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	DERICK & SALLIE ROSE 1377 BROADCLOTH ST #205 FORT MILL SC 29721	\$ 50,000	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
39	FIRST CHRISTIAN CHURCH 200 MOUNTCASTLE DR JOHNSON CITY TN 37601	\$ 76,895	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40	RIC & BRENDA ELIAS 9200 WINGED BOURNE CHARLOTTE NC 28210-5948	\$ 100,000	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
41	TOOGER SMITH 637 E. SAND HOLLAR RD. BLOOMFIELD IN 47424	\$ 79,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

PAGE 1 OF 1

Page 3

Name of organization
REMEMBER THE CHILDREN

Employer identification number 35-2128166

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (c) (a) No. (d) (b) FMV (or estimate) from **Date received** Description of noncash property given (See instructions.) Part I GREENE COUNTY, INDIANA LAND 41 03/15/22 \$ 79,000 (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I (c) (a) No. (d) (b) FMV (or estimate) from **Date received** Description of noncash property given (See instructions.) Part I (c) (a) No. (d) (b) FMV (or estimate) from **Date received** Description of noncash property given (See instructions.) Part I \$ (c) (a) No. (d) (b) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I \$ (c) (a) No. (d) (b) FMV (or estimate) from **Date received** Description of noncash property given (See instructions.) Part I

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

OMB No. 1545-0047

Open to Public Inspection

RF	MEMBER THE CHILDREN		35-2128166
Pa		inds or Other Similar Funds of Form 990, Part IV. line 6.	
	Complete if the organization unoversal 100 on	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
	Aggregate value of contributions to (during year)		
	Aggregate value of grants from (during year)		
	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing the	at the assets held in donor advised	
•	funds are the organization's property, subject to the organization's exc		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in		
·	only for charitable purposes and not for the benefit of the donor or don		
	conferring impermissible private benefit?		Yes No
Pa	Conservation Easements. Complete if the organization answered "Yes" on		
1	Purpose(s) of conservation easements held by the organization (check		
Ť	Preservation of land for public use (for example, recreation or edu		ily important land area
	Protection of natural habitat	Preservation of a certified	historic structure
	Preservation of open space	_	
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a cor	nservation
	easement on the last day of the tax year.		Held at the End of the Tax Yes
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic structure inc		
d	Number of conservation easements included in (c) acquired after July		
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, e	xtinguished, or terminated by the organi	ization during the
	tax year		
4	Number of states where property subject to conservation easement is	located	
5	Does the organization have a written policy regarding the periodic modern		
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing conservation	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	plations, and enforcing conservation eas	sements during the year
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easen	nents in its revenue and expense staten	nent and
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements tha	at describes the
*********	organization's accounting for conservation easements.	Itted and and Transporters on Other	- Cimiler Accets
	Organizations Maintaining Collections of Art Complete if the organization answered "Yes" on	Form 990. Part IV. line 8.	ar Sillillar Assets.
40	If the organization elected, as permitted under FASB ASC 958, not to		ance sheet works
10	of art, historical treasures, or other similar assets held for public exhib	ition, education, or research in furtheral	nce of public
	service, provide in Part XIII the text of the footnote to its financial state		•
h	If the organization elected, as permitted under FASB ASC 958, to rep	ort in its revenue statement and balance	e sheet works of
-	art, historical treasures, or other similar assets held for public exhibition	on, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items:	,,	•
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treasures, or	or other similar assets for financial gain.	provide the
-	following amounts required to be reported under FASB ASC 958 relati		•
2	Revenue included on Form 990, Part VIII, line 1		\$
<u>.</u>	Assets included in Form 990 Part Y		\$

35	- 2	1	2	R	1	6	6

Sche	dule D (Form 990) 2022 REMEMBER	THE CHILD	REN		35-21281			Page 2
0000000000	rt III Organizations Maintainir	ng Collections of	f Art, Historical	Treasures,	or Other Sim	ilar Assets	(continue	ed)
3	Using the organization's acquisition, access collection items (check all that apply):	sion, and other record	ls, check any of the	following that n	nake significant u	se of its		
а	Public exhibition	d 🗍	Loan or exchange	program				
b	Scholarly research	e 🗍	Other					
C	Preservation for future generations	_						
4	Provide a description of the organization's	collections and explai	n how they further the	he organization	's exempt purpose	in Part		
	XIII.							
5	During the year, did the organization solicit	or receive donations	of art, historical trea	sures, or other	similar			_
	assets to be sold to raise funds rather than	to be maintained as	part of the organizat	tion's collection	?		. Yes	No
Pa	irt IV Escrow and Custodial A						_	
	Complete if the organization	on answered "Yes	" on Form 990,	Part IV, line	9, or reported	an amount	on Form	
	990, Part X, line 21.							
1a	is the organization an agent, trustee, custo	dian or other intermed	diary for contribution	is or other asse	ts not		_	
	included on Form 990, Part X?		,				. Yes	. ∐ No
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	ollowing table:					
							Amount	
C	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount on							No No
b	if "Yes," explain the arrangement in Part XI	II. Check here if the e	explanation has bee	n provided on P	art XIII			لـك
Pe	irt V Endowment Funds.							
	Complete if the organization	on answered "Yes	<u>" on Form 990,</u>	Part IV, line				
		(a) Current year	(b) Prior year	(c) Two ye	ars back (d) T	hree years back	(e) Four y	ears back
1a	Beginning of year balance						 	
b	Contributions							
C	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships		<u> </u>				 	
е	Other expenditures for facilities and							
	programs		ļ				 	
f	Administrative expenses							
g	End of year balance		<u> </u>					
2	Provide the estimated percentage of the cu	•	ce (line 1g, column ((a)) held as:				
а	Board designated or quasi-endowment							
þ		1						
C	Term endowment %							
_	The percentages on lines 2a, 2b, and 2c st		-47 454 b-1d -		al Sam Alan			
3a	Are there endowment funds not in the poss	session of the organiz	ation that are neid a	ina administere	a for the		[res No
	organization by:							165 160
	(i) Unrelated organizations							
	(ii) Related organizations		test on Oakadula D					_
	If "Yes" on line 3a(ii), are the related organ			· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •		35	
4	Describe in Part XIII the intended uses of t		owment tunas.					
*****	Land, Buildings, and Eq Complete if the organization		" on Form 990	Part IV line	11a See Forn	000 Part	X line 10)
	Description of property	(a) Cost or other		t or other basis	(c) Accumula		(d) Book va	
	pescription or property	(investment	1 ' '	(other)	depreciatio		(4)	
	Lond		·	· ·				
	Land							
	Buildings							
	Leasehold improvements		730		16	730		· · ·
	Equipment Other		,589			,826	1	8,763
	I. Add lines 1a through 1e. (Column (d) mus			9 10c.)				8,763

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on	Form 990 Part IV lin	ne 11h See Form 990 Part X line 12
	(a) Description of security or category	(b) Book value	(e) Method of valuation:
	(including name of security)	(4) 22011	Cost or end-of-year market value
(4) Financial (
(1) Financial (derivatives		
	eld equity interests		
(A)			
(C)			
(Þ)			
(E)			
(F)			
(Ģ)			
(Ḥ)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments – Program Related.		44 0 5 000 Day V Bas 40
	Complete if the organization answered "Yes" on		
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (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, lin	ne 11d. See Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col. (B) line 15.)		
Part X	Other Liabilities.		
****	Complete if the organization answered "Yes" on	Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X,
	line 25.	,	<u> </u>
1.	(a) Description of liability		(b) Book value
	income taxes		
	E LIABILITY		4,7
	a nitoiniii		
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			4,7
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 25.)		. , , , , , , , , , , , , , , , , , , ,
2. Liability for	runcertain tax positions. In Part XIII, provide the text of the for	otnote to the organization's	s financial statements that reports the

Sche	dule D (Form 990) 2022 REMEMBER THE CHILDREN	35	<u>-2128166</u>	Page 4
	rt 🔏 Reconciliation of Revenue per Audited Financial S	tatements With Reve	nue per Return.	
*******	Complete if the organization answered "Yes" on Form			
1	Total revenue, gains, and other support per audited financial statements		1	
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			
	Recoveries of prior year grants			
d		2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Pa	ift XII Reconciliation of Expenses per Audited Financial	Statements With Expo	enses per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а		2a		
b	Prior year adjustments	2b		
C		2c		
d	Other (Describe in Part XIII.)	2d		
9	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5	
•	art XIII Supplemental Information.			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; F	Part V, line 4; Part X, line	
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	provide any additional inform	mation.	
P	ART X - FIN 48 FOOTNOTE			
T	HE ORGANIZATION HAS BEEN DETERMINED BY	THE INTERNAL	REVENUE SERVICE	TO BE
T	AX EXEMPT UNDER SECTION 501(C)(3) OF T	HE INTERNAL RE	EVENUE CODE (THE	CODE.)
	AS A RESULT. CONTRIBUTIONS MADE TO THE	ORGANIZATION	QUALIFY AS CHAR	TIABLE

DEDUCTIONS AS DESCRIBED IN SECTION 170(C) OF THE CODE.

MANAGEMENT EVALUATES ALL TAX POSITIONS TAKE OR EXPECTED TO BE TAKEN ON ITS ANNUAL INFORMATION RETURNS, INCLUDING THE POSTION THAT THE ORGANIZATION CONTINUES TO QUALIFY TO BE TREATED AS A SECTION 501(C)(3) ENTITY FOR BOTH FOR THE YEAR ENDED DECEMBER 31, 2022, FEDERAL AND STATE TAX PURPOSES. MANAGEMENT DOES NOT FEEL IT HAS TAKEN ANY TAX POSITIONS THAT WOULD NOT BE SUSTAINED UNDER EXAMINATION. THEREFORE, NO INTEREST OR PENALTIES HAVE BEEN ACCRUED OR CHARGED TO EXPENSE AS OF DECEMBER 31, 2022, OR THE TAX PERIOD

Part XIII	Supple	emental in	formation	1 (continue	9a)								
THEN	ENDED.	THE	ANNUAL	INFOR	MATION	RETURN	s fo	R THE	ORGAN	ZATIC	N AF	E	
SUBJE	CT BY	TAXING	AUTHO	RITIES	FOR A	PERIOD	OF	THREE	YEARS	FROM	THE	DATE	OF
FILIN	G.		• • • • • • • • • • • • • • • • • • • •									••••••	• • • • • • •
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

Part I

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

REMEMBER THE CHILDREN 35-2128166

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

For	m 990, Part IV, line	<u>140. </u>					
	ers. Does the organiza						
	ce, the grantees' eligib	ility for the grants o	r assistance, ar	d the selection crite	eria used to		– –
award the grar	nts or assistance?						X Yes No
2 For grantmak	ers. Describe in Part \	/ the organization's	procedures for	monitoring the use	of its grants a	nd other assistance	
outside the Un			p. 000000.00				
3 Activities per F	Region. (The following	Part I, line 3 table c					
(a) Region	(b) Number of offices in	(c) Number of employees,		ies conducted in the by type) (such as,		f activity listed in (d) is a program service,	(f) Total expenditures for
	the region	agents, and	fundraisin	g, program services,	des	scribe specific type of	and investments
		independent contractors		s, grants to recipients ed in the region)	sei	rvice(s) in the region	in the region
		in the region					
ROMANIA							604 000
(1)			GRANTS,	PROJECTS	CHILD	& ORPHAN CARE	624,900
TANZANIA							444 402
(2)			GRANTS,	PROJECTS	CHILD	& ORPHAN CARE	444,492
UKRAINE							916
(3)	·		GRANTS,	PROJECTS	CHILD	& ORPHAN CARE	310
(4)							
(5)							
(6)							
(7)							
							İ
(8)							-
(9)							
4.00							
10)							
445							
11)				·			
40)		İ					
12)							
12)							
13)			-				
14)							
14)							
15)							
10/							
16)							
,							
17)	ļ						
Sa Subtotal							1,070,308
b Total from continuation							
sheets to Part I							
c Totals (add							
lines 3a and 3b)							1,070,308

990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if addition 1 (a) Name of organization (b) IRS code section and EIN (if applicable) (c) Region (d) Purpose of grant (e) Amount of cash grant cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV,
			appraisal, other)
(1)			
(2)			
(3)			<u> </u>
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16) 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax		1	
exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 3 Enter total number of other organizations or entities			—

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, Part III line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (e) Manner of (c) Number of (d) Amount of (f) Amount of (g) Description (a) Type of grant or assistance (b) Region noncash of noncash assistance recipients cash grant assistance disbursement (7) (9) (10) (11) (12) (13) (14)(15) (16) (17) (18)

Schedule F (Form 990) 2022

*************	20000		
Part V	WW		Information
9 ** 45 * 7 * 45 * 7	2000	niementai	Intormation

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

information. See instructions.								
PART I, LINE 2 - PROCEDURES FOR MON	ITORING THE USE OF GRANT E	UNDS						
PART I, LINE 2- ALL MONEY RECEIVED	OVERSEAS IS GIVEN TO A REG	SISTERED NON-						
GOVERNMENTAL ORGANIZATION (NGO). THE NGO REPORTS BACK VIA REPORTS, RECEIPTS, OR PHOTOGRAPHS OF WHAT THE FUNDS WERE USED FOR.								
PART I, LINE 3 - ACTIVITIES PER REG								
REGION	EXPENDITURES INVES	STMENTS						
ROMANIA	\$ 624,900 \$	0						
TANZANIA	\$ 444,492 \$	0						
UKRAINE	\$ 916 \$	0						
PART V - ADDITIONAL INFORMATION								
PART I, LINE 1- THE CLIENT HAS LETT	ERS OF PARTNERSHIP FOR THO	SE THEY WORK						
WITH OVERSEAS.								
PART I, LINE 3: THE CLIENT PROVIDES	SERVICES IN ROMANIA AND	TANZANIA. THEY						
DO NOT MAINTAIN AN OFFICE OR EMPLOY	ANYONE WITHIN ANOTHER CO	JNTRY. IN						
ROMANIA, THEY HAVE AN ASSOCIATION W	ITH 7 PARTNERS, WHICH REP	RESENTS						
CHURCHES, REFUGEE CENTERS, AFTER SO	CHOOL PRORGRAMS, AND ORPHAI	N CARE. IN						
TANZANIA THE CLIENT ASSISTS WITH CH	TURCHES AND ORPHAN CARE. T	HE CLIENT HAS 1						
NGO THEY WORK WITH IN TANZANIA.								

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Open To Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection
Employer Identification number

Name	of the organization				Employer identification	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	REMEMBER	THE (CHILDREN		35-21281	66
Pe	rt I Types of Property	·				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determinin noncash contribution am	•
1	Art — Works of art					
2	Art — Historical treasures					
3	Art — Fractional interests					
4	Books and publications					
5	Clothing and household goods			•		
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities — Publicly traded					
10	Securities — Closely held stock					
11	Securities — Partnership, LLC,					
	or trust interests					
12	Securities — Miscellaneous					
13	Qualified conservation					
	contribution — Historic					
	structures					
14	Qualified conservation					
• •	contribution — Other					
15	Real estate — Residential	-				
16	Real estate — Commercial		1			
17	Real estate — Other				FAIR MARKET VALU	JE
18						
19	Collectibles					
20	Food inventory Drugs and medical supplies					
21						
22	Taxidermy Historical artifacts					
23	Scientific specimens					
23 24	Archeological artifacts					
		X	1	79,000		
25	Other (.,,,,,,		
26	Other (
27	Other ()					
28	Other () Number of Forms 8283 received by	the error	inction during the toy yes	r for contributions for		
29	which the organization completed F				29	
	which the organization completed F	01111 0203,	Part V, Dones Acknowle	ogenient		Yes No
30a	During the year, did the organizatio					
	28, that it must hold for at least 3 years					30a X
	used for exempt purposes for the e		ng period?			30a X
b	If "Yes," describe the arrangement					
31	Does the organization have a gift a	cceptance	policy that requires the r	eview of any nonstandard		
	contributions?					31 X
32a	Does the organization hire or use the	nird parties	or related organizations	to solicit, process, or sell n	noncash	
	contributions?					32a X
b	If "Yes," describe in Part II.					
33	If the organization didn't report an a	mount in d	column (c) for a type of p	roperty for which column (a	i) is checked,	
	describe in Part II.				·	

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.

2022

Employer Identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

Open to Public inspection

REMEMBER THE CHILDREN	35-2128166
FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISE	HMENTS
PROVIDE HOUSING, EDUCATION, MEDICAL CARE, AND OTHE	ER NEEDS AS DETERMINED FOR
ORPHANED CHILDREN IN ROMANIA AND TANZANIA.	
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCE	ESS TO REVIEW FORM 990
IS TO REVIEW THE TAX RETURN AND ANNUAL FINANCIAL S	STATEMENTS AS PREPARED BY
THE EXTERNAL ACCOUNTANT AND TO DISCUSS THEM AT THE	E FIRST BOARD MEETING
FOLLOWING THE COMPLETION OF THE FORM 990 AND THE 1	FINANCIAL STATEMENTS.
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS	S FOR TOP OFFICIAL
THE COMPENSATION FOR THE TOP OFFICIAL IS DETERMINED	ED BY THE BOARD ANNUALLY
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS I	DISCLOSURE EXPLANATION
THE FORM 990 AND OTHER GOVERNING DOCUMENTS ARE AV	AILABLE DURING REGULAR
BUSINESS OFFICE HOURS AT THE MAIN OFFICE OF REMEMI	BER THE CHILDREN.

23855 REMEMBER THE CHILDREN

35-2128166

Federal Statements

Page 1

FYE: 12/31/2022

Taxable Dividends from Securities

Description	 					
	 Amount	Unrelated Business		Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST INCOME						
	\$ 204		1			
TOTAL	\$ 204					

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description								
		Total Expenses		Program Service	۱ -	lanagement & General		Fund Raising
OFFICE EXPENSE	\$	48,215	4		\$	48,215	Ś	
CREDIT CARD FEES	Ş	•	Ÿ		٧	20,898	τ	
MISCELLANEOUS		20,898				·		
TOTAL	_ \$_	1,191 70,304	\$ <u></u>	0	; \$ <u>_</u>	1,191 70,304	\$_	0

Schedule A, Part III, Line 1(e)

Description		_
	An	nount
OTHER INCOME	\$	810,000
CONTRIBUTIONS		656,827
EAST 91ST STREET CHRISTIAN CHURCH		,
CASH CONTRIBUTION		5,000
KRISTEN ORANDER		3,000
CASH CONTRIBUTION		5,000
JOHN & PAMELA SARNO		0,000
CASH CONTRIBUTION		5,000
DAVID AND ANNE WOLF		3,000
CASH CONTRIBUTION		5,560
FIRST CHRISTIAN CHURCH OF BLUFF		3,300
CASH CONTRIBUTION		5,768
		3,700

23855 REMEMBER THE CHILDREN

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Federal Statements

Page 2

FYE: 12/31/2022

Schedule A, Part III, Line 1(e) (continued)

	Amount
OHN & AMY BANKSTON	\$
CASH CONTRIBUTION	5,85
IANCY THOMPSON	5,00
CASH CONTRIBUTION	6,00
FAIRVIEW CHRISTIAN CHURCH	5,00
CASH CONTRIBUTION	6,01
MICHAEL GALLAGHER	5,01
CASH CONTRIBUTION	6,23
MICHAEL & REBECCA SMITH	5,20
CASH CONTRIBUTION	6,43
OUSTIN & KATHERINE RUBECK	J, 20
CASH CONTRIBUTION	6,57
NORTHWEST AVE CHURCH OF CHRIST	
CASH CONTRIBUTION	6,60
OONALD SHANNON	3,00
CASH CONTRIBUTION	7,00
MONTE CURNUTT	., •
CASH CONTRIBUTION	7,50
CHRISTOPHER & JAMIE EATON	.,
CASH CONTRIBUTION	7,90
CALVIN & NANCY ROSS	·
CASH CONTRIBUTION	8,00
JOHN MILLER	
CASH CONTRIBUTION	8,00
RAYMOND & MARGIE STALLINGS	
CASH CONTRIBUTION	8,2

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Federal Statements

FYE: 12/31/2022

Page 3

Schedule A, Part III, Line 1(e) (continued)

Description	Amount
SARY & CINDY STANTON	\$
CASH CONTRIBUTION	8,42
DUANE SOLIMENO	0/42
CASH CONTRIBUTION	8,75
NORTHEAST CHRISTIAN CHURCH	5,7,5
CASH CONTRIBUTION	9,56
SHERWOOD OAKS CHRISTIAN CHURCH	
CASH CONTRIBUTION	9,60
GERALDINE PITTS	•
CASH CONTRIBUTION	10,10
JOHN & CINDY SPICKLEMIRE	·
CASH CONTRIBUTION	14,15
CHERRY AVENUE CHRISTIAN CHURCH	
CASH CONTRIBUTION	14,22
DARYL & ASHLEY LABAR	
CASH CONTRIBUTION	14,6
DANIEL NEIDHARDT	
CASH CONTRIBUTION	15,40
NORTHSIDE CHRISTIAN CHURCH MISSIONS	
CASH CONTRIBUTION	15,94
SUSAN LAMB	
CASH CONTRIBUTION	16,6
ALFRED JERRY & SYLVIA TAYLOR	
CASH CONTRIBUTION	17,2
JEFF & BRENDA BOURN	
CASH CONTRIBUTION	17,4

23855 REMEMBER THE CHILDREN

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Federal Statements

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Schedule A, Part III, Line 1(e) (continued)

Description	Amount
UTICA CHURCH OF CHRIST MISSION	Amount
CASH CONTRIBUTION	\$
MARCUS & LAURA MYERS	22,94
CASH CONTRIBUTION	
	27,80
SCOTT & KIMBERLY WHITLOCK	
CASH CONTRIBUTION	35,00
EATON COMMUNITY CHURCH	
CASH CONTRIBUTION	36,62
TOOGER SMITH	
CASH CONTRIBUTION	45,00
GREENE COUNTY - LAND	
MOUNTAIN CHRISTIAN CHURCH	
CASH CONTRIBUTION	46,65
DERICK & SALLIE ROSE	
CASH CONTRIBUTION	50,00
FIRST CHRISTIAN CHURCH	
CASH CONTRIBUTION	76,89
RIC & BRENDA ELIAS	
CASH CONTRIBUTION	100,00
TOOGER SMITH	100,00
GREENE COUNTY, INDIANA LAND	79,00
TOTAL	\$ 2,275,51

23855 REMEMBER THE CHILDREN

35-2128166

Federal Statements

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FYE: 12/31/2022

Schedule A, Part III, Line 11

-				
17	000	rin	TIAN	
ப	E5 C	HU	tion	
		• • •		

	Ar	Amount		
INTEREST INCOME	\$	204		
LESS: DEDUCTIONS		-1,000		
TOTAL	\$	-796		

REMEMBER THE CHILDREN INC. 1100 S 9TH STREET, SUITE 211 NOBLESVILLE, IN 46060

INDIANA DEPARTEMENT OF REVENUE TAX ADMINISTRATION P.O. BOX 6481 INDIANAPOLIS, IN 46206-6481

Filing Instructions

REMEMBER THE CHILDREN

Indiana Nonprofit Organization 's Annual Report

Taxable Year Ended December 31, 2022

Date Due: November 15, 2023

Remittance: No payment required. Attach copy of Form 990.

Mail To: Indiana Department of Revenue

Tax Administration P.O. Box 6481

Indianapolis, IN 46206-6481

Signature: The return should be signed and dated by an officer representing the

organization.

NP-20 State Form 51062

Indiana Department of Revenue Indiana Nonprofit Organization's Annual Report For the Calendar Year or Fiscal Year

(R1278-21)	101 1110 01	21011001 1001 01 1		
Beginnir		2022 and I	Inding 12 31 Final Report:	2022 ndicate Date Closed
Place "X" in box if: Change of Ac		•	•	idicate Date Closed
Due	on the 15th day of		ng the end of the tax year.	
None of Ornanization		NO FEE REQUIRE	D. Telephone Number	•
Name of Organization			317 774 5090	<u> </u>
REMEMBER THE CHILDRE	5 N	· · · · · · · · · · · · · · · · · · ·	517 774 5090	
Address		County	Indiana Taxpayer l	dentification Number
1100 S 9TH STREET SU	JITE 211] [
City	State	ZIP Code	Federal Employer I	dentification Number
NOBLESVILLE	IN	46060	35 2128166	
Printed Name of Person to Conta	act		Contact's Telephor	ne Number
			317 774 5090	0
 Indicate number of years you Have any changes not previously articles of incorporation description of changes. 	viously reported to on, bylaws, or othe	the Department be er instruments of im	en made in your governing portance? If yes, attach a	g instruments, detailed STATEMENT 1
Attach a schedule, listing the A. Briefly describe the purpose.	ne names, titles ar e or mission of yo	าd addresses of yoเ ur organization belo	ir current officers.	
			RELIEF TO TRANS	FORM THE LIVES
CHILDREN IN ROM	ANIA AND TA	NZANIA.		
 				
Email Address:				
I declare under the penalties of knowledge and belief, it is true,	perjury that I have complete, and cor	examined this returect.	rn, including all attachmen	its, and to the best of m
			INDER/PRESIDENT	
Signature of Officer or Trustee		Title		Date
ANDREW BAKER			7 774 5090	
Name of Person(s) to Contact		Day	time Telephone Number	

23855 REMEMBER THE CHILDREN

35-2128166

Indiana Statements

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Statement 1 - IN Form NP-20, Line 3 - Current Officers

Officer Name	Title	
Address	City	State Zip Code
ANDREW BAKER 1100 S 9TH STREET SUITE 211 ROGER CLARK	FOUNDER/PRESIDENT NOBLESVILLE BOARD CHAIR	IN 46060
MAX ARMES	SECRETARY	
DR DAVID WOLF DDS	BOARD VICE CHAIR	

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2022

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

$\overline{\mathbf{A}}$	For the	2022 calendar year, or tax year beginning , and ending							
	Check if app			D Employer	Identification number				
$\overline{}$	Address ch		REMEMBER THE CHILDREN						
\equiv		Doing business as		35-2128166					
\sqsubseteq	Name chan	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone					
$\overline{}$	Initial return		<u> </u>	317-	774-5090				
	Final return terminated			1	0 254 516				
$\overline{}$	Amended re	NOBLESVILLE IN 46060		G Gross rece	pts\$ 2,354,716				
\equiv		reame and address of principal officer.	H(a) is this a gr	oup return for su	bordinates? Yes X No				
	Application		'' '	•	ā. ā.				
		1100 S 9TH STREET SUITE 211	H(b) Are all sub	ordinates inclu " attach a list. §	400,				
		NOBLESVILLE IN 46060		attach a nat. c	ing inglications				
	Tax-exem		_						
J_	Website:	WWW.REMEMBER-THE-CHILDREN.ORG	H(c) Group exe						
K	Form of or	ganization: X Corporation Trust Association Other L	Year of formation: 2	001	M State of legal domicile: IN				
	'art I	Summary							
	1 B	riefly describe the organization's mission or most significant activities:							
ø		TO PROVIDE TRAINING, SPONSORSHIP, AND RELIEF TO TRANS	FORM THE L	IVES OF	! 				
and		CHILDREN IN ROMANIA AND TANZANIA.							
Governance									
Š	2 C	heck this box if the organization discontinued its operations or disposed of more than 2	5% of its net asse	ets.	_				
ಲ %	3 N	lumber of voting members of the governing body (Part VI, line 1a)		3	6				
	4 N	lumber of independent voting members of the governing body (Part VI, line 1b)		4	6				
Activities	5 T	otal number of individuals employed in calendar year 2022 (Part V, line 2a)		. 5	4				
뒿	6 T	otal number of volunteers (estimate if necessary)		6	4				
q	7a T	otal unrelated business revenue from Part VIII, column (C), line 12			0				
		let unrelated business taxable income from Form 990-T, Part I, line 11		7b	0				
	1		Prior Ye		Current Year				
0	8 C	Contributions and grants (Part VIII, line 1h)		9,851	2,275,512				
Revenue	9 P	Program service revenue (Part VIII, line 2g)			204				
ě	10 lr	vestment income (Part VIII, column (A), lines 3, 4, and 7d)		3	<u> </u>				
	ן זו נ	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0 054	2,275,716				
	12 T	otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	65	9,854	2,213,110				
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0				
		enefits paid to or for members (Part IX, column (A), line 4)		F 265	71,452				
8	15 S	salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6	5,365	71,432				
enses	16a P	Professional fundraising fees (Part IX, column (A), line 11e)							
EXO	ום ן.	otal fundraising expenses (Part IX, column (D), line 25) 32,999	E A	3,391	2,112,938				
Ш	17 C	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	34	8,756	2,184,390				
		otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1,098	91,326				
	19 F	Revenue less expenses. Subtract line 18 from line 12	Beginning of Cu		End of Year				
Net Assets or		Total assets (Bort V. line 16)	7.5	7,357	257,263				
986		Total assets (Part X, line 16)		3,251	11,831				
et	21	otal liabilities (Part X, line 26) let assets or fund balances. Subtract line 21 from line 20	15	4,106	245,432				
		Signature Block							
	Part II	Signature block nalties of perjury, I declare that I have examined this return, including accompanying schedules and state	ements and to the i	est of my kn	owledge and belief, it is				
t	under pen rue, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	er has any knowled	ge.	,				
e:	gn	Signature of officer		Date					
	ere	ANDREW BAKER FOUNDER/I	RESIDENT	ı					
гт	J1 C	Type or print name and title							
_	.	Print/Type preparer's name Preparer's signature	Date	Check	if PTIN				
Pa	id	MICHELLE L. ZIMMERMAN MICHELL Z. ZIMMERMAN	ran 16/14/	2023 self-em	ployed P00266120				
	eparer	T W UPINDEDCON C COMDANIV I.I.D		Firm's EIN	20-5520612				
	e Only	450 E 96TH ST STE 200							
		TWO TANA DOLLE IN 46240-3797		Phone no.	317-566-1000				
Ma	v the ID	S discuss this return with the preparer shown above? See instructions			X Yes No				
IAIC	4 Y 101 W 11 V	A meaner the spain that his bishers shown pasts, but herein, and the second of the sec	<i> </i>						

Dogo	2
Page	Z

Part III	Statement of Pro	gram S	ervice Accomplis	hments	a in Abia F	Dort III			X
4 Dala Burd			ains a response or	note to any lin	e in this i	-aπ III	<u></u>	<u></u>	
TO DD	escribe the organization OVIDE TRAINI	'NC S	: PONSORSHIP.	AND REL	OT TH	TRAN	SFORM THE	LIVES	OF
	REN IN ROMAN								
,									
2 Did the	organization undertake	any signific	ant program services	during the year wh	ich were no	t listed on	the		
	rm 990 or 990-EZ?							[Yes X No
	describe these new ser								
3 Did the	organization cease cond	ducting, or	make significant chang	es in how it condu	ucts, any pr	ogram		_	7 E
	i?							L	Yes X No
	describe these change							1	
4 Describe	e the organization's prog	gram servi	ce accomplishments fo	r each of its three	largest prog	gram servi	ces, as measured	Dy 	
	es. Section 501(c)(3) and				amount of g	grants and	anocations to our	5 13,	
the total	expenses, and revenue	e, ir any, to	r each program service	reported.					
4a (Code:	\ /Evnenses	¢ 1	,990,496 incl	iding grants of \$) (Revenue	\$)
PROVI	DE HOUSING,	EDUCA	TION, MEDIC	AL CARE,	AND O	THER	NEEDS AS	DETERM	INED FOR
ORPHA	NED CHILDREN	I IN F	OMANIA AND	TANZANIA	•				
~									
• • • • • • • • •									
						• • • • • • • • • • • • • • • • • • • •			,
) (Expenses		i-al	uding grants of ¢	· · · · · ·		\ /Revenue	\$)
N/A) (Expenses	>	inci	uding grants or \$			/ (1.0101140	•	
™(. 									
• • • • • • •									
			ina	uding grants of \$) (Revenue	\$)
4c (Code:) (Expenses	\$	Inc	uding grants of \$) (Itevendo	Ψ	,
N/A									
• • • • • • • • • • • • • • • • • • • •									
• • • • • • • • • • • • • • • • • • • •									
• • • • • • • • • • • • • • • • • • • •									
• • • • • •									
					·				
	orogram services (Descr	ibe on Sch	edule O.)			/D-: :	•	,	•
(Expen			including grants of \$)	(Revenue	a		!
4e Total p	rogram service expense	S	1,999,15	7					Form 990 (2022)
									(~~~)

Form 990 (2022) REMEMBER THE CHILDREN 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,"	ا ا		
	complete Schedule A	1 2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	-		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		X
	candidates for public office? If "Yes," complete Schedule C, Part I	-		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		x
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	-		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues.	5		x
	assessments, or similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part III	<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	1		
		6		x
-	"Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
8		8		х
^	complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
9	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	and the second of the second o	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	the section of the se	10	<u>.</u>	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,"			
u	assentate Calcadula D. Part VII	11a	X	
h	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	1		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	1		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	├
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1		
	Schedule D, Parts XI and XII	12a	-	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			٠.
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	 	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	├	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	 	 ^
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		1	
	fundraising, business, investment, and program service activities outside the United States, or aggregate	14b	x	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	1.45	 	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	15		x
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	··•		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	16		x
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	···		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		x
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	Ť	1	1
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
40	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
19	If "Yes," complete Schedule G, Part III	19	<u>L</u>	X
20a	Land Later William C. & William C. Company Com	20a		X
zua b	and the second state of th	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
41	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
			00	

***	TABLE CHECKIST OF Required Schedules (Continued)				Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals	s on			1.00	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the					
	organization's current and former officers, directors, trustees, key employees, and highest compensate	d				
	employees? If "Yes," complete Schedule J			23		X
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 line	s 24b	+			
	through 24d and complete Schedule K. If "No," go to line 25a			248	<u> </u>	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			24b		
C	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	ļ	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess	s bene	fit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I				 	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in	a prior	•			1
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 99	0-EZ?)	l		.,
	If "Yes," complete Schedule L, Part I			25b	-	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any	curren	nt			
	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, truste		1			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				1	
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of thes	е			1	
	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 Sched	iule 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	or? If				
	"Yes," complete Schedule L, Part IV			288		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV				'	X
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? It	f		1		
	"Yes," complete Schedule L, Part IV			280	_	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedul	е M		29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualifie	d				 ₩
	conservation contributions? If "Yes," complete Schedule M		<u></u>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedu	ile N, I	Part I	<u>31</u>	╫┈	1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"					x
	complete Schedule N, Part II				+	1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regu	lation	8			x
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			33	+	┼^
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part	11, 111,				x
	or IV, and Part V, line 1	<i></i>		34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?				- 	+~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			351	.	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line				4	+
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	IE		36	.]	X
	related organization? If "Yes," complete Schedule R, Part V, line 2		. ,		+-	1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organ). -	37		x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, F	dil Vi		·····	-	+
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines	i ib aii	iu	38	x	
*****	19? Note: All Form 990 filers are required to complete Schedule O.					_
	Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V		· · · · · · · · · · · · · · · · · · ·		Yes	No
	The state of the s	1a	4		100	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1b	0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	נט	<u> </u>			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and				;	X
	reportable gaming (gambling) winnings to prize winners?				orm 99	

Pa	Statements Regarding Other IRS Filings and Tax Compliance (contin	ued)	·		**********	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	4			<u> </u>	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?			2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule				<u>3b</u>		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other						v
	a financial account in a foreign country (such as a bank account, securities account, or other financial	l accou	unt)?		4a		<u> </u>
b	If "Yes," enter the name of the foreign country		<u> </u>				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		its (FBAR).	8	-		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			·····	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		·····	5b		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			 	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne		1	_		x
	organization solicit any contributions that were not tax deductible as charitable contributions?			·····	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons of			6b		İ
	gifts were not tax deductible?	· · · · · · ·			00		
7	Organizations that may receive deductible contributions under section 170(c).	aoode					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods		ľ	7a	*********	***********
	and services provided to the payor?			·····	7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?				-		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as			7c		
_	required to file Form 8282?	7d	1				
d	If "Yes," indicate the number of Forms 8282 filed during the year	_			7e		
6							
f	this appropriate a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
	to the control of the						
8	and the second s						
Ü	sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b	~~~~	
10	Section 501(c)(7) organizations. Enter:		•				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:						
а	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			4.0		!
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	m 1041	17 		12a	*******	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				13a		
а	Is the organization licensed to issue qualified health plans in more than one state?				134		
	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	13b	.1				
	the organization is licensed to issue qualified health plans						
C	Enter the amount of reserves on hand		<u> </u>		14a	*************	X
14a					14b		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedules the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun	eration					
15	-				15		X
	excess parachute payment(s) during the year?						
40	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	me?		16		X
16		.,		• • • • • • • • • •			
47	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any act	ivities					
17	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?				17		
	If "Yes." complete Form 6069.						

orm	990 (2022) REMEMBER THE CHILDRI	EN 35-2128166		_	Pa	age 6
00000000	Governance, Management, and	Disclosure For each "Yes" response to lines 2 t	hrough 7b below, and	for a "	No"	
*********	response to line 8a. 8b. or 10b below.	describe the circumstances, processes, or change	ges on Schedule O. Se	e insti	uctio	n <u>s.</u>
		onse or note to any line in this Part VI	<u> </u>			X
Sec	ion A. Governing Body and Managemen					
					Yes	No_
1a	Enter the number of voting members of the governin	g body at the end of the tax year	1a 6			
	If there are material differences in voting rights amor					
	if the governing body delegated broad authority to ar					
	committee, explain on Schedule O.					
b	Enter the number of voting members included on line	e 1a, above, who are independent	1b 6			
2	Did any officer, director, trustee, or key employee ha	ve a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?			2		<u> </u>
3	Did the organization delegate control over managem	ent duties customarily performed by or under the direct				l
	supervision of officers, directors, trustees, or key em	ployees to a management company or other person?		3		<u>X</u>
4	Did the organization make any significant changes to	o 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, o	r 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 re	served to (or subject to approval by) members,				
	stockholders, or persons other than the governing be	ody?		7b	*********	X
8	Did the organization contemporaneously document to	the meetings held or written actions undertaken during t	he year by the following:			
а	The governing body?			<u>8a</u>	X	ļ
b	Each committee with authority to act on behalf of the	governing body?		8b	X	
9	Is there any officer, director, trustee, or key employe	e listed in Part VII, Section A, who cannot be reached a	t	١		
	the organization's mailing address? If "Yes " provide	the names and addresses on Schedule O	<u> </u>	9		X
Sec	tion B. Policies (This Section B requests i	nformation about policies not required by the	<u>Internal Revenue Co</u>	<u>ae.)</u>		<u> </u>
					Yes	No
10a	Did the organization have local chapters, branches,	or affiliates?		10a		X
b	If "Yes," did the organization have written policies ar	nd procedures governing the activities of such chapters,		405		
	affiliates, and branches to ensure their operations at	re consistent with the organization's exempt purposes?		10b	v	-
11a	Has the organization provided a complete copy of the	nis Form 990 to all members of its governing body before	e filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by	y the organization to review this Form 990.		4.0	•	
12a	Did the organization have a written conflict of interes	st policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employ	yees required to disclose annually interests that could g	ive rise to conflicts?	12b	X	├
C	Did the organization regularly and consistently moni	itor and enforce compliance with the policy? If "Yes,"				x
	describe on Schedule O how this was done			12c	х	<u> </u>
13	Did the organization have a written whistleblower po	olicy?		13	X	┼──
14	Did the organization have a written document retent	tion and destruction policy?		14		
15	Did the process for determining compensation of the	e following persons include a review and approval by	oion?			
	independent persons, comparability data, and conte	emporaneous substantiation of the deliberation and deci		15a	X	
a	The organization's CEO, Executive Director, or top			15b		X
þ	Other officers or key employees of the organization	0.1.1.1.0.0.0		100		
	If "Yes" to line 15a or 15b, describe the process on	Schedule O. See instructions.				
16a		or participate in a joint venture or similar arrangement		16a		X
	with a taxable entity during the year?	the state of the same in the property its		100		
b	If "Yes," did the organization follow a written policy of	or procedure requiring the organization to evaluate its	•			
	participation in joint venture arrangements under ap	plicable federal tax law, and take steps to safeguard the	•	16b	*********	********
		rrangements?	.,		•	
	tion C. Disclosure	required to be filed IN, MD				
17	List the states with which a copy of this Form 990 is	required to be liked	N-T (section 501(c)			
18	Section 6104 requires an organization to make its F	Forms 1023 (1024 or 1024-A, if applicable), 990, and 99	0 1 (0000011 00 1(0)			
	(3)s only) available for public inspection. Indicate he					
	Own website Another's website X Up		of interest policy			
19		ne organization made its governing documents, conflict	or interest policy;			
	and financial statements available to the public duri	ing the tax year. The nomen who possesses the organization's hooks an	d records			
20	State the name, address, and telephone number of NDREW BAKER	the person who possesses the organization's books an 1100 S 9TH STREET SUITE 211				

IN 46060

ANDREW BAKER

NOBLESVILLE

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an e)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key emplayee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
1)ANDREW BAKER	40.00	v		x				57,750	o	(
OUNDER/PRESIDENT	0.00	X		A	├	┢╌╢	-	31,130		
2)KEVIN HART	2.00							0	0	(
OARD MEMBER	0.00	X	-	├-	├-	-				·
3) AMANDA VEST	2.00		i			 			0	
OARD MEMBER	0.00	X	_	ļ	<u> </u>			0		
4) ROGER CLARK	2.00									
OARD CHAIR	0.00	X		X		ļ		0	0	
5) MAX ARMES										
	2.00	.							o	
SECRETARY	0.00	X	├—	X	-	ļ	<u> </u>	0		
6)DR DAVID WOLF DI	2.00								0	
SOARD VICE CHAIR	0.00	X	<u> </u>	X	↓	-		<u> </u>	0	
(7) ASHLEY LABAR	2.00									
SOARD MEMBER	0.00	X	ļ.,	↓_	_	ļ		0	0	
(8)					ŀ					
		1		$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	1	<u> </u>				
(9)										
										-
10)										
		1								
11)		1	1		<u> </u>	十				

Par	VII Section A. Officers	, Directors, Trus	stee	s, K	еу Е	mpl	oyee	8, 8	and Highest Compensated	Employees (continued)	
	(A) Name and title	(B) Average hours per week	Average box, unless officer and a per week				s both r/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
		(list any hours for related organizations below dotted line)	list any ours for related anizations below	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations	
						_					
	·····							-			
								<u> </u>			
1b	Subtotal								57,750		
	Total from continuation she Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	ncluding but not	limite						57,750	\$100,000 of	
3 4	Did the organization list any fremployee on line 1a? If "Yes, For any individual listed on line organization and related organization and related organization and related organization and person listed on line	ormer officer, dia " complete Sche te 1a, is the sum nizations greater	recto dule of re tha	J fo epor n \$1	<i>r suc</i> table 50,0	ch in cor 00?	divid npen If "Yo	lual Isat es, '	ion and other compensation complete Schedule J for su	from the ch	Yes No 3 X 4 X
Secti	for services rendered to the cons. Independent Contract. Complete this table for your f	rganization? <i>If "</i> ors	Yes,	" cor	nple	te So	ched	ule	J for such person		5 X
1	compensation from the organ	ive nignest comp ization. Report of (A) d business address	omp	ens	ation	for	the c	ale	ndar year ending with or with	nin the organization's tax y (B) office of services	(C) Compensation
								\prod			
2	Total number of independent received more than \$100,000	contractors (inc	ludir on fro	ıg bı	it no	l limi	ited t	to th	nose listed above) who	0	Form 990 (2022

Pa	t VI	II Stateme Check if	nt of	Revenue edule O conta	ins a	response or note	to any line in thi	s Part VIII	******	
-		Oncok ii	00110	<u> </u>		Toponos or note	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
돌돌	1a	Federated camp	aigns		1a					
<u> </u>	b Membership dues				1b					
Ağ.		c Fundraising events1								
ᇐ					1d					
SES,		f All other contributions, gifts, grants,			1e	810,000				
F E		and similar amounts no	t included	d above	1f	1,465,512				
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contributions lines 1a-1f			1g \$	79,000				
<u> </u>	h	Total. Add lines					2,275,512			
						Business Code				
8	2a	• • • • • • • • • • • • • • • • • • • •								
E G	þ									
Nen S	C	• • • • • • • • • • • • • • • • • • • •								
Program Service Revenue	a					i i				
ے ا	•	All other program	n con	ica revenue						
l										
		Investment inco								
	-	other similar am					204			204
	4	Income from investment of tax-exempt			bond	proceeds				
	5									
				(i) Real		(ii) Personal				
	6a	Gross rents	_6a_							
	b	Less: rental expenses	6b							
	_	c Rental inc. or (loss) 6c								
	d 7a		0 0 ((i) Securities		(ii) Other				
		color of constr		,000						
9	b	Less: cost or other								
er Revenue		basis and sales exps.	7b	79,	,000					
Rev	C	Gain or (loss)	7c	·						
-	d	Net gain or (loss	-		. 					
ਰੋ	8a	Gross income from		ising events						
		(not including \$ of contributions re		n lino						
i		1c). See Part IV, li	•	פוווו ות	8a					
	h	Less: direct exp			8b	· · · · · · · · · · · · · · · · · · ·				
		Net income or (events					
		Gross income fi								
	ŀ	activities. See F	art IV	line 19	9a					
		Less: direct exp			9b					
		Net income or (vities .	· · · · · · · · · · · · · · · · · · ·				
	10a	Gross sales of i		-	10a					
	h	returns and allo Less: cost of go			10b		1			
	1	Net income or (
g)						Business Code				
Miscellaneous Revenue	11a	١								
lan e	b								<u> </u>	-
Sce	C								 	
Š	d	All other revenu					 			
	1 e	Total Roycopus			<u></u>		2,275,710	5 (204

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) Program service expenses (C) Management and (A) Total expenses Do not include amounts reported on lines 6b, 7b, Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 21,945 27,142 57,750 8,663 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,054 3,277 1,293 8,624 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 1,930 2,387 761 5,078 Payroll taxes Fees for services (nonemployees): Management 90 90 Legal 23,937 23,937 Accounting d Lobbying Professional fundraising services. See Part IV, line 17 e Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column 70,304 70,304 (A) amount, list line 11g expenses on Schedule O.) 5,847 2,144 7,991 Advertising and promotion 12 Office expenses Information technology 14 Royalties 15 3,600 3,600 Occupancy 16 85,295 85,295 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 13,848 13,848 Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 2,223 2,223 Depreciation, depletion, and amortization 2,503 2,503 23 Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1,903,147 1,903,147 PROGRAM EXPENSE e All other expenses 32,999 152,232 1,999,159 2,184,390 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

following SOP 98-2 (ASC 958-720)

Form 990 (2022)

				(A)		(B)
				Beginning of year		End of year
1	Cash—non-interest-bearing			143,245	1	221,864
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			3,609	4	11,003
5	Loans and other receivables from any current or for					
Ť	trustee, key employee, creator or founder, substant					
	controlled entity or family member of any of these p		5			
6	Loans and other receivables from other disqualified					
	under section 4958(f)(1)), and persons described in		6			
7	Notes and loans receivable, net			8,019	7	
8	Inventories for sale or use				8	
9				897	9	890
	Land, buildings, and equipment: cost or other					
100	basis. Complete Part VI of Schedule D	10a	37,319			
h	Less: accumulated depreciation	10b	18,556		10c	18,763
11	Investments—publicly traded securities				11	
12	Investments—other securities. See Part IV, line 11				12	
13	Investments—program-related. See Part IV, line 11				13	
14	Intangible assets				14	
15					15	4,73
16	Total assets. Add lines 1 through 15 (must equal li			157,357	16	257,263
17	Accounts payable and accrued expenses			3,251	17	7,094
	• -				18	
18	Grants payable				19	
19	Deferred revenue				20	
20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Par	t IV of Schedule I			21	
21						
22	Loans and other payables to any current or former trustee, key employee, creator or founder, substan	tial contributor or	35%			
Ì				***************************************	22	
	controlled entity or family member of any of these particles and notes payable to unrelated				23	
23				······································	24	
24	Unsecured notes and loans payable to unrelated the					
25	Other liabilities (including federal income tax, paya					
1	parties, and other liabilities not included on lines 17				25	4,73
l	of Schedule D			3,251	26	11,83
26						
	Organizations that follow FASB ASC 958, check	K nere				
	and complete lines 27, 28, 32, and 33.			154,106	27	245,43
27					28	
28	Net assets with donor restrictions Organizations that do not follow FASB ASC 956		i			
1						
	and complete lines 29 through 33.				29	
29	Capital stock or trust principal, or current funds				30	
30	Paid-in or capital surplus, or land, building, or equi				31	
31	Retained earnings, endowment, accumulated inco			154,106		0.4 = 4.0
32	Total net assets or fund balances			157,357		

orm	990 (2022) REMEMBER THE CHILDREN 3	5-2128166		Page	<u>e 12</u>
	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Pa	ırt XI	·····	····	<u></u>
1	Total revenue (must equal Part VIII, column (A), line 12)		2,27		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,18		
3	Revenue less expenses. Subtract line 2 from line 1			1,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15	54,1	<u>.06</u>
5	Net unrealized gains (losses) on investments	1 - 1			
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part)				
	32, column (B))	10	24	15,4	<u>:32</u>
Pa	R XII Financial Statements and Reporting				
*******	Check if Schedule O contains a response or note to any line in this Pa	art XII	 	·····	
		_		Yes	No_
1	Accounting method used to prepare the Form 990:	Other			
	If the organization changed its method of accounting from a prior year or checked "Other	," explain on			
	Schedule O.			-	
2a	Were the organization's financial statements compiled or reviewed by an independent ac	countant?	2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were	e compiled or			
	reviewed on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate				
þ	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	e audited on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsil	bility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent	ent accountant?	2c	X	*******
	If the organization changed either its oversight process or selection process during the to	ax year, explain on			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audi	ts as set forth in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	┝╼╼┤	X
b	If "Yes." did the organization undergo the required audit or audits? If the organization did	I not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to und	dergo such audits	3b	990	

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number Name of the organization 35-2128166 REMEMBER THE CHILDREN Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(I). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(III). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (vi) Amount of (iv) is the organization (v) Amount of monetary (II) EIN (III) Type of organization (i) Name of supported other support (see listed in your governing support (see (described on lines 1-10 organization instructions) document? instructions) above (see instructions)) Ves No (A) (B) (C) (D)

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

Schedule A (Form 990) 2022

(E)

Page 2

Part II

REMEMBER THE CHILDREN

35-2128166 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.) Section A. Public Support (f) Total (e) 2022 Calendar year (or fiscal year beginning in) (d) 2021 (a) 2018 (b) 2019 (c) 2020 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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 Section B. Total Support (e) 2022 (f) Total (b) 2019 (c) 2020 (d) 2021 (a) 2018 Calendar year (or fiscal year beginning in) Amounts from line 4 7 Gross income from interest, dividends. payments received on securities loans. rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 11 12 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 33 1/3% support test-2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Page 3

Schedule A (Form 990) 2022
Part III Support 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.)

Sect	tion A. Public Support	quantity and an are				<u> </u>	
	dar 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.")	570,335	574,420	791,130	659,851	2,275,512	4,871,248
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	570,335	574,420	791,130	659,851	2,275,512	4,871,248
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						4,871,248
0.5.5	line 6.)						2,0,2,220
	tion B. Total Support dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	- ·	(a) 2016 570, 335	574,420	791,130	659,851	2,275,512	4,871,248
9	Amounts from line 6	370,335	3/4,420	, 31, 130			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2	3	3	3		11
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	2	3	3	3		11
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.)	4,248					4,248
13	Total support. (Add lines 9, 10c, 11, and 12.)	574,585	574,423		659,854		4,875,507
14	First 5 years. If the Form 990 is for the or						Γ-
	organization, check this box and stop her						
Sec	tion C. Computation of Public S	upport Percent	rage	(0)		15	99.91%
15	Public support percentage for 2022 (line 8	3, column (f), divide	d by line 13, colur	nn (t))		· · · · · · · · · · · · · · · · · · ·	99.85%
16	Public support percentage from 2021 Sch	nedule A, Part III, lin	centage				
	Investment income percentage for 2022 (line 10c column (A	divided by line 1	3. column (fl)		17	%
17	Investment income percentage for 2022 (Investment income percentage from 2021						%
18 19a	33 1/3% support tests—2022. If the orga	enization did not ch	eck the box on line	e 14, and line 15 is	more than 33 1/3	%, and line	
134	17 is not more than 33 1/3%, check this b	oox and stop here.	The organization	qualifies as a publi	cly supported orga	anization	X
b	33 1/3% support tests—2021, if the orga	anization did not che	eck a box on line	14 or line 19a, and	line 16 is more th	an 33 1/3%, and	_
_	line 18 is not more than 33 1/3%, check t	his box and stop he	ere. The organizat	tion qualifies as a p	oublicly supported	organization	<u> </u>
20	Private foundation. If the organization d	id not check a box	on line 14, 19a, or	19b, check this bo	x and see instruc	tions	

Schedule A (Folin 990) 2022

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on 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.
- 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).
- 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.
- 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.
- 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).
- 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?
- 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.
- 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.)

	100	No
	***********	***********
1_		
•••••	***********	*******
2	*********	*****************
	************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3a_		

3b_		******
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3c		

4a		
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4c		

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5a 5b 5c 6 7 8 9a 9b		
5a 5b 5c 6 7 8 9a 9b		
5a 5b 5c 6 7 8 9a 9b		

Page 5

Par	Supporting Organizations (continued)	
b	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? A family member of a person described on line 11a above? 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.	11a 11b
Secti	on B. Type I Supporting Organizations	
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. 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	Yes No
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	
	supervised, or controlled the supporting organization.	2
04		
Sect	on C. Type II Supporting Organizations	Yes No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). In D. All Type III Supporting Organizations	1
Sect	ion D. All Type III Supporting Organizations	Yes No
2	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? 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). 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	2
	supported organizations played in this regard.	
Sect	ion E. Type III Functionally Integrated Supporting Organizations	onel
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ons).
а	The organization satisfied the Activities Test. Complete line 2 below.	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	netructions)
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see i	Yes No
2	Activities Test. Answer lines 2a and 2b below.	165 140
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	
	how the organization was responsive to those supported organizations, and how the organization determined	
	that these activities constituted substantially all of its activities.	2a
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If	
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would	
	have engaged in these activities but for the organization's involvement.	2b
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	
о a	The state of the state of the state of the state of the officers directors of	
a	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a
b	and activities of each	
N.	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b
544	or no supported organizations in 1995 Eccession 11.1	Schedule A (Form 990) 2022

201	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No			
	Instructions. All other Type III non-functionally integrated supporting organizations mus	t comp	olete Sections A through E.	
Secti	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6_		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8_		•
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
•	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a_		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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	tion 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	(for Continue Dation Dation 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		Type	III supporting organization	
	(see instructions).			Cohodula A (Earm 000) 2022
				Schedule A (Form 990) 2022

Part V	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)		
	Distributions				Current Year
1 Amour	nts paid to supported organizations to accomplish exempt purport	oses		1	
	nts paid to perform activity that directly furthers exempt purpose				
	zations, in excess of income from activity			2	
3 Admin	3				
4 Amou	4				
5 Qualifi	5				
6 Other	6				
7 Total	7				
8 Distrib	outions to attentive supported organizations to which the organizations	ation is responsive		8	
(provid	de details in Part VI). See instructions.	<u> </u>		-	
9 Distrib	outable amount for 2022 from Section C, line 6			9	
10 Line 8	amount divided by line 9 amount	. 		10	
		(i)	(ii)		(111)
Section E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	IS	Distributable
			Pre-2022		Amount for 2022
1 Distrib	outable amount for 2022 from Section C, line 6				
2 Under	rdistributions, if any, for years prior to 2022				
	onable cause required-explain in Part VI). See				
	ctions.				
	ss distributions carryover, if any, to 2022				
a From					
b From	2018			••••	
c From	2019				
d From	2020				
e From	2021				
f Total	of lines 3a through 3e				
	ed to underdistributions of prior years				
	ed to 2022 distributable amount			••••	
	over from 2017 not applied (see instructions)				
	ainder. Subtract lines 3g, 3h, and 3i from line 3f.				
	butions for 2022 from				
	on D, line 7:			******	
	ed to underdistributions of prior years			****	
	ed to 2022 distributable amount			••••	
	ainder. Subtract lines 4a and 4b from line 4.				
	aining underdistributions for years prior to 2022, if				
	Subtract lines 3g and 4a from line 2. For result				
	er than zero, explain in Part VI. See instructions.				
	aining underdistributions for 2022. Subtract lines 3h				
	4b from line 1. For result greater than zero, explain in				
	VI. See instructions.				
	ss distributions carryover to 2023. Add lines 3j				
and 4					
	kdown of line 7:			*****	
	ss from 2018				
	ss from 2019				
	ss from 2020				
	ss from 2021				
e Exce	ss from 2022				Schedule A (Form 990) 202

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

35-2128166

REMEMBER THE	CHILDREN	35-2128166	
Organization type (check o			
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		
Check if your organization is	s covered by the General Rule or a Special Rule.	ula Caa	
Note: Only a section 501(c) instructions.	(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	JIE. 566	
General Rule			
For an organization or more (in money contributor's total contributor's contri	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling or property) from any one contributor. Complete Parts I and II. See instructions for determentations.	\$5,000 nining a	
Special Rules			
regulations under s	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support te ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line /ed from any one contributor, during the year, total contributions of the greater of (1) \$5,0 nt on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	13, 16a, or 000; or	
contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the year, total contributions of more than \$1,000 exclusively for religious, charitable, scienal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (en instead of the contributor name and address), II, and III.	entific,	
contributor, during contributions totale during the year for General Rule appl	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the year, contributions exclusively for religious, charitable, etc., purposes, but no such d more than \$1,000. If this box is checked, enter here the total contributions that were rean exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless ies to this organization because it received nonexclusively religious, charitable, etc., connore during the year	eceived s the tributions	
must answer "No" on Part	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (I IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 9 neet the filing requirements of Schedule B (Form 990).	Form 990), but it 390-PF, Part I, line	

Name of organization

REMEMBER THE CHILDREN

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EAST 91ST STREET CHRISTIAN CHURCH 6049 E. 91ST STREET INDIANAPOLIS IN 46250-1304	\$ 5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	KRISTEN ORANDER 12618 FULLER CT FISHERS IN 46038-1082	\$ 5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
3	Name, address, and ZIP + 4 JOHN & PAMELA SARNO 519 DALLAM COURT BEL AIR MD 21014-2866	\$ 5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 4	DAVID AND ANNE WOLF 5396 BROOKS BEND GREENWOOD IN 46143	\$ 5,560	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	FIRST CHRISTIAN CHURCH OF BLUFF P.O. BOX 217 BLUFF CITY TN 37618	\$ 5,768	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
6	JOHN & AMY BANKSTON 18881 LONG GROVE WAY LOUISVILLE KY 40245-6305	\$ 5,850	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

REMEMBER THE CHILDREN

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			
7	NANCY THOMPSON 5776 BRENDON FOREST DR INDIANAPOLIS IN 46226-1045	\$ 6,000	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8	FAIRVIEW CHRISTIAN CHURCH 2028 W. FAIRVIEW RD. UNDERWOOD IN 47177	s 6,015	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c) Total contributions	(d) Type of contribution			
9	Name, address, and ZIP + 4 MICHAEL GALLAGHER 716 PHEASANT DRIVE FOREST HILL MD 21050	\$ 6,231	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c) Total contributions	(d) Type of contribution			
10	Name, address, and ZIP + 4 MICHAEL & REBECCA SMITH 643 E SAND HOLLAR RD BLOOMFIELD IN 47424-4794	\$ 6,433	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			
.11	DUSTIN & KATHERINE RUBECK 2527 FARMERS BRANCH LN FARMERS BRANCH TX 75234	\$ 6,575	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			
12	NORTHWEST AVE CHURCH OF CHRIST 737 NORTHWEST AVE TALLMADGE OH 44278	\$ 6,600	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization

REMEMBER THE CHILDREN

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	DONALD SHANNON 14529 WILLEMITE STREET APT 249 RAMSEY MN 55303	s 7,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	MONTE CURNUTT 11279 MUIRFIELD TRACE FISHERS IN 46037	\$ 7,500	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
15	Name, address, and ZIP + 4 CHRISTOPHER & JAMIE EATON 1828 N GREENLEESE DR FREDERICK MD 21701-9338	\$ 7,900	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	CALVIN & NANCY ROSS 5 TALLAPOOSA RD JOHNSON CITY TN 37604	\$ 8,000	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
17	JOHN MILLER 770 S. MAPLE ST. SISTERS OR 97759	\$ 8,000	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
18	RAYMOND & MARGIE STALLINGS 220 TERREBONNE ROAD YORKTOWN VA 23692-4867	\$ 8,2 00	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Page 2

Name of organization

KEMEI	MBER THE CHILDREN	33	-2120100
Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	GARY & CINDY STANTON 10401 STONE COURT CINCINNATI OH 45242-5128	\$ 8,420	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
20	DUANE SOLIMENO P.O. BOX 979 ROCKY HILL CT 06067	\$ 8,755	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	NORTHEAST CHRISTIAN CHURCH 990 STAR SHOOT PARKWAY LEXINGTON KY 40509	\$ 9,56 <u>5</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
22.	SHERWOOD OAKS CHRISTIAN CHURCH 2700 EAST ROGERS ROAD BLOOMINGTON IN 47401	\$ 9,600	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
23	Name, address, and ZIP + 4 GERALDINE PITTS 1135 CASTLE ROW INDIANAPOLIS IN 46220	Total contributions \$ 10,103	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
24	JOHN & CINDY SPICKLEMIRE 8134 BITTERN LN INDIANAPOLIS IN 46256-1780	s 14,152	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Page 2

Name of organization

REMEMBER THE CHILDREN

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	CHERRY AVENUE CHRISTIAN CHURCH 1720 CHERRY AVE CHARLOTTESVILLE VA 22903	s <u>14,220</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	DARYL & ASHLEY LABAR 6250 E 106TH ST FISHERS IN 46038	\$ 14,622	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 27	DANIEL NEIDHARDT 4791 STONO LINKS DRIVE HOLLYWOOD SC 29449	\$ 15,401	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
28	NORTHSIDE CHRISTIAN CHURCH MISSIONS 1300 GEORGE WASHINGTON HWY. YORKTOWN VA 23693-4303	\$ 15,943	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
29	SUSAN LAMB 4620 N 8TH STREET TACOMA WA 98406	\$ 16,628	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
30	ALFRED JERRY & SYLVIA TAYLOR 1403 BALSAM CT FOREST HILL MD 21050-3026	\$ 17,260	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Page 2

Name of organization

REMEMBER THE CHILDREN

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	JEFF & BRENDA BOURN 1760 SCIOTA ROAD ELIZABETHTON TN 37643-1904	s <u>17,461</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	UTICA CHURCH OF CHRIST MISSION P.O. BOX 532 UTICA OH 43080	\$ 22,946	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
33	MARCUS & LAURA MYERS 44794 PRIDE MOUNTAIN ST TEMECULA CA 92592-6510	\$ 27,800	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
34	Name, address, and ZIP + 4 SCOTT & KIMBERLY WHITLOCK 8740 MUD CREEK ROAD INDIANAPOLIS IN 46256	\$ 35,000	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
35	EATON COMMUNITY CHURCH 813 CAMDEN ROAD EATON OH 45320-0122	\$ 36,625	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
36	TOOGER SMITH 637 E SAND HOLLAR ROAD BLOOMFIELD IN 47424	\$ 45,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

REMEMBER THE CHILDREN

Part I	· · · · · · · · · · · · · · · · · · ·		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	MOUNTAIN CHRISTIAN CHURCH 1824 MOUNTAIN ROAD JOPPA MD 21085	\$ 46,657	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	DERICK & SALLIE ROSE 1377 BROADCLOTH ST #205 FORT MILL SC 29721	\$ 50,000	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
39	FIRST CHRISTIAN CHURCH 200 MOUNTCASTLE DR JOHNSON CITY TN 37601	s 76,895	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
40	Name, address, and ZIP + 4 RIC & BRENDA ELIAS 9200 WINGED BOURNE CHARLOTTE NC 28210-5948	Total contributions \$ 100,000	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
41	TOOGER SMITH 637 E. SAND HOLLAR RD. BLOOMFIELD IN 47424	\$ 79,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

REMEMBER THE CHILDREN

Part II	Noncash Property (see instructions). Use duplicate	copies of Part II if additional spac	e is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
41	GREENE COUNTY, INDIANA LAND	s 79,000	03/15/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization

RE	MEMBER THE CHILDREN		35-2128166
Pa		nds or Other Similar Funds of Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	<u></u>	
5	Did the organization inform all donors and donor advisors in writing that		
	funds are the organization's property, subject to the organization's excl		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in		
	only for charitable purposes and not for the benefit of the donor or donor	or advisor, or for any other purpose	
	**********		Yes No
Pa	Conservation Easements. Complete if the organization answered "Yes" on I		
1	Purpose(s) of conservation easements held by the organization (check		
	Preservation of land for public use (for example, recreation or educ		
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a co	onservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic structure inc		
d	Number of conservation easements included in (c) acquired after July		
	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the orga	inization during the
	tax year		
4	Number of states where property subject to conservation easement is	located	
5	Does the organization have a written policy regarding the periodic mon	itoring, inspection, handling of	☐ Yes ☐ No
	violations, and enforcement of the conservation easements it holds?		🗀 🕶 🗀 👓
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	of violations, and enforcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	lations, and enforcing conservation e	asements during the year
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4))(B)(i)
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easer	nents in its revenue and expense state	ement and
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements t	hat describes the
	organization's accounting for conservation easements.		
Pi	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on	, Historical Treasures, or Otl Form 990, Part IV, line 8.	ner Similar Assets.
1a	If the organization elected, as permitted under FASB ASC 958, not to	report in its revenue statement and b	alance sheet works
	of art, historical treasures, or other similar assets held for public exhibit	ition, education, or research in further	rance of public
	service, provide in Part XIII the text of the footnote to its financial state	ments that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to repo	ort in its revenue statement and balar	ice sheet works of
	art, historical treasures, or other similar assets held for public exhibition	n, education, or research in furtheran	ice 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		5
2	If the organization received or held works of art, historical treasures, o	r other similar assets for financial gai	n, provide the
	following amounts required to be reported under FASB ASC 958 relati	ing to these items:	•
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990 Part Y		

	III Organizations Maintaining C								(continu	ed)	
3	Using the organization's acquisition, accession, collection items (check all that apply):										
а	Public exhibition			change prog							
b	Scholarly research	е	Other								
C	Preservation for future generations										
4	Provide a description of the organization's collection	ctions and explair	n how they	further the o	organization's	exempt purpos	e in Par	t			
	XIII.				••						
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to be	eceive donations of maintained as p	of art, histo part of the c	rical treasur organization	es, or other s 's collection?	similar 	<u></u>		Ye	s	No
Pai	t IV Escrow and Custodial Arran	gements.									
	Complete if the organization at 990, Part X, line 21.						an am	ount c	on Form	1	
1a	is the organization an agent, trustee, custodian	or other intermed	liary for co	ntributions o	r other asset	s not					1
	included on Form 990, Part X?								Ye	8	No
b	If "Yes," explain the arrangement in Part XIII and	d complete the fo	llowing tab	le:					Amount		
							1c		Airiouni		
	Beginning balance						4.3				
	Additions during the year										
	Distributions during the year										
7	Ending balance Did the organization include an amount on Form	n 000 Part Y line		crow or cus	lodial accoun	it liability?			Ye	s	No
2a 	If "Yes," explain the arrangement in Part XIII. C	heck here if the e	xolanation	has been p	rovided on Pa	art XIII					
	Endowment Funds.	HOOK HOID II WIE D									
*********	Complete if the organization a	nswered "Yes	on Forr	n 990, Pa	rt IV, line 1	10					
		(a) Current year		rior year	(c) Two yea		hree year	s back	(e) Fou	years t	oack
1a	Beginning of year balance								ļ		
	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities and										
	programs								 		
f	Administrative expenses		<u> </u>	<u></u>							
	End of year balance		<u> </u>						<u> </u>		
2	Provide the estimated percentage of the current	it year end baland	ce (line 1g,	column (a))	held as:						
а	Board designated or quasi-endowment	%									
b	Permanent endowment%										
С	Term endowment %	-t1 4000/									
_	The percentages on lines 2a, 2b, and 2c should	d equal 100%.	ation that s	ara hald and	administere	d for the					
3a	Are there endowment funds not in the possess	ion of the organiz	ation that a	are neid and	aummateret	a for the				Yes	No
	organization by:								3a(i)		
	(i) Unrelated organizations (ii) Related organizations										
L	(ii) Related organizations If "Yes" on line 3a(ii), are the related organization	one listed as regu	ired on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the o										
- D	H. VI. Land, Buildings, and Equip	ment.									
************	Complete if the organization a	answered "Yes	s" on For	m 990, Pa	art IV, line	11a. See For	m 990	, Part	X, line 1	0.	
	Description of property	(a) Cost or other		(b) Cost or		(c) Accumul	ated		(d) Book	value	
	<u> </u>	(investment	t)	(oti	ner)	depreciati	on	****			
1a	Land										
	Buildings					ļ					
	Leasehold improvements										
	Equipment		5,730				6,73	_		10	763
e	Other		589			L	1,82	6			763
Tota	I. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Pa	rt X, colum	n (B), line 1	0c.)				<u>-</u>	<u> 10,</u>	763

	Complete if the organization answered "Yes" on (a) Description of security or category	(b) Book value	(c) Method of valuation	
	(including name of security)		Cost or end-of-year marke	et value
) Financial	derivatives			
) Closely he	eld equity interests			
(A)				
(B)				
··(ċ)·····				
/LI\				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, I	ine 11c. See Form 990, Part >	(, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuati	on:
			Cost or end-of-year mark	et value
1)				
2)				
3)		 		
(4)				
(5)				
(6)		 		
(7)				
(8)				
(9)	nn (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 11d. See Form 990, Part	K, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(8) (9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
**********	Complete if the organization answered "Yes" on	Form 990, Part IV,	line 11e or 11f. See Form 990	, Part X,
	line 25.		<u> </u>	
	(a) Description of liability			(b) Book value
	Il income taxes			4,7
(1) Federa	SE LIABILITY			
(1) Federa (2) LEAS				
(1) Federa (2) LEAS (3)			• · · · · · · · · · · · · · · · · · · ·	
(1) Federa (2) LEAS (3) (4)				
(1) Federa (2) LEAS (3) (4) (5)				
(1) Federa (2) LEAS (3) (4) (5) (6)				
(1) Federa (2) LEAS (3) (4) (5) (6) (7)				
				4,7

Schedule D (Form 990) 2022 REMEMBER THE CHILDREN		-2128166	Page 4
Part XI Reconciliation of Revenue per Audited Financial Sta	atements With Rever	nue per Return.	
Complete if the organization answered "Yes" on Form 9			
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		l a i	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Part XII Reconciliation of Expenses per Audited Financial S	tatements With Expe	enses per Return.	
Complete if the organization answered "Yes" on Form 9	990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements			
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		<u>2</u> e	
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b			
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>l)</u>	5	
Part 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; F	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 p	provide any additional infor	mation.	
PART X - FIN 48 FOOTNOTE			
			DE
THE ORGANIZATION HAS BEEN DETERMINED BY	THE INTERNAL	REVENUE SERVICE	TO BE
TAX EXEMPT UNDER SECTION 501(C)(3) OF THE	IE INTERNAL RE	EVENUE CODE (THI	CODE.)
	ODCINITE ATTOM	OTTAILTEV AS CHAI	TTABLE

AS A RESULT, CONTRIBUTIONS MADE TO THE ORGANIZATION QUALIFY AS CHARITABLE DEDUCTIONS AS DESCRIBED IN SECTION 170(C) OF THE CODE.

MANAGEMENT EVALUATES ALL TAX POSITIONS TAKE OR EXPECTED TO BE TAKEN ON ITS ANNUAL INFORMATION RETURNS, INCLUDING THE POSTION THAT THE ORGANIZATION CONTINUES TO QUALIFY TO BE TREATED AS A SECTION 501(C)(3) ENTITY FOR BOTH FOR THE YEAR ENDED DECEMBER 31, 2022, FEDERAL AND STATE TAX PURPOSES. MANAGEMENT DOES NOT FEEL IT HAS TAKEN ANY TAX POSITIONS THAT WOULD NOT BE SUSTAINED UNDER EXAMINATION. THEREFORE, NO INTEREST OR PENALTIES HAVE BEEN ACCRUED OR CHARGED TO EXPENSE AS OF DECEMBER 31, 2022, OR THE TAX PERIOD

Part XIII Supplemental Information (continued)
THEN ENDED. THE ANNUAL INFORMATION RETURNS FOR THE ORGANIZATION ARE
SUBJECT BY TAXING AUTHORITIES FOR A PERIOD OF THREE YEARS FROM THE DATE OF
FILING.
·

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Go to www.irs.gov/Form990 for instructions and the latest information.

REMEMBER THE CHILDREN

REMEMBER THE CHILDREN

Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Form	990, Part IV, line 1	4b									
	s. Does the organiza, the grantees' eligible or assistance?	lity for the grants o	r assistance, an	d the selection crite	ria used to			X Yes No			
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.											
3 Activities per Re	gion. (The following I	Part I, line 3 table c	an be duplicate	d if additional space	is needed.)						
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	region (fundraisin investment	ies conducted in the by type) (such as, g, program services, s, grants to recipients ad in the region)	des	f activity listed in (d) a program service, scribe specific type rvice(s) in the region	of	(f) Total expenditures for and investments in the region			
ROMANIA (1)			GRANTS,	PROJECTS	CHILD	& ORPHAN	CARE	624,900			
TANZANIA (2)			GRANTS,	PROJECTS	CHILD	& ORPHAN	CARE	444,492			
UKRAINE (3)			GRANTS,	PROJECTS	CHILD	& ORPHAN	CARE	916			
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
10)											
11)				·							
12)											
13)											
14)	· · · · · · · · · · · · · · · · · · ·										
15)											
16)				<u> </u>							
(17)	· · · · · · · · · · · · · · · · · · ·							1,070,308			
Ba Subtotal b Total from continuation											
sheets to Part I								1,070,308			
lines 3a and 3b)		1	100000000000000000000000000000000000000	~~~							

Schedule F (Form 990) 2022

	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
743									
(1)									
(2)									
(3)							<u></u>		
(4)									
(5)									
(6)									
(7)									-
(8)									
(9)								<u></u>	
(10)									
(11)									
(12)									
(13)									
(14)									***
(15)									
(16)		1.1	- Untrad above that a	ro recognized as sharities by the far	pian country recognize	ed as a tax	<u> </u>		
	exempt 501(c)(3) orga	nization by the IRS, o	or for which the grant	re recognized as charities by the for see or counsel has provided a section	n 501(c)(3) equivalenc	y letter		🗦	
	Enter total number of o						<u></u>	<u> </u>	

REMEMBER THE CHILDREN

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV,

line 16. Part III can be	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other
(1)							
2)							
3)							
4)							
5)		<u>. </u>					
6)							
(8)							
(9)					,		
10)							
11)							
12)							
13)							
14)							
(5)				:			
7)							
18)							

Sche	dule F (Form 990) 2022	REMEMBER TH	E CHILDREN	35-2128166		Page 4
00000000	rt IV Foreign Fo					
1	the organization may be	required to file Form	926, Return by a U.S. Tran	on during the tax year? If "Yes," seferor of Property to a Foreign	Yes	X No
2	be required to separate	ly file Form 3520, Ann ign Gifts, and/or Form	ual Return To Report Trans 3520-A, Annual Informatio	r? If "Yes," the organization may sactions With Foreign Trusts and n Return of Foreign Trust With a Form 990)	Yes	X No
3	the organization may be	required to file Form	5471, Information Return of	during the tax year? If "Yes," f U.S. Persons With Respect to	Yes	X No
4	qualified electing fund di Information Return by a	luring the tax year? If Shareholder of a Pas	"Yes," the organization may ssive Foreign Investment C	n investment company or a be required to file Form 8621, company or Qualified Electing	Yes	X No
5	the organization may be	required to file Form	8865, Return of U.S. Perso	during the tax year? If "Yes," ons With Respect to Certain		X No
6	"Yes," the organization	may be required to se	parately file Form 5713, Int	countries during the tax year? If ternational Boycott Report (see	Yes	X No

Part V **Supplemental Information**

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

information. See instructions.	<u>,</u>								
PART I, LINE 2 - PROCEDURES FOR MONI	TORING TH	E USE OF GRANT F	UNDS						
PART I, LINE 2- ALL MONEY RECEIVED O	VERSEAS I	S GIVEN TO A REG	ISTERED NON-						
GOVERNMENTAL ORGANIZATION (NGO). THE NGO REPORTS BACK VIA REPORTS,									
RECEIPTS, OR PHOTOGRAPHS OF WHAT THE	FUNDS WE	RE USED FOR.							
PART I, LINE 3 - ACTIVITIES PER REGIO	on								
REGION	EXP	ENDITURES INVES	TMENTS						
ROMANIA	\$	624,900 \$	0						
TANZANIA	\$	444,492 \$	0						
UKRAINE	\$	916 \$	0						
PART V - ADDITIONAL INFORMATION									
PART I, LINE 1- THE CLIENT HAS LETTE	RS OF PAR	RINERSHIP FOR THO	SE THEY WORK						
WITH OVERSEAS.									
PART I, LINE 3: THE CLIENT PROVIDES	SERVICES	IN ROMANIA AND T	ANZANIA. THEY						
DO NOT MAINTAIN AN OFFICE OR EMPLOY	ANYONE WI	THIN ANOTHER COU	NTRY. IN						
ROMANIA, THEY HAVE AN ASSOCIATION WI	TH 7 PART	TNERS, WHICH REPR	ESENTS						
CHURCHES, REFUGEE CENTERS, AFTER SCH	OOL PROR	GRAMS, AND ORPHAN	CARE. IN						
TANZANIA THE CLIENT ASSISTS WITH CHU	RCHES ANI	ORPHAN CARE. TH	E CLIENT HAS 1						
NGO THEY WORK WITH IN TANZANIA.									

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No. 1545-0047

Employer Identification number

ZUZZ

Department of the Treasury Internal Revenue Service Name of the organization

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

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Content Cont		REMEMBER	THE (CHILDREN		35-21281	<u> </u>	
Art — Works of art Art — Works of art Art — Historical treasures Art — Financial form of matchibution or Interest of the property of Interest of Matchibution or Interest of Interest o	Pa	rt I Types of Property						
2 AT—Historical tressures 3 AT—Fractional Interests 4 Books and publications 6 Cichinig and household goods 7 Boats and planes 8 Intellectual property 8 Securities — Publicty traded 9 Securities — Publicty traded 10 Securities — Publicty traded 11 Securities — Publicty traded 12 Securities — Publicty traded 13 Securities — Publicty traded 14 Securities — Publicty traded 15 Securities — Publicty traded 16 Securities — Publicty traded 17 Securities — Publicty traded 18 Securities — Publicty traded 19 Securities — Publicty traded 10 Securities — Publicty traded 10 Securities — Publicty traded 11 Securities — Miscellaneous 12 Securities — Miscellaneous 13 Qualified conservation contribution — Historic structures 14 Qualified conservation contribution — Other 15 Real estate — Residential 16 Real estate — Residential 17 Real estate — Commercial 18 Real estate — Commercial 19 Food inventory 10 Drugs and medical supplies 10 Drugs and medical supplies 11 Tadderny 12 Historical artifacts 13 Scientific specimens 14 Ancheological artifacts 15 Other ()			Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determining		
2 At — Historical treasures 3 At — Finctional Interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 8 Intellactual property 8 Securities — Publicly traded 10 Securities — Publicly traded 11 Securities — Publicly traded 12 Securities — Publicly traded 13 Called Conservation contribution — Historic structures 14 Qualified conservation contribution — Historic structures 15 Real estate — Residential 16 Real estate — Residential 17 Real estate — Commercial 18 Real estate — Commercial 19 Pood inventory 20 Drugs and medical supplies 21 Taddermy 21 Historical artifacts 23 Scientific specimens 24 Archaelogical artifacts 23 Scientific specimens 24 Archaelogical artifacts 25 Other () X 1 79,000 20 Urity () Yes () Yes () Yes () Yes () 20 Drugs and medical supplies 21 Taddermy 22 Historical artifacts 23 Scientific specimens 24 Archaelogical artifacts 25 Other () X 1 79,000 26 Urity () Yes () Yes () 27 Other () Yes () Yes () 28 Other () Yes () Yes () 29 Drugs and property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the Initial contribution, and which lant required to be used for exempt purposes for the entire holding period? 28 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 29 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 30 If the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 If the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32 If the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 35 If the organization at mount in column (c) for a type of property for which column (a) is checked.	1	Art — Works of art						
3 At —Fractional Interests 4 Books and publications 5 Clothing and household goods 6 Clothing and household goods 7 Boats and planes 8 Intellectual property 9 Securities — Publicly traded 10 Securities — Publicly traded 10 Securities — Publicly traded 11 Securities — Perhamship, LLC, or trust interests 12 Securities — Berhamship, LLC, or trust interests 13 Qualified conservation contribution — Historic structures 14 Qualified conservation contribution— Chier structures 15 Real estate — Collectibles 16 Real estate — Collectibles 17 Real estate — Collectibles 18 Real estate — Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Anchoological artifacts 25 Other ()	2							
4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boots and planes 8 Intellectual property 8 Securities — Parthership, LLC, 9 or trust interests 10 Securities — Parthership, LLC, 9 or trust interests 11 Securities — Parthership, LLC, 12 Securities — Parthership, LLC, 13 Cualified conservation 14 Cualified conservation 15 Contribution — Historic structures 16 Real estate — Residential 17 Real estate — Residential 18 Real estate — Residential 19 Food inventory 10 Drugs and medical supplies 10 Trust defined in the property of the propert	3							
5 Clothing and household goods 6 Cars and other vehicles 7 Boats and plenes 8 Intellectual property 9 Socurities — Publicity traded 10 Socurities—Closely held stock 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other 15 Real estate—Miscellaneous 16 Real estate—Cemerical 17 Real estate—Commercial 18 Real estate—Commercial 19 Fead inventory 10 Diugs and medical supplies 11 Taxidemmy 12 Historical artifacts 12 Securities—Societies——————————————————————————————————	4							
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7 Boats and planes		goods						
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10 Securities — Closely held stock 11 Securities — Partnership, LLC, 12 Securities — Miscellaneous 13 Qualified conservation 14 contribution — Historic 15 structures 16 Real estate — Residential 17 Real estate — Commercial 18 Real estate — Commercial 19 Food inventory 10 Drugs and medical supplies 11 Taxidermy 12 Historical artifacts 12 Socientific specimens 13 Collectibles 14 Collectibles 15 Food inventory 16 Profess of the Collectibles 17 Real estate — Commercial 18 Collectibles 19 Food inventory 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological entifacts 25 Other () X 1 79,000 26 Other ()	_	Intellectual property						
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14 Qualified conservation contribution — Other contribution — Other contribution — Other contribution — Other contribution — Other contribution — Other contribution — Other contribution — Other contributions? 15 Real estate — Commercial FAIR MARKET VALUE 16 Real estate — Other FAIR MARKET VALUE 17 Real estate — Other FAIR MARKET VALUE 18 Collectibles — FAIR MARKET VALUE 19 Food inventory — FAIR MARKET VALUE 20 Drugs and medical supplies — FAIR MARKET VALUE 21 Taxidermy — FAIR MARKET VALUE 22 Historical artifacts — FAIR MARKET VALUE 23 Scientific specimens — FAIR MARKET VALUE 24 Archeological artifacts — FAIR MARKET VALUE 25 Other () — FAIR MARKET VALUE 26 Other () — FAIR MARKET VALUE 27 Other () — FAIR MARKET VALUE 28 Other () — FAIR MARKET VALUE 29 Number of Forms 8283 received by the organization for which the organization receive by the organization for a seating the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Number of Forms 8283 received by the organization dark of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 29 It if Yes, describe the arrangement in Part II. 30 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32b Schecked,								
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Schedule M (Form 990) 2022

DAA

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization 35-2128166 REMEMBER THE CHILDREN FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS PROVIDE HOUSING, EDUCATION, MEDICAL CARE, AND OTHER NEEDS AS DETERMINED FOR ORPHANED CHILDREN IN ROMANIA AND TANZANIA. - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990, PART VI, LINE 11B IS TO REVIEW THE TAX RETURN AND ANNUAL FINANCIAL STATEMENTS AS PREPARED BY THE FIRST BOARD MEETING THE EXTERNAL ACCOUNTANT AND TO DISCUSS THEM AT FOLLOWING THE COMPLETION OF THE FORM 990 AND THE FINANCIAL STATEMENTS. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE COMPENSATION FOR THE TOP OFFICIAL IS DETERMINED BY THE BOARD ANNUALLY FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE FORM 990 AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE DURING REGULAR BUSINESS OFFICE HOURS AT THE MAIN OFFICE OF REMEMBER THE CHILDREN.