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, 2021

Date Due:

May 16, 2022

Remittance:

None is required. Your Form 990 for the tax year ended 12/31/21 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)

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

| A | For th | e 2021 c | alendar year, or tax year beginning , and ending | | | · | | | |
|---------------|----------------------------|---------------|--|---------------------------------------|-------------------|-------------------------------|--|--|--|
| В | Check if a | applicable: | C Name of organization | · | D Employer | identification number | | | |
| \Box | Address o | change | REMEMBER THE CHILDREN | | | | | | |
| Ξ | Name cha | _ | Doing business as | | 35-2 | 128166 | | | |
| = | | _ | | Room/suite | E Telephone | | | | |
| \sqcup | Initial retu | | 1100 S 9TH STREET SUITE 211 | | 31/- | 774-5090 | | | |
| | Final return terminated | | City or town, state or province, country, and ZIP or foreign postal code | | | | | | |
| П | Amended | t return | NOBLESVILLE IN 46060 | | G Gross rece | ipts\$ 719,854 | | | |
| H | | | F Name and address of principal officer: | H(a) Is this a gro | oup return for su | bordinates? Yes X No | | | |
| Ш | Applicatio | on pending | ANDREW BAKER | | | | | | |
| | | | 1100 S 9TH STREET SUITE 211 | H(b) Are all sub | | | | | |
| | | | NOBLESVILLE IN 46060 | ii "NO, | attach a list. (| See instructions | | | |
| | Tax-exer | mpt status: | X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 | | | | | | |
| J | Website | e: ► W | WW.REMEMBER-THE-CHILDREN.ORG | H(c) Group exe | | | | | |
| K | | organization: | | ar of formation: 2 | 001 | M State of legal domicile: IN | | | |
| | art I | | immary | | | | | | |
| & Governance | 1 1 | CHIL | scribe the organization's mission or most significant activities: ROVIDE TRAINING, SPONSORSHIP, AND RELIEF TO TRANSFO DREN IN ROMANIA AND TANZANIA. | | | • | | | |
| Ó | 2 (| | is box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% | % of its net as: | 1 1 | _ | | | |
| ಹ | 3 | | of voting members of the governing body (Part VI, line 1a) | | | 7 | | | |
| Activities | | | of independent voting members of the governing body (Part VI, line 1b) | | | 7 | | | |
| ΞΞ | | | nber of individuals employed in calendar year 2021 (Part V, line 2a) | | | 3 | | | |
| AC | | | nber of volunteers (estimate if necessary) | | | 4 | | | |
| | | | elated business revenue from Part VIII, column (C), line 12 | | 1 1 | 0 | | | |
| _ | b | Net unrel | ated business taxable income from Form 990-T, Part I, line 11 | Prior Ye | 7b | Current Year | | | |
| | 8 | Contribut | ions and grants (Part VIII, line 1h) | | 1,130 | 659,851 | | | |
| g | 9 | | service revenue (Part VIII, line 2g) | | 0 | 0 | | | |
| Revenue | 10 | | int income (Part VIII, column (A), lines 3, 4, and 7d) | | 3 | 3 | | | |
| 8 | 10 | | renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0 | 0 | | | |
| | | | enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 79 | 1,133 | 659,854 | | | |
| _ | _ | | nd similar amounts paid (Part IX, column (A), lines 1–3) | | 0 | 0 | | | |
| | | | paid to or for members (Part IX, column (A), line 4) | | 0 | 0 | | | |
| to. | 1 45 | | other compensation, employee benefits (Part IX, column (A), lines 5–10) | 6 | 2,410 | 65,365 | | | |
| benses | 16a | | onal fundraising fees (Part IX, column (A), line 11e) | - | 0 | 0 | | | |
| 9 | b. | | draising expenses (Part IX, column (D), line 25) ▶ 38,821 | | | | | | |
| М | | | penses (Part IX, column (A), lines 11a-11d, 11f-24e) | 71 | 9,254 | 543,391 | | | |
| | | | enses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 78 | 608,756 | | | | |
| | 19 | • | less expenses. Subtract line 18 from line 12 | | 9,469 | 51,098 | | | |
| Net Assets or | § | | | Beginning of Cu | | End of Year | | | |
| sets | 20 | | ets (Part X, line 16) | | 6,003 | 157,357 | | | |
| ¥2 | 21 | | ilities (Part X, line 26) | | 2,995 | 3,251 | | | |
| Ž | 22 | Net asse | ts or fund balances. Subtract line 21 from line 20 | 10 | 3,008 | 154,106 | | | |
| | art II | | gnature Block | | | | | | |
| į. | Inder pe | enalties of | perjury, I declare that I have examined this return, including accompanying schedules and statemer omplete. Declaration of preparer (other than officer) is based on all information of which preparer ha | nts, and to the b | est of my kn | owledge and belief, it is | | | |
| | ue, con | T & | omplete. Declaration of preparer (carer than omest) is based on an information of which proparer he | 20 dily kilottico | | | | | |
| C: | | - | Signature of officer | · · · · · · · · · · · · · · · · · · · | Date | | | | |
| | gn | | ANDREW BAKER PRESID | ENT | 22.0 | | | | |
| пе | ere | ; | Ype or print name and title |) EN I | | | | | |
| | | + | e preparer's name Preparer's signature | Date | Check | if PTIN | | | |
| Pa | id | 1 | LE L. ZIMMERMAN With III L. 3) MWW | 1.1.1 | DZZ self-em | L-J" | | | |
| | eparer | | T M HENDERGON C COMPANY II D | ~~ | Firm's EIN | 20-5520612 | | | |
| | e Only | Firm's na | 450 E 96TH ST STE 200 | | IIII S EIN F | 20 0020012 | | | |
| | , | | TYPE TANABOUTE THE 46240 2707 | | Phone no. | 317-566-1000 | | | |
| Ma | v the IF | Firm's ad | ss this return with the preparer shown above? See instructions | | 110110110. | X Yes No | | | |
| | ., <u>. 11</u> | | | | <u></u> <u></u> | | | | |

Form 990 (2021)

425,451

Total program service expenses ▶

Form 990 (2021) 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," | | | |
| | complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | Х | <u> </u> |
| 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 | | 1 | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | 7.7 |
| | "Yes," complete Schedule D, Part I | 6_ | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | 45 |
| | 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," | _ | | v |
| | 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 | | | ĺ |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | اما | | x |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 10 | | x |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | | | |
| 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," | 11a | x | |
| •- | complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more | | | |
| b | | 11b | | x |
| _ | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more | 1 | | |
| С | | 11c | | x |
| الم | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | | | |
| d | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| e f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| ٠ | 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 | | | |
| 120 | Schedule D, Parts XI and XII | 12a | | x |
| h | 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, | 1 | | |
| | 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 | L | 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 | 1 | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | <u> </u> | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | - | <u>X</u> |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 1 | | . |
| | If "Yes," complete Schedule G, Part III | 19 | - | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | + | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | + |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 24 | 1 | x |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | |

| P | The Checklist of Required Schedules (continued) | | | |
|---------------|--|---------|---------|----|
| , randa and a | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | 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 | | | ĺ |
| | 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 lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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 | | L |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | l | |
| | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee | | l | |
| | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these | ŀ | | |
| | persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, | | | |
| | Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| - | "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| C | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Von " complete Schodule I 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? <i>If</i> "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 | | | |
| • | 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 Bart 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 | | | |
| - | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| ٠. | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | | | |
| • | 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | X | l |
| p | art V Statements Regarding Other IRS Filings and Tax Compliance | | | |
| 1000000000 | Check if Schedule O contains a response or note to any line in this Part V | <u></u> | <u></u> | |
| | | _ | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3 | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| • | reportable gaming (gambling) winnings to prize winners? | 1c | | X |

Page 5

| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No |
|-----|--|-----------|----------|------------|
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 3 | , , , , , | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | | | |
| 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 authority over, | 1 1 | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 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 Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | ł |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| - | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| _ | and services provided to the payor? | 7a | | <u> </u> |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | <u> </u> |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| • | required to file Form 8282? | 7c | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| 9 | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| • | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | _ | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | _ | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | _ | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | _ | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | ******* | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 4 1 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | ### |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | ******** | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | - | | |
| C | Enter the amount of reserves on hand | | | *** |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | ┼ |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | ****** | X |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | ******* | X |
| | If "Yes," complete Form 4720, Schedule O. | | | 4 |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in | | | 1 |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | |
| | If "Yes," complete Form 6069. | | | 1 |
| | | For | m 99 | 0 (2021) |

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

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

| Sec | tion A. Governing Body and Management | | | | | | | | | |
|----------|--|---------|---|-------------|-----------|--------------|--|--|--|--|
| | | | | 20000000000 | Yes | No | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 7 | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | | | | | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | | | | | | | |
| | committee, explain on Schedule O. | | | | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 7 | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | | | | | | | |
| | any other officer, director, trustee, or key employee? | | | 2 | | X | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | | | | | | | |
| | supervision of officers, directors, trustees, or key employees to a management company or other person? | | | | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | | 5_ | | X | | | | |
| 6 | Did the organization have members or stockholders? | | | 6 | | X | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | | | | | | | |
| | one or more members of the governing body? | | | 7a | | X | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | { | |] | | | | |
| | stockholders, or persons other than the governing body? | | | 7b | 000000000 | X | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the ye | ar by t | he following: | | | | | | | |
| а | The governing body? | | | 8a_ | X | <u> </u> | | | | |
| b | Each committee with authority to act on behalf of the governing body? | | | 8b_ | _X_ | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | | | | | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | | X | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Inter | nal F | Revenue Co | ode.) | | | | | | |
| | | | | | Yes | - | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | | | 10a | | X | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | | | | | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b | 7- | <u> </u> | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing | the fo | orm? | 11a | X | | | | | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | 12a | X | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris | e to co | onflicts? | 12b | X | ├─ | | | | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | | | ., | | | | |
| | describe on Schedule O how this was done | | | 12c | 77 | X | | | | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | X | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | X | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | | | | | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | 4= | X | | | | | |
| a | The organization's CEO, Executive Director, or top management official | | | 15a | | x | | | | |
| b | Other officers or key employees of the organization | | • | 15b | | | | | | |
| 46 | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | | | | |
| 16a | | | | 16a | | x | | | | |
| | with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | 108 | | - | | | | |
| b | of "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | | | | | | | |
| | organization's exempt status with respect to such arrangements? | | | 16b | | † | | | | |
| 600 | organization's exempt status with respect to such arrangements? | | | וטט | | | | | | |
| | List the states with which a copy of this Form 990 is required to be filed IN, MD | | | | | | | | | |
| 17 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (se | ction | 501(c) | | | • • • • • • | | | | |
| 10 | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | | |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte | est or | licv. and | | | | | | | |
| 13 | financial statements available to the public during the tax year. | 50. pt | | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and reco | rds 🕨 | | | | | | | | |
| | EMEMBER THE CHILDREN 1100 S 9TH STREET, SUITE 211 | | | | | | | | | |
| | OBLESVILLE IN 460 | 50 | 31 | 7-77 | 4 - 5 | 090 | | | | |

| Part VII | Compensation of Officers, Directors, | Trustees, Key Employees, Hi | ghest 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 employees."
- 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, 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 | y rela | ted o | orgai | nizat | ion c | omp | pensated any current office | r, director, or trustee. | |
|--|--|--|-----------------------|---------|--------------|---------------------------------|--------|---|---|---|
| (A) Name and title | (B) Average hours per week (list any | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/ | (E) Reportable compensation from related organizations (W-2/ | (F) Estimated amount of other compensation from the |
| | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | 1099-MISC/ 1099-NEC) | 1099-MISC/ 1099-NEC) | organization and related organizations |
| (1) ANDREW BAKER | | | | | | | | | | |
| PRESIDENT | 40.00 | x | | | | | | 54,375 | 0 | 0 |
| (2) KEVIN HART | | | | | | 1 | | | | |
| <u> </u> | 2.00 | | | | | | | o | 0 | 0 |
| BOARD MEMBER (3) RAZVAN SAVU | 0.00 | X | - | | | \vdash | | <u> </u> | | |
| (3) RAZVAN BAVO | 2.00 | | | İ | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | | 0 | 0 | 0 |
| (4) AMANDA VEST | | | | | | | | | Į. | |
| | 2.00 | . | | | | | | 1 | _ | o |
| BOARD MEMBER | 0.00 | X | <u> </u> | | <u> </u> | \vdash | | 0 | 0 | |
| (5) ROGER CLARK | 2.00 | | l | | | | | | | |
| BOARD CHAIR | 0.00 | X | | x | | | | 0 | 0 | 0 |
| (6) MAX ARMES | | | | | | | | | | |
| | 2.00 | | | 1 | | 1 1 | | | | |
| SECRETARY | 0.00 | X | <u> </u> | X | <u> </u> | | | 0 | 0 | 0 |
| (7) DR DAVID WOLF D | DS 2.00 | | | 1 | l | | | | | |
| BOARD VICE CHAIR | 0.00 | × | | X | | | | 0 | o | o |
| (8) ASHLEY LABAR | 1 0.00 | | | - | | \dagger | | | 11-1-1-1-1 | |
| (0,1131111111111111111111111111111111111 | 2.00 | | | | 1 | | | | | |
| BOARD MEMBER | 0.00 | X | ↓_ | L | _ | \sqcup | | 0 | 0 | 0 |
| (9) | | | | | | 1 1 | | | | |
| | | | | | | | | | | |
| (10) | | 十 | - | | T | | | | | |
| | | \cdot | | | | | | | | |
| (11) | | +- | T | T | T | \Box | | | | |
| \···/ | | | 1 | | | | | | | |
| | | | | | | | | | | Form 990 (2021) |
| | | | | | | | | | | Earn MMII (2024) |

Form **990** (2021)

| Form 990 (2021) REMEMBER | THE CHI | DE | EN | ī | | | | 35-212 | 8166 | Page 8 |
|---|---|--|-----------------------|---------------|--------------|------------------------------|----------------|---|---|---|
| Part VII Section A. Officers | , Directors, Tru | stee | s, K | ey E | mpl | oyee | s, a | and Highest Compensated | Employees (continued) | |
| (A) Name and title | (B) Average hours per week | verage box, unless person is officer and a director per week | | | | | 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) | Individual trustee or director | Institutional trustee | 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 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | İ | | | | | | |
| | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 54,375 | | |
| c Total from continuation she | | | | | | • • • | | 54,375 | | |
| d Total (add lines 1b and 1c) Total number of individuals (in | cludina but not l | | | | e lis | ted a | bov | | | |
| reportable compensation from | the organization | | 0 | | | | | | | |
| 3 Did the organization list any for employee on line 1a? If "Yes," | complete Schee | dule | J for | suci | h inc | lividu | ıal 🏻 | | | Yes No |
| 4 For any individual listed on line organization and related organ | e 1a, is the sum nizations greater | of re thar | port 1 \$15 | able 50,00 | com 0? / | ipen: f "Ye | satio s," (| on and other compensation complete Schedule J for su | from the ch | |
| 5 Did any person listed on line 1 | a receive or acc | rue (| com | oens | atior | n fror | n ar | ny unrelated organization o | r individual | 5 X |
| for services rendered to the or Section B. Independent Contractor | | <i>es,</i> " | com | ріет | SC | neau | ie J | tor such person | | 5 X |
| Complete this table for your fire compensation from the organians. | ve highest comp | ense | ted | inder | oend | lent o | cont | tractors that received more | than \$100,000 of | oar . |
| | (A) business address | <u> </u> | 01130 | idon. | 101 (| 100 | | | (B) | (C) Compensation |
| | | | | | | | | | | |
| | | | | | - | | | | | |
| | | | | | | | | | | |
| | | | | | , | | - | | | |
| 2 Total number of independent | contractors (inclu | ıding | but | not | limit | ed to | tho | ose listed above) who | | |
| received more than \$100,000 | of compensation | fror | n the | e org | aniz | atior | 1 > | , | 0 | |

DAA

| Pa | ŧ VI | Stateme Check if | ent of Sche | f Revenue edule O conta | ins a | respons | se or note | e to any line in thi | s Part VIII | | |
|--|------|---|----------------|-----------------------------------|--------------|-------------|---------------------------------------|----------------------|--|--|--|
| | | Onook ii | 9011 | <u> </u> | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| 흉환 | 1a | Federated camp | aigns | | 1a | | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | b | Membership due | es | | 1b | | | | | | |
| And And | C | Fundraising ever | nts | | 1c | _ | | | | | |
| 2 5 | | Related organiza | | | 1d | | 0 010 | | | | |
| Sizi | | Government grants (co All other contributions, | | | 1e | | 8,019 | | | | |
| 풀힐 | | and similar amounts no | t include | d above | 1f | | 651,83 <u>2</u> | | | | |
| 真図 | g | Noncash contributions lines 1a-1f | | l l | 1g \$ | ; | 60,000 | | | | |
| ago | h | Total. Add lines | | | | | > _ | 659,851 | | | |
| Ħ | | | | | | | Business Code | , | | | |
| 8 | 2a | • | | | | | | | | | |
| Program Service Revenue | b | • | | | | | | | | | |
| Š Ž | С | | | | | | | ļ | | | |
| ge a | d | | | | | | | | | | |
| 품 | e | All other program | | | | | | | | | · |
| | | Total. Add lines | | | | | > | | | | |
| - | 3 | Investment inco | | | | | · · · · · · · · · · · · · · · · · · · | | | | |
| 1 | • | other similar am | | | | | > | 3 | | | 3 |
| | 4 | Income from inv | estme | nt of tax-exempt | bond p | roceeds | > | | | ļ | |
| | 5 | Royalties | | | | | | | | | |
| | | | | (i) Real | | (ii) P | ersonal | - | | | |
| l | 6a | Gross rents | 6a | | -+ | | | - | | | |
| | b | Less: rental expenses | 6b 6c | | | | | - | | | |
| | d | Rental inc. or (loss) Net rental incom | | U68) | | | <u> </u> | | | | |
| | | Gross amount from | 10 01 (| (i) Securities | | | Other | | | | |
| | | sales of assets other than inventory | 7a | 60, | 000 | | | | | | |
| ą | b | Less: cost or other | | | | | | | | | |
| er Revenue | | basis and sales exps. | 7b | 60, | 000 | | | | | | |
| Re Se | | Gain or (loss) | 7c | | | | | | | | |
| | | Net gain or (loss | | | | <u></u> | ····· | | | | |
| ਰ | 8a | Gross income from | | | | | | | | | |
| | | (not including \$ of contributions re | | nn line | | | | | | | |
| | | 1c). See Part IV, li | | | 8a | | | | | | |
| | b | Less: direct exp | | | 8b | | | | | | |
| | | Net income or (| | | events | <u> </u> |) | | | | |
| | 9a | Gross income fi | _ | | l l | | | | | | |
| | | activities. See F | | | 9a | | | | | | |
| | | Less: direct exp | | | 9b | | | | | | |
| | | Net income or (Gross sales of i | | | illes | <u></u> | | | | | |
| | IVa | returns and allo | | - | 10a | | | | | | |
| | b | Less: cost of go | | | 10b | | | | | | |
| | | Net income or (| | | entory . | | <u> </u> | | | | |
| 2 | | | | | | | Business Cod | е | | | |
| Miscellaneous Revenue | 11a | | | | | | | | | | |
| lar rent | b | | | | | | | | | | |
| Re | C | | | | | | | + | | 1 | |
| Z | | All other revenue Total. Add lines | | | | | _ | | | | |
| _ | _ | Total revenue. | | | | | | 659,854 | | | 3 |
| _ | | | | | | | | | | | Form 990 (2021) |

Form 990 (2021) REMEMBER THE CHILDREN
Part IX Statement of Functional Expenses

| Secti | on 501(c)(3) and 501(c)(4) organizations must contains a resp | | | npiete column (A). | |
|----------|---|-----------------------|------------------------------|-------------------------------------|--------------------------|
| | ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | | |
| | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and | | | | |
| | foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 54,375 | 8,156 | 25,556 | 20,663 |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 6,345 | 952 | 2,982 | 2,411 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | 0 400 | 1 84 |
| 10 | Payroll taxes | 4,645 | 697 | 2,183 | 1,765 |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | 04 000 | | 04 000 | |
| C | Accounting | 24,808 | | 24,808 | |
| d | • • | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (if line 11g amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 11g expenses on Schedule O.) | 13,982 | | | 13,982 |
| 12 | • | 65,969 | | 65,969 | 15,502 |
| 13 | Office expenses | 03,303 | | 03,909 | |
| 14 | Information technology | | | | |
| 15 | Royalties | 3,600 | | 3,600 | |
| 16 | Occupancy | 26,517 | 26,517 | 3,000 | |
| 17 | Travel Payments of travel or entertainment expenses | | 20,527 | | |
| 18 | for any federal, state, or local public officials | | | | |
| 40 | Conferences, conventions, and meetings | 16,342 | | 16,342 | · · · |
| 19 20 | • • • • | 20,012 | | | |
| 21 | Interest Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 680 | | 680 | |
| 23 | Insurance | 2,364 | | 2,364 | |
| 24 | | - | | | |
| | 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.) | | | | |
| а | PROGRAM EXPENSE | 389,129 | 389,129 | | |
| b | | | | | |
| C | | | | | |
| d | *************************************** | | | | |
| е | All other expenses | | | | 20 20 - |
| 25 | Total functional expenses. Add lines 1 through 24e | 608,756 | 425,451 | 144,484 | 38,821 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs | | | | |
| | from a combined educational campaign and | | | | |
| | fundraising solicitation. Check here ▶ if | | | | |
| DAA | following SOP 98-2 (ASC 958-720) | <u> </u> | | <u> </u> | Form 990 (2021) |
| ~,~, | | | | | 1 2001 2 2 2 (2021) |

Form 990 (2021) Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . (B) (A) Beginning of year End of year 99,858 143,245 Cash—non-interest-bearing 2 Savings and temporary cash investments Pledges and grants receivable, net 3 2,681 3,609 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 8,019 7 Notes and loans receivable, net 8 Inventories for sale or use 897 1,197 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

10a

10b 20,130 18,543 1,587 2,267 10c 11 Investments—publicly traded securities 12 12 Investments—other securities. See Part IV, line 11 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 157,357 Total assets. Add lines 1 through 15 (must equal line 33) 106,003 16 16 2,995 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 2,995 3,251 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ X and complete lines 27, 28, 32, and 33. or Fund Balances 154,106 103,008 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31

Total net assets or fund balances

Total liabilities and net assets/fund balances

157,357 Form 990 (2021)

154,106

103,008

106,003

32

| orm | 1 990 (2021) REMEMBER THE CHILDREN 35-2128 | T 0 0 | | Page | <u>3 12</u> |
|-----|---|---|---------|--------------|-------------|
| Pa | nt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | | 9,8 | _ |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | |)8 <u>,7</u> | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | | <u>51,0</u> | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | | 10 | 0,0 | 08 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | [] | | | |
| | 32, column (B)) | 10 | 15 | 54,1 | <u>.06</u> |
| 20 | in XII Financial Statements and Reporting | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | - | | No |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | X | ********* |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | • | 2b | | <u> </u> |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | a | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs | sight of | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountar | nt? | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain | ain on | | | |
| | Schedule O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth | n in the | | | |
| | Single Audit Act and OMB Circular A-133? | | 3a | | <u> </u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo | the | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a | udits | 3b | لِل | |
| | | | For | m 990 | (2021) |

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 Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Employer identification number

| | | | REMEMBER THE | CHILDREN | | | 35-212 | 8166 | | | |
|-----|--|-----------------|---|---|---------------|-----------------------|---|-----------------------------------|--|--|--|
| P | | Reaso | on for Public Charity | Status. (All organizations | must co | mplete | this part.) See instructio | ns. | | | |
| Γhe | orga | nization is not | a private foundation because | e it is: (For lines 1 through 12, o | check only | one box. |) | | | | |
| 1 | \Box | | | ociation of churches described | | | | | | | |
| 2 | П | | | A)(ii). (Attach Schedule E (Forn | | | | | | | |
| 3 | Ħ | | | ce organization described in sec | | b)(1)(A)(ii | ii). | | | | |
| 4 | Ħ | | | d in conjunction with a hospital o | | | | ospital's name, | | | |
| · | ш | city, and state | - | • | | | | · | | | |
| 5 | П | | | of a college or university owned | or operate | d by a go | vernmental unit described in | | | | |
| • | ш | _ | b)(1)(A)(iv). (Complete Part | | | , . 0 . | | | | | |
| 6 | | | | overnmental unit described in s | ection 17 | 0(b)(1)(A) | (v). | | | | |
| 7 | | | | substantial part of its support fro | | | | } | | | |
| • | ш | | section 170(b)(1)(A)(vi). (C | | • | | • . | | | | |
| 8 | | A community | trust described in section | 170(b)(1)(A)(vi). (Complete Parl | : II.) | | | | | | |
| 9 | П | An agricultura | al research organization des | scribed in section 170(b)(1)(A)(i | x) operate | ed in conju | inction with a land-grant collec | je | | | |
| | - | or university | or a non-land-grant college | of agriculture (see instructions). | Enter the | name, cit | y, and state of the college or | | | | |
| | _ | university: | | | | | | | | | |
| 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 | SS | | | |
| | | receipts from | activities related to its exer | npt functions, subject to certain nd unrelated business taxable ir | exceptions | s; and (2) | 611 tay) from husinesses | | | | |
| | | support from | gross investment income a he organization after June 3 | 60, 1975. See section 509(a)(2) | . (Complet | e Part III. |) | | | | |
| 11 | \Box | | | exclusively to test for public safe | | | | | | | |
| 12 | H | | | | | | | ses of | | | |
| 12 | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 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. | | | | | | | | | | |
| | a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving | | | | | | | | | | |
| | | the suppo | orted organization(s) the po | wer to regularly appoint or elect | a majority | of the dir | ectors or trustees of the | | | | |
| | supporting organization. You must complete Part IV, Sections A and B. | | | | | | | | | | |
| | b | Type II. A | A supporting organization so | pervised or controlled in conne | ction with i | ts suppor | ted organization(s), by having | - 4 | | | |
| | | | | rting organization vested in the | same pers | ons that o | control or manage the support | ea | | | |
| | | | | Part IV, Sections A and C. | d in conno | ation with | and functionally integrated w | it h | | | |
| | C | Type III f | unctionally integrated. A : | supporting organization operated structions). You must complete | Part IV. S | cuon with Sections | , and functionally integrated w A. D. and E. | ıcı, | | | |
| | d | Type III r | non-functionally integrate | d. A supporting organization ope | erated in c | onnection | with its supported organization | on(s) | | | |
| | u | that is no | t functionally integrated. Th | e organization generally must s | atisfy a dis | tribution i | equirement and an attentiven | ess | | | |
| | | requirem | ent (see instructions). You | must complete Part IV, Sectio | ns A and | D, and Pa | art V. | | | | |
| | е | Check thi | is box if the organization re | ceived a written determination fr | om the IR | S that it is | a Type I, Type II, Type III | | | | |
| | | | • | n-functionally integrated suppor | ting organ | ization. | | | | | |
| | f | | nber of supported organization | | | | | | | | |
| | <u>g</u> | Provide the fo | | he supported organization(s). | 0.31.0 | | | (.1) A at at | | | |
| (| | ne of supported | (ii) EIN | (iii) Type of organization (described on lines 110 | (iv) is the o | | (v) Amount of monetary support (see | (vi) Amount of other support (see | | | |
| | OI | ganization | | above (see instructions)) | docur | | instructions) | instructions) | | | |
| | | | | | Yes | No | | | | | |
| (A) |) | | | | | | | | | | |
| | | | | | | | | | | | |
| (B) |) | | | | | | | | | | |
| | | | | | | | | | | | |
| (C |) | | | | | | | | | | |
| | | | | | ļ | | | | | | |
| (D |) | | | | | | |] | | | |
| | | | | | <u> </u> | | | | | | |
| (E |) | | | | | | | | | | |
| | | | | | | | | | | | |
| Tot | al | | | | | | | l | | | |

Schedule A (Form 990) 2021

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.)

| | tion A. Public Support | | | | - | | |
|-------|---|-------------------------|-----------------------|-----------------------|---------------------|-------------|-----------|
| Caler | dar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | - | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | e | | | | | · · · · · |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| | tion B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends payments received on securities loans rents, royalties, and income from similar sources | 5, | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | ļ | | | | -0.0 |
| 10 | Other income. Do not include gain or 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 | 3) | | | <u>12</u> | |
| 13 | First 5 years. If the Form 990 is for the | ne organization's first | , second, third, four | th, or fifth tax year | as a section 501(c | :)(3) | . — |
| | organization, check this box and stop | here | | | | | |
| Sec | tion C. Computation of Public | c Support Perce | ntage | | | | |
| 14 | Public support percentage for 2021 (li | | | nn (f)) | | 14 | % |
| 15 | Public support percentage from 2020 | Schedule A, Part II, | line 14 | | | 15 | % |
| 16a | 33 1/3% support test-2021. If the o | | | | 33 1/3% or more, | check this | |
| | box and stop here. The organization | qualifies as a publicl | y supported organiz | ation | | | ▶ ∟ |
| b | 33 1/3% support test-2020. If the o | | | | | | |
| | this box and stop here. The organiza | | | | | | ▶ ∟ |
| 17a | | -2021. If the organiz | ation did not check | a box on line 13, 1 | 6a, or 16b, and lin | e 14 is | |
| | 10% or more, and if the organization Part VI how the organization meets the | ne facts-and-circums | tances test. The org | anization qualifies | as a publicly supp | orted | ▶ □ |
| b | 10%-facts-and-circumstances test- | —2020. If the organiz | ation did not check | a box on line 13, 1 | l6a, 16b, or 17a, a | nd line | |
| | 15 is 10% or more, and if the organizin Part VI how the organization meets | the facts-and-circur | nstances test. The o | organization qualifi | es as a publicly su | pported | ►□ |
| 18 | organization Private foundation. If the organization instructions | | ox on line 13, 16a, 1 | 6b, 17a, or 17b, cl | neck this box and s | ee | |
| | INSUUCIONS | | | | | | |

Page 3

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

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

| Sec | tion A. Public Support | quality arrass as | <u> </u> | , - | | | |
|-----|--|------------------------|----------------------|------------------------|----------|----------|---------------|
| | dar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 357,182 | 570,335 | 574,420 | 791,130 | 659,851 | 2,952,918 |
| 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 | 357,182 | 570,335 | 574,420 | 791,130 | 659,851 | 2,952,918 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| | 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 | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | 2,952,918 |
| Sec | tion B. Total Support | | <u> </u> | | | | 2,732,710 |
| - | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 9 | Amounts from line 6 | 357,182 | 570,335 | 574,420 | 791,130 | 659,851 | 2,952,918 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 2 | 2 | 3 | 3 | 3 | 13 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | 2 | 2 | 3 | 3 | 3 | 13 |
| 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.) | 58 | 4,248 | | | | 4,306 |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | 357,242 | 574,585 | 574,423 | 791,133 | 659,854 | 2,957,237 |
| 14 | First 5 years. If the Form 990 is for the or organization, check this box and stop her | rganization's first, s | econd, third, fourth | n, or fifth tax year a | | (3) | ▶ □ |
| Sec | tion C. Computation of Public S | | | | | | |
| 15 | Public support percentage for 2021 (line 8 | | | nn (fl) | | 15 | 99.85% |
| 16 | Public support percentage from 2020 Sch | | | | | | 99.84% |
| | tion D. Computation of Investme | | | | | | |
| 17 | Investment income percentage for 2021 (| | | , column (f)) | | 17 | % |
| 18 | Investment income percentage from 2020 | | | | | 18 | |
| 19a | 33 1/3% support tests—2021. If the orga | | | | | | > X |
| ı_ | 17 is not more than 33 1/3%, check this b | • | _ | | | | |
| b | 33 1/3% support tests—2020. If the orgaline 18 is not more than 33 1/3%, check to | | | | | | ▶ □ |
| 20 | Private foundation. If the organization di | | | | | | |
| | | = ::=: :::= :::= ::: | | , | | | |

Supporting Organizations

(Complete only if you checked a box in 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.
- 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 3a lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- 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.
- 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.
- 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," 5a 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? C
- 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).
- 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).
- 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.
- 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.
- 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - 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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Page 5

| | Supporting Organizations (continued) | |
|----------|--|--------|
| | Supporting Organizations (commucu) | Yes No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | 166 10 |
| | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | |
| а | | 11a |
| h | 11c below, the governing body of a supported organization? A family member of a person described on line 11a above? | 11b |
| | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, | 110 |
| G | provide detail in Part VI. | 11c |
| Sacti | on B. Type I Supporting Organizations | 1.1101 |
| Jecu | on B. Type I Supporting Organizations | Yes No |
| | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | Tes NO |
| 1 | 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 | 1 |
| _ | 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, | 9 |
| 04 | supervised, or controlled the supporting organization. | 2 |
| Secti | on C. Type II Supporting Organizations | Yes No |
| _ | the state of the s | Tes 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 | |
| <u> </u> | the supported organization(s). | 1 1 |
| Secti | on D. All Type III Supporting Organizations | Von Ma |
| | | 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 |
| Sect | ion E. Type III Functionally Integrated Supporting Organizations | .1 |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions | i). |
| 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. | |
| C | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru | |
| 2 | Activities Test. Answer lines 2a and 2b below. | Yes No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 20 |
| | 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 | 26 |
| | 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 | 2- |
| | 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 | 25 |
| | of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. | 3b |

| | Ile A (Form 990) 2021 REMEMBER THE CHILDREN | | 33-2126 | 100 Page 6 |
|------|--|--------|-----------------------------|--------------------------------|
| Par | | | | · |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov | | | ee |
| | instructions. All other Type III non-functionally integrated supporting organizations mus | t comp | 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 | <u>-</u> | |
| 3_ | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | <u> </u> | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or collection | | | |
| | of gross income or for management, conservation, or maintenance of | | | |
| | property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8_ | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8_ | _ | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| | 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_ | | |
| | tion C – Distributable Amount | _ | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4_ | | |
| 5 | Income tax imposed in prior year | 5 | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| • | emergency temporary reduction (see instructions). | 6_ | | |
| 7 | | Type I | Il supporting organization | - |

(see instructions).

Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2021 from Section C, line 6 9 Line 8 amount divided by line 9 amount 10 (iii) (ii) (i) Distributable **Excess Distributions** Underdistributions Section E - Distribution Allocations (see instructions) Pre-2021 Amount for 2021 Distributable amount for 2021 from Section C, line 6 Underdistributions, if any, for years prior to 2021 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2021 a From 2016 b From 2017 c From 2018 d From 2019 e From 2020 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2021 distributable amount 1 Carryover from 2016 not applied (see instructions) Remainder, Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2021 from Section D. line 7: a Applied to underdistributions of prior years b Applied to 2021 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2022. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Schedule A (Form 990) 2021

DAA

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section

Page 8

| | 3a, and 3k | ; Part V, lir | ne 1; Part \ | V, Section | B, line 1e; | Part V, S | lines 2 and ection D, lir ormation. (S | nes 5, 6, a | nd 8; and f | E, lines 1c, 2a Part V, Section | a, 2b, on E, |
|---|------------|---|--------------|------------|---|---|--|---|-------------|------------------------------------|---|
| PART I | II, LIN | | | | | | | | | | |
| SALES | | | | | \$ | | 4,306 | | | | |
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Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

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): Section: Filers of: 3) (enter number) organization **X** 501(c)(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 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) 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).

PAGE 1 OF 4

Page 2

Employer identification number

Name of organization REMEMBER THE CHILDREN 35-2128166 Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. 1.... MOUNTAIN CHRISTIAN CHURCH Person 1824 MOUNTAIN ROAD **Payroll** 9,100 Noncash MD 21085 **JOPPA** (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. 2.... TOOGER SMITH Person 637 E SAND HOLLAR ROAD **Payroll** X 90,800 Noncash BLOOMFIELD (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. NORTHWEST AVE CHURCH OF CHRIST Person 3 737 NORTHWEST AVE Pavroll \$ 5,000 Noncash OH 44278 TALLMADGE (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 4.... SCOTT & KIMBERLY WHITLOCK Person 8740 MUD CREEK ROAD Payroll 42,000 Noncash IN 46256 INDIANAPOLIS (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** CHERRY AVENUE CHRISTIAN CHURCH 5 Person 1720 CHERRY AVE Pavroll 5,150 Noncash **VA 22903** CHARLOTTESVILLE (Complete Part II for noncash contributions.) (d) (b) (c) (a) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 6 ... CHRISTOPHER & JAMIE EATON Person X 1828 N GREENLEESE DR Payroll

MD 21701-9338

Noncash

(Complete Part II for noncash contributions.)

6,000

FREDERICK

PAGE 2 OF 4

Page 2

Name of organization REMEMBER THE CHILDREN

Employer identification number 35-2128166

| Part I | Contributors (see instructions). Use duplicate copies of Pa | ort I if additional space is nee | eded. |
|------------|--|----------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 7 | MARCUS & LAURA MYERS 44794 PRIDE MOUNTAIN ST TEMECULA CA 92592-6510 | \$ 15,025 | 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 |
| 8 | NORTHEAST CHRISTIAN CHURCH 990 STAR SHOOT PARKWAY LEXINGTON KY 40509 | \$ 5,300 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 9 | NORTHSIDE CHRISTIAN CHURCH MISSIONS 1300 GEORGE WASHINGTON HWY. YORKTOWN VA 23693-4303 | \$ 5,520 | 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 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 |
| 11 | JOHN & CINDY SPICKLEMIRE 8134 BITTERN LN INDIANAPOLIS IN 46256-1780 | \$ 7,512 | 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 | ALFRED JERRY & SYLVIA TAYLOR 1403 BALSAM CT FOREST HILL MD 21050-3026 | \$ 5,615 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

PAGE 3 OF 4

Page 2

Name of organization
REMEMBER THE CHILDREN

Employer identification number 35-2128166

| 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 |
| 13. | JEFF & BRENDA BOURN 1760 SCIOTA ROAD ELIZABETHTON TN 37643-1904 | \$ 23,296 | 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 |
| 14 | DAVID & MARY COUCHMAN 3136 IOWA AVENUE MODESTO CA 95358-9468 | \$ 10,000 | 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 |
| 15 | RAYMOND & MARGIE STALLINGS 220 TERREBONNE ROAD YORKTOWN VA 23692-4867 | \$ 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 |
| 16 | JOHN & AMY BANKSTON 18881 LONG GROVE WAY LOUISVILLE KY 40245-6305 | \$ 5,940 | 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. | GARY & CINDY STANTON 10401 STONE COURT CINCINNATI OH 45242-5128 | \$ 5,820 | 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 | HIS PLACE CATHEDRAL OF FAITH 69556 CR 378 COVERT MI 49043 | \$ 5,139 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

PAGE 4 OF 4

Page 2

Name of organization
REMEMBER THE CHILDREN

Employer identification number 35-2128166

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 19 JOHN & PAMELA SARNO Person 519 DALLAM COURT **Payroll** \$ 5,103 Noncash MD 21014-2866 (Complete Part II for noncash contributions.) (b) (C) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash (Complete Part II for noncash contributions.)

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) FMV (or estimate) from **Date received** Description of noncash property given (See instructions.) Part I GREENE COUNTY - LAND 2 s 60,000 03/01/21 (c) (a) No. (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) 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

Employer Identification number

Open to Public Inspection

REMEMBER THE CHILDREN 35-2128166 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year _____ Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically 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 conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X.

following amounts required to be reported under FASB ASC 958 relating to these items:

\$

| | ## III Organizations Maintaining (| Collections of | Art. Histo | orical Tr | easures. | or Other S | | ets (continued | <u> </u> |
|------------|--|-----------------------------|---------------|--------------|---|----------------|---|--|---------------|
| | Using the organization's acquisition, accession collection items (check all that apply): | , and other records, | check any | of the foll | owing that m | ake significan | t use of its | | |
| | | . m. | oan or excl | hansa nsa | ~~~ | | | | |
| a | Public exhibition | = | | - | | | | | |
| b | Scholarly research | e [] C | , uiei | | • | | | | |
| С | Preservation for future generations | | | | | | one in Dori | | |
| 4 | Provide a description of the organization's colle | ections and explain | now they to | irtner the c | organization s | exempt purp | ose in Pari | | |
| | XIII. | | | | | | | | |
| 5 | During the year, did the organization solicit or r | eceive donations of | fart, histori | cal treasu | res, or other s | similar | | П у | □ . |
| | assets to be sold to raise funds rather than to be | | art of the or | ganization | 's collection? | | | Yes | No |
| Pa | Complete if the organization a 990, Part X, line 21. | ngements. answered "Yes" | on Form | 990, Pa | rt IV, line 9 | , or reporte | ed an amo | unt on Form | |
| 1a | Is the organization an agent, trustee, custodian | or other intermedia | ary for cont | ributions o | r other asset | s not | | | |
| | included on Form 990, Part X? | | | | | | | Yes | No |
| h | If "Yes," explain the arrangement in Part XIII ar | nd complete the follo | owing table | E | | | | | |
| D | II Tes, explain the arrangement in Fact XIII ar | ia complete the ion | J | • | | | | Amount | |
| _ | Devianing belongs | | | | | | 1c | | |
| | Beginning balance | | | | | | | | |
| d | Additions during the year | | | | | | ··· | | |
| е | Distributions during the year | | | | | | 4.5 | | **** |
| f | Ending balance | | | | | | | Yes | No |
| 2a | Did the organization include an amount on For | m 990, Part X, line | 21, for esci | row or cus | todiai accoun | | | 🗀 163 | H |
| | If "Yes," explain the arrangement in Part XIII. C | Check here if the ex | planation n | as been p | rovided on Pa | π Χιιι | · · · · · · · · · · · · · · · · · · · | | |
| Pa | rt V Endowment Funds. | 1 (1) / 11 | | 000 D- | مسئل / السم | | | | |
| | Complete if the organization a | | | | | | | ack (e) Four yea | ara baak |
| | | (a) Current year | (b) Prio | r year | (c) Two yea | irs back | (d) Three years b | ack (e) Foul yea | als back |
| 1a | Beginning of year balance | | | | | | | | |
| b | Contributions | | | | | | | | |
| C | Net investment earnings, gains, and | | | | | | | | |
| | losses | | | | | | | | |
| d | Grants or scholarships | | | | <u> </u> | | | | |
| | Other expenditures for facilities and | | | | | | | ļ | |
| • | programs | | | | ļ | | | | |
| f | Administrative expenses | | | | | | | | |
| | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage of the curre | nt year end balance | (line 1a, c | olumn (a)) | held as: | | | | |
| | Board designated or quasi-endowment ▶ | | (| | | | | | |
| a | Permanent endowment ▶ % | | | | | | | | |
| | | | | | | | | | |
| C | Term endowment ▶ % The percentages on lines 2a, 2b, and 2c shou | ld equal 100% | | | | | | | |
| • | Are there endowment funds not in the possess | nion of the organiza | tion that ar | e held and | l administere | d for the | | | |
| <i>3</i> a | | sion of the organiza | | uilo | | | | Ye | s No |
| | organization by: | | | | | | | 30(1) | |
| | (i) Unrelated organizations | | | | | | | 0-443 | |
| _ | (ii) Related organizations If "Yes" on line 3a(ii), are the related organization | lietod og roguir | rod on Sch | | | | • | · · · · · · · · · · · · · · / · · · / · · · / - · · · · / - · · · · · - · · · · · - · · · · | |
| b | | | | | | | • | | |
| 4 | Describe in Part XIII the intended uses of the | | wment tun | us | | | | | |
| | art VI Land, Buildings, and Equip | ment. | on Form | - 000 B | ort IV/ line | 112 See F | orm 990 I | Part X line 10 | |
| | Complete if the organization | | | | | 1 1a. OCC F | mulated | (d) Book vali | LIB . |
| | Description of property | (a) Cost or other b | easis | • • | other basis | | ciation | (u) Book vain | |
| | | (investment) | | iroj | her) | nabia | oracion: | <u> </u> | |
| 18 | Land | | | | ·· | | | | |
| | Buildings | | | | | ļ | | | |
| | Leasehold improvements | | | | | <u></u> | 16 200 | | |
| | I Equipment | | ,730 | | | | 16,730 | | FAE |
| • | Other | | <u>,400</u> | | | | 1,813 | | L,587 |
| Tota | al. Add lines 1a through 1e. (Column (d) must ed | qual Form 990, Part | X, column | (B), line 1 | (Oc.) | | <u>Þ</u> | | L <u>,587</u> |

| Part VII | art VII Investments – Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. | | | | | |
|---|--|--|-------------------------------------|----------------|--|--|
| | (a) Description of security or category | (b) Book value | (c) Method of va | | | |
| | (a) Description of security or category (including name of security) | (b) Book value | Cost or end-of-year | | | |
| (4) =: | | | 000, 07 0112 07 9021 | namer value | | |
| (1) Financial d | erivatives | | | | | |
| | d equity interests | | | | | |
| (3) Other | | | | | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | ļ | | | | |
| (E) | | | | | | |
| (F) | | | | | | |
| (G) | | | | | | |
| (H) | | | | | | |
| Total. (Column | (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, | <u>line 11c. See Form 990, Pa</u> | rt X, line 13. | | |
| | (a) Description of investment | (b) Book value | (c) Method of ve | aluation: | | |
| | | | Cost or end-of-year | market value | | |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | † | | | | |
| (7) | | | | | | |
| | | | | | | |
| (8) | | | | | | |
| (9) | (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 Pa | rt X line 15 | | |
| | (a) Description | 7 01111 000, 1 411114, | 110 110 000, 10 | (b) Book value | | |
| (4) | (4) | | | | | |
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| | (b) must equal Form 990, Part X, col. (B) line 15.) | ····· | | | | |
| Part X | Other Liabilities. | F 000 B 84 | lime 44e en 44f One Torre 5 | 100 De-4 V | | |
| | Complete if the organization answered "Yes" on line 25. | - Form 990, Paπ IV, | line 11e or 11f. See Form s | 90, Part X, | | |
| 1. | (a) Description of liability | | | (b) Book value | | |
| (1) Federal | income taxes | _ <u></u> | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| (5) | | | | | | |
| (6) | | | | | | |
| (7) | | | | | | |
| (8) | | | | | | |
| (9) | | | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 25.) | ····· | • | | | |
| | representation of the party of the second of | <u> </u> | 's financial statements that report | | | |

| Sche | edule D (Form 990) 2021 REMEMBER THE CHILDREN | 35-212816 | | Page 4 |
|----------|--|----------------------------------|--|----------|
| Pŧ | Reconciliation of Revenue per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Pa | | eturn. | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | | | | |
| | | 2a | | |
| | Donated services and use of facilities | 2b | 1 | |
| C | | 2c | | |
| d | # H. A | 2d | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| а | • | 4a | 4 1 | |
| b | Other (Describe in Part XIII.) | 4b | | |
| C | Add lines 4a and 4b | | 4c | |
| 5 | | | 5 | |
| P | Reconciliation of Expenses per Audited Financial Stateme | | Return. | |
| | Complete if the organization answered "Yes" on Form 990, Pa | rt IV, line 12a. | 1 . 1 | |
| 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: | ا ما | | |
| a | *************************************** | 2a 2b | | |
| | Prior year adjustments | | 1 1 | |
| | Other losses | 2c | - | |
| | Other (Describe in Part XIII.) | | 2e | |
| _ | Add lines 2a through 2d | | 3 | |
| 3 | Subtract line 2e from line 1 | Ţ····· | | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 4a | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | 4b | 7 | |
| | Other (Describe in Part XIII.) Add lines 4a and 4b | | 4c | |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | 5 | |
| ******** | art XIII Supplemental Information. | | <u>, </u> | |
| | ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, | lines 1b and 2b; Part V, line 4; | Part X, line | |
| | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a | | | |
| | ART X - FIN 48 FOOTNOTE | | | |
| •• | | | | |
| T | HE ORGANIZATION HAS BEEN DETERMINED BY THE | INTERNAL REVENU | E SERVICE T | OBE |
| | | | _ | _ |
| Т | AX EXEMPT UNDER SECTION 501(C)(3) OF THE IN | TERNAL REVENUE | CODE (THE C | ODE). |
| | | | | |
| A | S A RESULT, CONTRIBUTIONS MADE TO THE ORGAN | IZATION QUALIFY | AS CHARITA | BLE |
| | | | | |
| D | EDUCTIONS AS DESCRIBED IN SECTION 170(C) OF | THE CODE. | | |
| | THE CONTRACT OF THE PART OF TH | . VD 662060460 4V | DE TAVEN C | אז דידים |
| M | ANAGEMENT EVALUATES ALL TAX POSITIONS TAKEN | OR EXPECTED TO | DE IAKEN C | ' |
| _ | NAMES TANDANAMENTON DEMINDING THAT INTING THE DA | CTTTON TURT THE | OPCANTZATI | ON |
| A | NNUAL INFORMATION RETURNS, INCLUDING THE PO | SIIION IRAI IRE | ORGANIZALI | |
| _ | ONTINUES TO QUALIFY TO BE TREATED AS A SECT | TON 501 (C) (3) O | RGANTZATTON | FOR |
| | ONTINUES TO QUALIFF TO BE TREATED AS A SECT | .TOM 301(C)(3) O. | KGAN I ZAI I ON | |
| D | OTH FEDERAL AND STATE PURPOSES. FOR THE YEA | R ENDED DECEMBE | R 31. 2021. | |
| | OIL LEDGENT WAS STATE LOW OFFO. LOW THE TEN | | | |
| м | ANAGEMENT DOES NOT FEEL IT HAS TAKEN ANY TA | X POSITIONS THA | T WOULD NOT | BE |
| 141 | relative that by an and a little density and a second | | | |
| S | USTAINED UNDER EXAMINATION. THEREFORE, NO I | NTEREST OR PENA | LITES HAVE | BEEN |
| | | | | |
| A | CCRUED OR CHARGED TO EXPENSE AS OF DECEMBER | 31, 2021, OR T | HE TAX PERI | OD |

| Part XIII Su | upplemental l | nformation (c | ontinued) | | | | |
|---|---|---------------|--------------|---------|-----------|------------|-------------|
| THEN END | ED. THE 2 | ANNUAL IN | FORMATION RI | TURNS F | OR THE OF | GANIZATION | ARE SUBJECT |
| TO EXAMI | NATION BY | TAXING | AUTHORITIES | FOR A P | ERIOD OF | THREE YEAR | RS FROM THE |
| DATE THE | Y ARE FII | LED. | | | | | |
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SCHEDULE M (Form 990)

Name of the organization

Noncash Contributions

OMB No. 1545-0074

2021

Open To Public Inspection

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

Department of the Treasury
Internal Revenue Service

Attach to Form 990.

▶ Go to www.irs.gov//

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

REMEMBER THE CHILDREN

Employer identification number

| × | Types of Property | TUE (| TUTTOKEN | | 35-212816 | | | |
|-----|--|---|---|------------------------------|------------------------------|---|--|--|
| | Types of Property | (2) | (1) | (c) | (4) | | | |
| | | (a) | (b) | Noncash contribution | (d) Method of determining | | | |
| | | Check if applicable | Number of contributions or items contributed | amounts reported on | noncash contribution amou | | | |
| | | арріісавіе | iteriis contributed | Form 990, Part VIII, line 1g | noncest contributor and | | | |
| 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 | | <u> </u> | | | | | |
| 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 | | <u> </u> | | | · · · · · · · · · · · · · · · · · · · | | |
| 13 | Qualified conservation | | | | | | | |
| | contribution — Historic | | | | | | | |
| | structures | | | | | | | |
| 14 | Qualified conservation | | | | | | | |
| | contribution — Other | | | | | | | |
| 15 | Real estate — Residential | | | | W-000 | | | |
| 16 | Real estate — Commercial | | | | | | | |
| 17 | Real estate — Other | X | 1 | 60,000 | FAIR MARKET VALU | E | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | , | | |
| 20 | Drugs and medical supplies | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other ►() | | | | | | | |
| 26 | Other ►() | | | | | | | |
| 27 | Other ►() | | | | | | | |
| 28 | Other ►(| | | | | | | |
| 29 | Number of Forms 8283 received by | the organi | zation during the tax yea | r for contributions for | | | | |
| | which the organization completed Fe | orm 8283, | Part V, Donee Acknowle | edgement | 29 | | | |
| | | | | | | Yes No | | |
| 30a | During the year, did the organization receive by contribution any property reported in Part I, lines 1 through | | | | | | | |
| | 28, that it must hold for at least three | 8, that it must hold for at least three years from the date of the initial contribution, and which isn't required | | | | | | |
| | to be used for exempt purposes for | the entire | holding period? | | | 30a X | | |
| b | If "Yes," describe the arrangement in | n Part II. | | | | | | |
| 31 | Does the organization have a gift acceptance policy that requires the review of any nonstandard | | | | | | | |
| | contributions? | | | | | 31 X | | |
| 32a | | | | | | | | |
| | contributions? | | | | | 32a X | | |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an a | mount in c | olumn (c) for a type of p | roperty for which column (a |) is checked, | | | |
| | describe in Part II. | | | | | | | |

| Part II | Supplemental Information. Protection of a combination of both. Also c | Part I, column (b), the nu | umber of contributions, th | b, 32b, and 33, and whether ne number of items received, |
|---------|---|----------------------------|----------------------------|---|
| | • | | | |
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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

ZUZ I

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
Employer identification number

REMEMBER THE CHILDREN

35-2128166

| FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 |
|--|
| IS TO REVIEW THE TAX RETURN AND ANNUAL FINANCIAL STATEMENTS AS PREPARED BY |
| THE EXTERNAL ACCOUNTANT AND TO DISCUSS THEM AT THE FIRST BOARD MEETING |
| 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. |
| |
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23855 REMEMBER THE CHILDREN
Federal Statements

FYE: 12/31/2021

Page 1

Taxable Dividends from Securities

| laxable bi | viderius ironi Sec | <u>Juriues</u> | | |
|--|---------------------------------|----------------|-------------------------|---------------------|
| Description | | | | |
| INTEREST INCOME | Unrelated Exclusi Business Code | | quired after 6/30/75 | US Obs (\$ or %) |
| \$ 3 TOTAL \$ 3 | | - | | |
| Schedu | le A, Part III, Line | 1(e) | | |
| De | scription | | | |
| TANK OF THE PROPERTY OF THE PARTY OF THE PAR | | | - | Amount |
| EMPLOYEE RETENTION CREDIT | | | \$ | 8,019 |
| CONTRIBUTIONS | | | | 381,912 |
| MOUNTAIN CHRISTIAN CHURCH | | | | |
| CASH CONTRIBUTION | | | | 9,100 |
| TOOGER SMITH | | | | |
| CASH CONTRIBUTION | | | | 30,800 |
| GREENE COUNTY - LAND | | | | 60,000 |
| NORTHWEST AVE CHURCH OF CHRIST | | | | |
| CASH CONTRIBUTION | | | | 5,000 |
| SCOTT & KIMBERLY WHITLOCK | | | | |
| CASH CONTRIBUTION | | | | 42,000 |
| CHERRY AVENUE CHRISTIAN CHURCH | | | | |
| CASH CONTRIBUTION | | | | 5,150 |
| CHRISTOPHER & JAMIE EATON | | | | |
| CASH CONTRIBUTION | | | | 6,000 |
| MARCUS & LAURA MYERS | | | | |
| CASH CONTRIBUTION | | | | 15,025 |
| NORTHEAST CHRISTIAN CHURCH | | | | |
| CASH CONTRIBUTION | | | | 5,300 |
| NORTHSIDE CHRISTIAN CHURCH MISSIONS | 3 | | | |
| | | | | |

FYE: 12/31/2021

Page 2

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

Description

| | | Amount |
|--------------------------------|----------|------------------|
| CASH CONTRIBUTION | \$ | 5,520 |
| SHERWOOD OAKS CHRISTIAN CHURCH | | |
| CASH CONTRIBUTION | | 9,600 |
| JOHN & CINDY SPICKLEMIRE | | 9,800 |
| CASH CONTRIBUTION | | 7 510 |
| ALFRED JERRY & SYLVIA TAYLOR | | 7,512 |
| CASH CONTRIBUTION | | |
| JEFF & BRENDA BOURN | | 5,615 |
| CASH CONTRIBUTION | | 23,296 |
| DAVID & MARY COUCHMAN | | 23,290 |
| CASH CONTRIBUTION | | 10,000 |
| RAYMOND & MARGIE STALLINGS | | 10,000 |
| CASH CONTRIBUTION | | 0.000 |
| JOHN & AMY BANKSTON | | 8,000 |
| CASH CONTRIBUTION | | 5 040 |
| GARY & CINDY STANTON | | 5,940 |
| CASH CONTRIBUTION | | 5,820 |
| HIS PLACE CATHEDRAL OF FAITH | | 5,820 |
| CASH CONTRIBUTION | | F 120 |
| JOHN & PAMELA SARNO | | 5,139 |
| CASH CONTRIBUTION | | F 465 |
| TOTAL | <u> </u> | 5,103 659,851 |

23855 REMEMBER THE CHILDREN
Federal Statements

Page 3

FYE: 12/31/2021

Schedule A, Part III, Line 11

| Des | cription | |
|-----|----------------|--|
| | O: 10 11 O 1 1 | |

| | Amo | unt |
|------------------|-----|--------|
| INTEREST INCOME | Ś | 3 |
| LESS: DEDUCTIONS | · | • |
| | | -1,000 |
| TOTAL | \$ | -997 |

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

Indiana Department 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, 2021

Date Due:

May 16, 2022

Remittance:

None is required.

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 (R12 / 8-21)

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



| Beginnin | g 01 01 | 2021 and Endi | ng 12 31 | 2021 |
|--|---|---|---|----------------------------|
| Place "X" in box if: Change of Ad | dress Ar | mended Report | Final Report: | Indicate Date Closed |
| Due | on the 15th day of t | he 5th month following the | e end of the tax vear. | |
| 540 | ,,,,, | NO FEE REQUIRED. | ,,, | |
| Name of Organization | | | Telephone Number | ər |
| REMEMBER THE CHILDRE | N | | 317 774 509 | 0 |
| Address | | County | Indiana Taxpayer | Identification Number |
| 1100 S 9TH STREET SU | ITE 211 | |] [| |
| City | State | ZIP Code | Federal Employer | Identification Number |
| NOBLESVILLE | IN | 46060 | 35 2128166 | |
| Printed Name of Person to Contact | ct | | Contact's Telepho | one Number |
| | | | 317 774 509 | 0 |
| Current Information 1. Indicate number of years you 2. Have any changes not previous (e.g.) articles of incorporation description of changes. 3. Attach a schedule, listing the 4. Briefly describe the purpose TO PROVIDE TRAIN CHILDREN IN ROMA | ously reported to to the n, bylaws, or other enames, titles and or mission of you ING, SPONSO | the Department been mare instruments of important addresses of your curror organization below. DRSHIP, AND REL | nade in your governir ance? If yes, attach a rent officers. SEE | a detailed STATEMENT 1 |
| | | | | |
| Email Address: I declare under the penalties of personal knowledge and belief, it is true, co | | | cluding all attachme | nts, and to the best of my |
| | | PRESIDI | ENT | |
| Signature of Officer or Trustee | | Title | | Date |
| ANDREW BAKER | | | 74 5090 | |
| Name of Person(s) to Contact | | Daytime ' | Telephone Number | |

23855 REMEMBER THE CHILDREN 35-2128166

Indiana Statements

FYE: 12/31/2021

Page 1

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

| Officer Name | Title | |
|-------------------|------------------|----------------|
| Address | City | State Zip Code |
| ROGER CLARK | BOARD CHAIR | |
| 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 2021 Open to Public

Department of the Treasury

| inter | nai Revenue Service | | 114410111 | | | | | | | | |
|----------------|---|--|-------------------------|----------------------------------|---------------------------------------|--|--|--|--|--|--|
| <u>A_</u> | | alendar year, or tax year beginning , and ending | | D Employer | Identification number | | | | | | |
| В | Check if applicable: | C Name of organization D Employer Identification number | | | | | | | | | |
| Ш | Address change | REMEMBER THE CHILDREN | | 1 | | | | | | | |
| | Name change | Doing business as Number and street (or P.O. box if mail is not delivered to street address) Roor | n/suite | 35-2128166 E Telephone number | | | | | | | |
| \equiv | Initial return | 1100 S 9TH STREET SUITE 211 | | | 774-5090 | | | | | | |
| _ | Final return/ | City or town, state or province, country, and ZIP or foreign postal code | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | terminated | NOBLESVILLE IN 46060 | | G Gross recei | ipts\$ 719,854 | | | | | | |
| | Amended return | F Name and address of principal officer: | | | | | | | | | |
| $\bar{\sqcap}$ | Application pending | ANDREW BAKER | (a) Is this a gro | up return for sui | bordinates? Yes X No | | | | | | |
| ш | - approvious portating | I | (b) Are all sub- | ordinates inclu | ded? Yes No | | | | | | |
| | | | • • | | See instructions | | | | | | |
| | | NOBLESVILLE IN 46060 | , | | | | | | | | |
| <u> </u> | Tax-exempt status: | X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 | | | | | | | | | |
| <u>J</u> | Website: ▶ V | | | mption number | | | | | | | |
| K | Form of organization | X Corporation Trust Association Other ► L Year of | formation: 2 | 00T I | M State of legal domicile: IN | | | | | | |
| | Part I S | ummary | | | | | | | | | |
| & Governance | TO | escribe the organization's mission or most significant activities: PROVIDE TRAINING, SPONSORSHIP, AND RELIEF TO TRANSFORM DREN IN ROMANIA AND TANZANIA. | THE L | IVES OF | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Ë | ******** | | | | | | | | | | |
| ove. | 2 Check th | nis box ▶ if the organization discontinued its operations or disposed of more than 25% of | f its net ass | sets. | | | | | | | |
| ŏ | | of voting members of the governing body (Part VI, line 1a) | | | 7 | | | | | | |
| | | of independent voting members of the governing body (Part VI, line 1b) | | | 7 | | | | | | |
| itie | E Total | mber of individuals employed in calendar year 2021 (Part V, line 2a) | | | 3 | | | | | | |
| Activities | e Tatal nu | • • | | 1 - 1 | 4 | | | | | | |
| Ą | o rotarnu | mber of volunteers (estimate if necessary) related business revenue from Part VIII, column (C), line 12 | | ·· | 0 | | | | | | |
| | | elated business revenue from Part VIII, column (C), line 12 | | 7b | 0 | | | | | | |
| _ | D Net unre | nated business taxable income from Form 550-1, Part I, line 11 | Prior Yea | ar | Current Year | | | | | | |
| | 8 Contribu | tions and grants (Part VIII, line 1h) | 79: | 1,130 | 659,851 | | | | | | |
| ē | 9 Program | service revenue (Part VIII, line 2g) | | 0 | 0 | | | | | | |
| Revenue | 40 layeater | ent income (Part VIII, column (A), lines 3, 4, and 7d) | | 3 | | | | | | | |
| Ş | 10 Investm | venue (Part VIII, column (A), lines 5, 4, and 74) | | 0 | Č | | | | | | |
| | | venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 79 | 1,133 | 659,854 | | | | | | |
| | | | | 0 | 0 | | | | | | |
| | | and similar amounts paid (Part IX, column (A), lines 1–3) | | Ö | 0 | | | | | | |
| | | paid to or for members (Part IX, column (A), line 4) | 6 | 2,410 | 65,365 | | | | | | |
| S | 15 Salaries | , other compensation, employee benefits (Part IX, column (A), lines 5–10) | <u></u> | 0 | 05/555 | | | | | | |
| enses | 16a Profess | onal fundraising fees (Part IX, column (A), line 11e) | | | | | | | | | |
| Exp | - Diotaitu | ndraising expenses (Part IX, column (D), line 25) ▶ 38,821 | 71 | 9,254 | 543,391 | | | | | | |
| ш | 1 17 Other ex | rpenses (Part IX, column (A), lines 11a–11d, 11f–24e) | | | 608,756 | | | | | | |
| | | penses. Add lines 13–17 (must equal Part IX, column (A), line 25) | | 1,664 | | | | | | | |
| _ | 19 Revenu | e less expenses. Subtract line 18 from line 12 | ginning of Cu | 9,469 | 51,098 End of Year | | | | | | |
| Net Assets or | 88 | | | 6,003 | 157,357 | | | | | | |
| gest. | ड्डा 20 Total as | sets (Part X, line 16) | | 2,995 | 3,251 | | | | | | |
| ¥. | 필 21 Total lia | bilities (Part X, line 26) | | 3,008 | 154,106 | | | | | | |
| ž | 로 22 Net ass | ets or fund balances. Subtract line 21 from line 20 | TO | 2,008 | 134,100 | | | | | | |
| | Part II S | ignature Block | | | and described to the first | | | | | | |
| 1 | Under penalties o true, correct, and | f perjury, I declare that I have examined this return, including accompanying schedules and statements, complete. Declaration of preparer (other than officer) is based on all information of which preparer has a | and to the bany knowled | est of my kn ge. | lowledge and belief, it is | | | | | | |
| | | | | Date | | | | | | | |
| | ign 🏲 | Signature of officer | NTTT | Date | | | | | | | |
| H | ere | ANDREW BAKER PRESIDE | TA.T. | | | | | | | | |
| | | Type or print name and title | Det- | T | if PTIN | | | | | | |
| | 1 7 | Preparer's signature | Sul | Check | □" | | | | | | |
| Pa | aid MICHI | ELLE L. ZIMMERMAN Michelle F. Formuman | | , | nployed P00266120 | | | | | | |
| Pr | reparer Firm's | | | Firm's EIN | 20-5520612 | | | | | | |
| Us | se Only | 450 E 96TH ST STE 200 | | | 045 566 400 | | | | | | |
| | | indianapolis, in 46240-3797 | | Phone no. | 317-566-100 | | | | | | |
| M | ay the IRS disc | uss this return with the preparer shown above? See instructions | <u> </u> | | X Yes No | | | | | | |

) (Revenue \$

including grants of \$

425,451

4d Other program services (Describe on Schedule O.)

(Expenses \$

4e Total program service expenses ▶

Form 990 (2021) 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," | | | |
| | complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | 1 | | |
| | 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, | _ | | - T |
| | assessments, or similar amounts as defined in Rev. Proc. 98-197 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 | | | . |
| | "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | v |
| | 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," | . | | x |
| _ | complete Schedule D, Part III | 8 | | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | 1 | | |
| | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | 9 | | x |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | - | | - |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | 10 | | x |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | | | |
| 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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i> | ********* | ********* | |
| а | and the Colored to D. Dort VII | 11a | x | |
| L | complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more | <u> </u> | | |
| D | 5% 4 4 1 | 11b | | x |
| _ | Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more | 1.1.2 | | |
| C | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | The state of the s | | | |
| u | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| _ | 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 | | | |
| ٠ | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | and the state of t | | | |
| | Schedule D, Parts XI and XII | 12a | | 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 | | | l |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | ļ | 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 | | | |
| | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | ļ | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | 4- | 1 | v |
| | 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 | 40 | | x |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | \vdash | +^ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | 19 | 1 | x |
| | If "Yes," complete Schedule G, Part III | 20a | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | 1 | + |
| 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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | x |
| | gomestic government on Part IA, column (A), line 11 if 1es, complete gonedule I, Parts I and II | | | |

| Pa | art 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 | | | |
| | 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 | | | 1 |
| | 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 lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| 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 | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | ļ | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key | | 1 | |
| | 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 | İ | | |
| | persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, | | | |
| | Part IV, instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | ĺ |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | X |
| C | 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," | İ | | |
| | complete Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | l | | |
| | 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 | <u> </u> | 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 | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | ļ |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | ł | 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 | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | . 37 | ļ | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and | | | |
| ****** | 19? Note: All Form 990 filers are required to complete Schedule O. | 38 | X | |
| | Statements Regarding Other IRS Filings and Tax Compliance | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | 1 34 - | <u> </u> |
| _ | | ******* | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | \dashv | | |
| b | | \dashv | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and | - A | 1 | X |
| | reportable gaming (gambling) winnings to prize winners? | . 1c | <u> </u> | <u> </u> |

| 3000000000 | | | | | - | ugo o |
|------------|--|-----------|-----------------|--|---------------|----------|
| | Statements Regarding Other IRS Filings and Tax Compliance (continu | ied) | <u> </u> | | 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 | <u>2a</u> | 3 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | | | 2b | X | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions | 3. | | | | - |
| 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 | | | 3b_ | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | | | | | |
| | 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 | ccour | nts (FBAR). | | | |
| 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 transac | tion? | | <u>5b</u> | | X |
| 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 | е | | 1 | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | | | <u>6a</u> | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribution | ns or | | 1 | | |
| | 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 | oods | | | | |
| | 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 | | <u> </u> |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa | S | | | | l |
| | required to file Form 8282? | | | 7c | <u> </u> | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | ontrac | t? | 7e | | l |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | | | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Fo | | 99 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | | | ? 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine | | | | | |
| - | sponsoring organization have excess business holdings at any time during the year? | - | | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | T |
| 10 | Section 501(c)(7) organizations. Enter: | | | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | 1 | | | |
| 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: | | • | | | |
| ··a | Gross income from members or shareholders | 11a | 1 | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources | | | | | |
| D | 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 | | | 12a | ********* | • |
| | | 12b | | | | |
| b | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| 13 | the state of the s | | | 13a | T | |
| а | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | |
| L | Enter the amount of reserves the organization is required to maintain by the states in which | | | | | |
| b | | 13b | | | | |
| | the organization is licensed to issue qualified health plans | 13c | | | | |
| C | Enter the amount of reserves on hand | | | 14a | | X |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | | · · · · · · · · · - · · · · · | | |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul | | | | 1 | 1 |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune | | | 15 | 1 | x |
| | excess parachute payment(s) during the year? | | | 15 | | A |
| | If "Yes," see instructions and file Form 4720, Schedule N. | . 1 | | 40 | ******* | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | incor | ne? | 16 | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | ***** | ***** |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in | | | | 1 | |
| | activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | | | 17 | | |
| | If "Yes " complete Form 6069. | | | | 1 | |

Check if Schedule Q contains a response or note to any line in this Part VI

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

Check if Schedule Q contains a response or note to any line in this Part VI

| Sec | tion A. Governing Body and Management | | | | | | | | | |
|-----|---|---------------|-----|-----------|--|--|--|--|--|--|
| | | ************* | Yes | No | | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | _ | | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | | | | | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | | | | | | | |
| | committee, explain on Schedule O. | | | | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 7 | | | | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | | | | | | | |
| | any other officer, director, trustee, or key employee? | 2 | | X | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | | | | | | | |
| | supervision of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X | | | | | | |
| 6 | | | | | | | | | | |
| 7a | | | | | | | | | | |
| | one or more members of the governing body? | 7a_ | | X | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | - | | | | | | | | |
| _ | stockholders, or persons other than the governing body? | 7b | | X | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | | | |
| a | The governing body? | 8a | X | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | | | | | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | x | | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co | ode.) | | | | | | | | |
| | | | Yes | No | | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X | | | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | | | | | | | |
| - | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | х | | | | | | | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | х | | | | | | | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | | | | | | | |
| · | describe on Schedule O how this was done | 12c | | x | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | х | | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | | | | | | | |
| 13 | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | 000000000 | | | | | | |
| b | Other officers or key employees of the organization | 15b | | X | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | | | | | | | |
| 104 | with a taxable entity during the year? | 16a | | X | | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | | | | | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | | | | | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | [| | | | | | |
| Sec | tion C. Disclosure | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed IN, MD | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) | | | | | | | | | |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | | |
| | Own website Another's website X Upon request Other (explain on Schedule O) | | | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | | | | | | | | | |
| | financial statements available to the public during the tax year. | | | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | | | | | | | |
| | EMEMBER THE CHILDREN 1100 S 9TH STREET, SUITE 211 | | | | | | | | | |
| | | 7-77 | 4-5 | 090 | | | | | | |

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

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

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, 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 an | y rela | ted | orga | niza | tion c | om | pensated any current office | r, director, or trustee. | |
|------------------------------------|---|----------------|-------------------|------------------------|-------------------|---|----|--|---|--|
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | bo | x, unle icer a | Pos check ess pe | rson i lirecto | than or the Highest compensated the service of the things | 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 | 40.00 | | | | | | | F4 255 | | |
| PRESIDENT | 0.00 | X | - | | - | | | 54,375 | 0 | 0 |
| (2) KEVIN HART | 2.00 | | | | | | | | | |
| BOARD MEMBER | 0.00 | X | | | | | | 0 | 0 | 0 |
| (3) RAZVAN SAVU | 2.00 | | | | | | | | | |
| BOARD MEMBER | 0.00 | x | | | | | | 0 | 0 | 0 |
| (4) AMANDA VEST | | T | | | | | | | | |
| BOARD MEMBER | 2.00 | $ \mathbf{x} $ | | | | | | o | o | О |
| (5) ROGER CLARK | | | | | | | | | | |
| BOARD CHAIR | 2.00 | x | | x | | | | o | o | 0 |
| (6) MAX ARMES | 0.00 | + | | = | | t | | | | <u></u> |
| (0)2222 2222 | 2.00 | | | | | | | | | |
| SECRETARY | 0.00 | X | | X | | | | 0 | 0 | 0 |
| (7) DR DAVID WOLF DI | 2.00 | | | | | | | | | |
| BOARD VICE CHAIR | 0.00 | X | | X | | | | 0 | 0 | 0 |
| (8) ASHLEY LABAR | 2.00 | | | | | | | | | |
| BOARD MEMBER | 0.00 | x | | | 1 | | | o | o | o |
| (9) | | | | Г | | | | | | |
| | | | | | | | | | | |
| (10) | | \vdash | | | | | | | | |
| | | | | | | | | | | |
| (11) | | | | | | П | | | | |
| | | | | | | | | | | |
| | | | _ | • | | | | | | |

| | (A) Name and title | lame and title Average hours per week (list any hours for bours for bours for list any hours for list any list any hours for list any hours for list any list and | | (E) Reportable compensation from related | (F) Estimated amount of other compensation | | | | | | |
|--|--|--|-------------------------------|--|---|---------------|---|---|--|--|----------------------|
| | | | | organizations (W-2/ 1099-MISC/ 1099-NEC) | from the organization and related organizations | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| ••••• | | | | | | | | | | | |
| | | | | | | | | | | | |
| •••••• | | | | _ | | | | | | | |
| ••••• | | | <u></u> | | | | 1 | | - | | |
| | | | | | | | _ | | | | |
| 45 6 | | | | | | | | | 54,375 | | |
| c To d To 2 To | btotal tal from continuation she tal (add lines 1b and 1c) tal number of individuals (ir contable compensation from | ets to Part VII, \$ | Sect | ion A | A | · · · · · | | b abov | 54,375 | | |
| 3 Did em 4 Fo org ind 5 Did | d the organization list any for a ployee on line 1a? If "Yes, r any individual listed on ling ganization and related organization and related organization and related organization and related on line of any person listed on line of the second seco | ormer officer, dir "complete Schere 1a, is the sum nizations greater | ecto dule of re that | r, tru <i>J foi</i> eport n \$1! | r <i>suc</i> able 50,00 pens | con 00? | dividi npen: if "Ye n froi | ual sations," (ss," (mar | on and other compensation complete Schedule J for su | from the | 3 X 4 X 5 X |
| 1 Cc | B. Independent Contractor mplete this table for your firmpensation from the organ | ve highest comp | ensa | ated ensa | inde | pend for t | dent | cont | tractors that received more dar year ending with or with | than \$100,000 of nin the organization's tax ye | ar. |
| | | (A) d business address | | | | | | | Descrip | (B) tion of services | (C) Compensation |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | Ĺ | Had de la V | | |
| 2 To | otal number of independent ceived more than \$100,000 | of compensation | uain n fro | y bu m th | e org | gani | zatio | ינות | ose listed above) Wild | 0 | Form 990 (202 |

Form 990 (2021) REMEMBER THE CHILDREN

| | | Check if | | r Revenue edule O conta | ains a | respon | se or not | e to any line in thi | is Part VIII | | |
|--|-----|---|------------|-----------------------------------|-----------------|----------|--------------|-------------------------------------|--|--------------------------------------|--|
| | | | • ' | | | ····• | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| S S | 1a | Federated camp | aigns | | 1a | | | | | | |
| | b | Membership due | s | | 1b | | | | | | |
| Ağ, | C | Fundraising ever | nts | | 1c | | | | | | |
| 텵 | d | Related organiza | ations | | 1d | | | | | | |
| S,E | e | Government grants (co | ntribution | ns) | 1e | | 8,019 | 9 | | | |
| 탈 | | All other contributions, and similar amounts no | | | 1f | | 651,832 | 2 | | | |
| 턀뒴 | g | Noncash contributions | included | in | | | 60.00 | | | | |
| Contributions, Giffs, Grants and Other Similar Amounts | | lines 1a-1f | | | 1g \$ | | 60,000 | 659,851 | | | |
| O B | n | Total. Add lines | 1a-1t | <u></u> | | | | | | | |
| | 2a | | | | | | Business Cod | 8 | | | |
| Program Service Revenue | b | | | | | | | | | | |
| 8 8 | C | | | | | | | · · · · · · · · · · · · · · · · · · | | | |
| E a | d | | | | | | | | | | |
| <u></u> | е | | | | | | | | | | |
| ן ד | f | All other program | | | | | | | | | |
| | g | Total. Add lines | | | | | <u></u> | | | | |
| . ! | 3 | Investment incom | • | • | s, inter | est, and | | | | | |
| | _ | other similar am | | | | | | 3 | | | 3 |
| | 4 | Income from inv | | | | | | | | | |
| | 5 | Royalties | | (i) Real | · · · · · · · · | | rersonal | | | | |
| | 6a | Gross rents | 6a | (i) Real | \dashv | (11) 7 | GISOIIAI | - | | | |
| | | Less: rental expenses | 6b | | | | | - | | | |
| | | Rental inc. or (loss) | 6c | | | | | | | | |
| | | Net rental incom | | oss) | | | | | | | |
| | | Gross amount from | | (i) Securities | | | Other | | | | |
| | | sales of assets other than inventory 7a 60, | 000 | • | | | | | | | |
| e | b | Less: cost or other | | | | | | | | | |
| Ne l | | basis and sales exps. | 7b | 60, | 000 | | | | | | |
| S. | | Gain or (loss) | 7c | | | | | | | | |
| ther Revenue | | Net gain or (loss | - | | | | <u></u> | | | | |
| δ | 8a | Gross income from | i fundra | ising events | ı İ | | | | | | |
| | ļ | (not including \$ of contributions rep | orted o | n line | | | | | | | |
| | | 1c). See Part IV, lir | | | 8a | | | | | | |
| | b | Less: direct expe | • | | 8b | | | | | | |
| | | Net income or (I | | | | <u> </u> | > | | | | |
| | | Gross income fr | | | | | | | | | |
| | | activities. See P | art IV, | line 19 | 9a | | | | | | |
| | | Less: direct expe | | | 9b | | | | | | |
| i | | Net income or (I | | | /ities | | <u></u> | | | | |
| | 10a | Gross sales of in | | - | | | | | | | |
| | | returns and allow | | | 10a | | | - | | | |
| | | Less: cost of go | | | 10b | | | | | | |
| | | Her INCOME OF (I | J33) II | om sales di liive | incory . | | Business Cod | е | | | |
| Miscellaneous Revenue | 11a | | | | | | | | | | |
| ane | b | * | | | | | | | | | |
| | С | • | | | | | | | | | |
| SER | d | All other revenue | | | | | | | | | |
| | е | Total. Add lines | | | | | | | | | - |
| | 12 | Total revenue. | See in | structions | | <u></u> | <u>,</u> | 659,854 | 0 | 0 |]3 |

Part IX Statement of Functional Expenses

| Secti | on 501(c)(3) and 501(c)(4) organizations must c Check if Schedule O contains a resp | | | nplete column (A). | |
|---------------------|---|----------------|--------------------------|---------------------------------|----------------------|
| | | | this Part IX | (C) | (D) |
| | ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | <u> </u> | expenses | general axpenses | expenses |
| ٠ | and domestic governments. See Part IV, line 21 | | | | |
| 2 | - | | | | |
| - | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and | | | | |
| | foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| - | trustees, and key employees | 54,375 | 8,156 | 25,556 | 20,663 |
| 6 | Compensation not included above to disqualified | | | | · · · · · |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 6,345 | 952 | 2,982 | 2,411 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 4,645 | 697 | 2,183 | 1,765 |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | | | | · , |
| C | Accounting | 24,808 | | 24,808 | |
| d | Lobbying | | · | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 | Advertising and promotion | 13,982 | | | 13,982 |
| 13 | Office expenses | 65,969 | | 65,969 | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 3,600 | | 3,600 | |
| 17 | Travel | 26,517 | 26,517 | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 1.0.10 | | 16 040 | |
| 19 | Conferences, conventions, and meetings | 16,342 | | 16,342 | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 600 | | 600 | |
| 22 | Depreciation, depletion, and amortization | 680 2,364 | | 680 2,364 | |
| 23 | Insurance | 4,304 | | 2,304 | |
| 24 | Other expenses. Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses on line 24e. If | | | | |
| | line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| _ | PROGRAM EXPENSE | 389,129 | 389,129 | | |
| a | * | 309,149 | 209,123 | | |
| b | • | | | | - |
| c d | • | | | | |
| - | All other expenses | | | | |
| 25 | | 608,756 | 425,451 | 144,484 | 38,821 |
| 25 26 | | | | | |
| _• | 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) | | (B) |
|----------------------------------|---|---------------------|---------------|-------------------|-----|---|
| | | | | Beginning of year | - | End of year |
| 1 | Cash—non-interest-bearing | | | 99,858 | 1 | 143,245 |
| 2 | Savings and temporary cash investments | | <u> </u> | | 2 | |
| 3 | Pledges and grants receivable, net | | | | 3 | |
| 4 | Accounts receivable, net | | | 2,681 | 4 | 3,609 |
| 5 | Loans and other receivables from any current or for | mer officer, direct | or, | | | |
| İ | trustee, key employee, creator or founder, substant | | | | | |
| 1 | controlled entity or family member of any of these p | ersons | | | 5 | |
| 6 | Loans and other receivables from other disqualified | | 1 | | | |
| 1 | under section 4958(f)(1)), and persons described in | | | | 6 | |
| 7 | Notes and loans receivable, net | | | | 7 | 8,019 |
| 8 | Inventories for sale or use | | | | 8 | |
| 9 | Prepaid expenses and deferred charges | | | 1,197 | 9 | 897 |
| 10a | Land, buildings, and equipment: cost or other | | | | | |
| - | basis. Complete Part VI of Schedule D | 10a | 20,130 | | | |
| ь | Less: accumulated depreciation | | 18,543 | 2,267 | 10c | 1,587 |
| 11 | Investments—publicly traded securities | | | | 11 | |
| 12 | | | Ξ | | 12 | _ |
| 13 | | | · · · · · · [| | 13 | |
| 14 | | | | | 14 | |
| 15 | Other assets. See Part IV, line 11 | | | | 15 | • |
| 16 | Total assets. Add lines 1 through 15 (must equal lines) | | | 106,003 | 16 | 157,357 |
| 17 | | | | 2,995 | 17 | 3,251 |
| 18 | Grants payable | | | | 18 | |
| 19 | Deferred revenue | | | | 19 | |
| 20 | Tax-exempt bond liabilities | | | | 20 | |
| 21 | Escrow or custodial account liability. Complete Part | IV of Schedule D | | | 21 | |
| 1 | | | | | | |
| 22 | trustee, key employee, creator or founder, substant | | 35% | | | |
| | controlled entity or family member of any of these p | | | | 22 | *************************************** |
| 23 | | | | | 23 | |
| 24 | Unsecured notes and loans payable to unrelated th | ird portion | | | 24 | |
| 25 | Other liabilities (including federal income tax, payab | | | | | |
| | parties, and other liabilities not included on lines 17 | | 1 | | 1 | |
| | of Cohodula D | | 1 | | 25 | |
| 26 | Total liabilities. Add lines 17 through 25 | | | 2,995 | 26 | 3,251 |
| 1 | Organizations that follow FASB ASC 958, check | | | | | |
| 3 | and complete lines 27, 28, 32, and 33. | | | | | |
| 27 | A1 / / / / / / / / / / / / / / / / / / / | | Ĩ | 103,008 | 27 | 154,106 |
| 28 | At-tt the demonstrated | | | | 28 | |
| | Organizations that do not follow FASB ASC 958 | | <u></u> | | | |
| <u>:</u> | and complete lines 29 through 33. | | | | | |
| 27 28 29 30 31 32 | Capital stock or trust principal, or current funds | | <u>[</u> | | 29 | |
| 30 | | | | | 30 | |
| 31 | Retained earnings, endowment, accumulated incon | | | | 31 | |
| 32 | Total net assets or fund balances | | | 103,008 | | 154,106 |
| : ~~ | Total liabilities and net assets/fund balances | | | 106,003 | | 157,357 |

Form **990** (2021)

Both consolidated and separate basis

the audit, review, or compilation of its financial statements and selection of an independent accountant?

Single Audit Act and OMB Circular A-133?

Form 990 (2021)

X

3a

separate basis, consolidated basis, or both:

Separate basis

| Consolidated basis

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of

If the organization changed either its oversight process or selection process during the tax year, explain on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

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 Inspection

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.

REMEMBER THE CHILDREN

Employer identification number 35-2128166

| P | 14 | Reas | on for Public Charity | Status. (All organizations | must c | omplete | this part.) See instruction | ns. |
|------|---|-----------------|--|---|------------|--------------|-----------------------------------|---|
| The | orga | nization is not | a private foundation becaus | e it is: (For lines 1 through 12, c | heck only | one box | .) | |
| 1 | | A church, cor | nvention of churches, or ass | ociation of churches described i | n section | 170(b)(1 | I)(A)(I). | |
| 2 | П | A school des | cribed in section 170(b)(1)(| A)(ii). (Attach Schedule E (Form | 1 990).) | | | |
| 3 | П | | | ce organization described in sec | | (b)(1)(A)(| III). | |
| 4 | H | • | | d in conjunction with a hospital of | | | | ospital's name |
| 7 | | | | an conjunction with a hospital c | | 30000 | | oopital o Hallio, |
| _ | | city, and state | | | | | | • |
| 5 | | _ | 7 | of a college or university owned | or operat | ed by a g | overnmental unit described in | |
| | | - | (b)(1)(A)(iv). (Complete Part | | | | | |
| 6 | Щ | | | overnmental unit described in s | | | | |
| 7 | Ш | - | ion that normally receives a : section 170(b)(1)(A)(vi). (C | substantial part of its support fro complete Part II) | om a gove | ernmental | unit or from the general public | : |
| 8 | | | | 70(b)(1)(A)(vi). (Complete Part | ш | | | |
| | \vdash | • | | | • | nd in coni | unction with a land grant called | 20 |
| 9 | Ш | _ | _ | cribed in section 170(b)(1)(A)(l of agriculture (see instructions). | | | | 90 |
| | | university: | or a non-land-grant college t | r agriculture (see ilistructions). | Linter the | marrie, ci | ty, and state of the college of | |
| 10 | X | An organizati | ion that normally receives (1 |) more than 33 1/3% of its supp | ort from o | ontributio | ns, membership fees, and gro | SS |
| | | | | pt functions, subject to certain | | | | |
| | | support from | gross investment income ar | nd unrelated business taxable in | come (le: | ss section | 511 tax) from businesses | |
| | | acquired by t | he organization after June 3 | 0, 1975. See section 509(a)(2). | (Comple | te Part III | .) | |
| 11 | | An organizati | ion organized and operated o | exclusively to test for public safe | ety. See s | ection 50 | 09(a)(4). | |
| 12 | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of | | | | | | | |
| | one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check | | | | | | | |
| | | | | scribes the type of supporting or | | | | |
| | а | Type I. A | supporting organization ope | erated, supervised, or controlled | by its su | pported o | rganization(s), typically by givi | ng |
| | | | | ver to regularly appoint or elect | | | | - |
| | | | | omplete Part IV, Sections A a | | | | |
| | b | Type II. | A supporting organization su | pervised or controlled in connec | tion with | its suppo | rted organization(s), by having | |
| | | | | ting organization vested in the s | | | | |
| | | | | Part IV, Sections A and C. | | | | |
| | С | Type III f | functionally integrated. A s | upporting organization operated | in conne | ction with | , and functionally integrated w | ith, |
| | | its suppo | rted organization(s) (see ins | tructions). You must complete | Part IV, | Sections | A, D, and E. | |
| | d | | | I. A supporting organization ope | | | | |
| | | | | e organization generally must sa | | | | ess |
| | | requirem | ent (see instructions). You r | nust complete Part IV, Section | ns A and | D, and P | art V. | |
| | e | | | eived a written determination fro | | | s a Type I, Type II, Type III | |
| | | | • | n-functionally integrated support | ing orgar | ization. | | |
| | f | | mber of supported organizati | | | | | |
| | g | Provide the fo | ollowing information about the | e supported organization(s). | | | | |
| (| | e of supported | (ii) EIN | (III) Type of organization | | organization | (v) Amount of monetary | (vi) Amount of |
| | or | ganization | | (described on lines 1–10 | | ur governing | support (see instructions) | other support (see instructions) |
| | | | | above (see instructions)) | Yes | ment? | instructions) | instructions) |
| | | | | | 100 | | | <u> </u> |
| (A) | | | | | | | | |
| | | | | | - | | | |
| (B) | | | | | 1 | ŀ | | |
| | | | | | | | | |
| (C) | | | | | | ĺ | | |
| | | | | | ļ | | | |
| (D) | | | | | | 1 | | |
| | | | | | | | | |
| (E) | | | | | | | | |
| • | | | | | <u></u> | <u> </u> | | |
| Tota | al | | | | | | | |
| | | | | | | | | |

Schedule A (Form 990) 2021

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

| Sec | tion A. Public Support | | | | · · · | · . | | | |
|-------|---|-------------|----------------------|---------------------|----------------------|---------------------|-------------|--------|-----------------|
| Calen | dar year (or fiscal year beginning in) | ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | , | | | | | ···· |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | e | | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | 🖁 | | | | | | | |
| Sec | tion B. Total Support | | | | | | | | |
| Calen | dar year (or fiscal year beginning in) | > | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | | (f) Total |
| 7 | Amounts from line 4 | L | | | | | | | |
| 8 | Gross income from interest, dividends payments received on securities loans rents, royalties, and income from similar sources | , | | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 💄 | | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | | | |
| 12 | Gross receipts from related activities, | etc. (| see instructions) | | | | | 2 | |
| 13 | First 5 years. If the Form 990 is for the | e orga | anization's first, s | econd, third, fourt | h, or fifth tax year | as a section 501(c) | (3) | | |
| | organization, check this box and stop | here | | | | | | | ▶ |
| Sec | tion C. Computation of Public | Su | pport Percent | tage | | | | | |
| 14 | Public support percentage for 2021 (lir | ne 6, | column (f) divided | d by line 11, colum | ın (f)) | | <u> 1</u> | 4 | <u>%</u> |
| 15 | Public support percentage from 2020 | Sched | dule A, Part II, lin | e 14 | | | . _1 | 5 | <u>%</u> |
| 16a | 33 1/3% support test—2021. If the or | ganiz | ation did not che | ck the box on line | 13, and line 14 is | 33 1/3% or more, o | check this | | . — |
| | box and stop here. The organization of | • | | | | | | | ▶ ∐ |
| b | 33 1/3% support test—2020. If the or | _ | | | | 15 is 33 1/3% or m | ore, check | | , _ |
| | this box and stop here. The organization | | | | | | | | ▶ ⊔ |
| 17a | 10%-facts-and-circumstances test- | | | | | | | | |
| | 10% or more, and if the organization n | | | | | | | | |
| | Part VI how the organization meets the | e fact | s-and-circumstar | ices test. The orga | nization qualifies | as a publicly suppo | orted | | . — |
| | organization | | | | | | | | ▶ ∐ |
| b | | | - | | | | | | |
| | 15 is 10% or more, and if the organiza | | | | | | | | |
| | in Part VI how the organization meets | | | | | | | | , m |
| | organization | | | | | | | | 🟲 📙 |
| 18 | Private foundation. If the organization | | | | | | | | ▶ □ |
| | instructions | | | | | | | | |
| | | | | | | | Sche | dule A | (Form 990) 2021 |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | tion A. Public Support | quality united the | | , | ····piete : ait iii) | | |
|-----|--|----------------------|--------------------|---|----------------------|------------|------------|
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | · |
| | received. (Do not include any "unusual grants.") | 357,182 | 570,335 | 574,420 | 791,130 | 659,851 | 2,952,918 |
| 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 | 357,182 | 570,335 | 574,420 | 791,130 | 659,851 | 2,952,918 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| | 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 | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | 0 050 010 |
| 500 | tion B. Total Support | | 1 | <u> </u> | | | 2,952,918 |
| | ndar year (or fiscal year beginning in) | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
| 9 | Amounts from line 6 | 357,182 | 570,335 | 574,420 | 791,130 | 659,851 | 2,952,918 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 2 | 2 | 3 | 3 | 3 | 13 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| C | Add lines 10a and 10b | 2 | 2 | 3 | 3 | 3 | 13 |
| 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.) | 58 | 4,248 | | | | 4,306 |
| 13 | Total support. (Add lines 9, 10c, 11, | | | Ī | | | |
| | and 12.) | 357,242 | 574,585 | 574,423 | 791,133 | 659,854 | 2,957,237 |
| 14 | First 5 years. If the Form 990 is for the or | - | | | | | |
| 800 | organization, check this box and stop her stion C. Computation of Public St | | | | <u> </u> | | |
| 15 | Public support percentage for 2021 (line 8 | | | n (f)) | | 15 | 99.85% |
| 16 | Public support percentage for 2021 (line of Public support percentage from 2020 Sch | | | | | | 99.84% |
| | tion D. Computation of Investme | | | | | 1 | 23.02.70 |
| 17 | Investment income percentage for 2021 (I | | | . column (f)) | | 17 | % |
| 18 | Investment income percentage from 2020 | | U 47 | | | امدا | % |
| 19a | 33 1/3% support tests—2021. If the orga 17 is not more than 33 1/3%, check this b | nization did not che | ck the box on line | 14, and line 15 is n | nore than 33 1/3% | , and line | ▶ 🗓 |
| b | 33 1/3% support tests—2020. If the orga | | | | | | |
| - | line 18 is not more than 33 1/3%, check the | | | | | | ▶ □ |
| 20 | Private foundation. If the organization di | | | | | | ▶ □ |

Schedule A (Form 990) 2021

Supporting Organizations Part IV

(Complete only if you checked a box in 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.
- Did the organization have any supported organization that does not have an IRS determination of status 2 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.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- 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.
- 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.
- 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?
- 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 6 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 7 (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).
- 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).
- 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.
- 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.
- 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - 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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| Schedu | ule A (Form 990) 2021 REMEMBER THE CHILDREN | 35-2128166 | Page 5 |
|--------|--|--|--|
| Par | | | |
| | | Ye | s No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| а | A person who directly or indirectly controls, either alone or together with persons describe | ed 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 1 | 1a, 11b, or 11c, | |
| | provide detail in Part VI. | 11c | |
| Secti | ion B. Type I Supporting Organizations | | |
| | | Ye | s No |
| 1 | Did the governing body, members of the governing body, officers acting in their official ca | | |
| | more supported organizations have the power to regularly appoint or elect at least a major | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or tru | stees were allocated among the | |
| | supported organizations and what conditions or restrictions, if any, applied to such power | rs during the tax year. | |
| 2 | Did the organization operate for the benefit of any supported organization other than the | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Y | es," explain in Part | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) to | hat operated, | |
| | supervised, or controlled the supporting organization. | 2 | |
| Secti | ion C. Type II Supporting Organizations | | |
| | | Ye | s No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a major | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in P | | |
| | or management of the supporting organization was vested in the same persons that cont | rolled or managed | |
| | the supported organization(s). | | |
| Secti | ion D. All Type III Supporting Organizations | | - |
| _ | The second secon | Ye | s No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the | | |
| | organization's tax year, (i) a written notice describing the type and amount of support pro | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification | | |
| _ | organization's governing documents in effect on the date of notification, to the extent not | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or electrons of the organization of the o | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," | | |
| _ | the organization maintained a close and continuous working relationship with the support | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported | | |
| | a significant voice in the organization's investment policies and in directing the use of the | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the | e organization's | |
| Secti | supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations | | l |
| 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. | con company on the meaning | |
| b | The organization is the parent of each of its supported organizations. Complete Ilne | 3 below. | |
| C | The organization supported a governmental entity. Describe in Part VI how you supp | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | Ye | s No |
| a | Did substantially all of the organization's activities during the tax year directly further the | exempt purposes of | |
| _ | the supported organization(s) to which the organization was responsive? If "Yes," then in | | |
| | those supported organizations and explain how these activities directly furthered their | | |
| | how the organization was responsive to those supported organizations, and how the organizations | | |
| | that these activities constituted substantially all of its activities. | 2a | |
| b | makes the second of the second | zation's | |
| - | involvement, one or more of the organization's supported organization(s) would have been | | |
| | "Yes," explain in Part VI the reasons for the organization's position that its supported org | | |
| | have engaged in these activities but for the organization's involvement. | 2b | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | |
| а | | s, directors, or | |
| _ | trustees of each of the supported organizations? If "Yes" or "No," provide details in Part | | |
| b | | | |
| ~ | of its supported organizations? If "Yes," describe in Part VI the role played by the organi | | |

| Part V Type III Non-Functionally Integrated 509(a)(3) Suppo | | tions | Page t |
|--|------------------------|---------------------------|--------------------------------|
| Check here if the organization satisfied the Integral Part Test as a qualifyin | | | |
| instructions. All other Type III non-functionally integrated supporting organ | = | | |
| Section A – Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection | | | |
| of gross income or for management, conservation, or maintenance of | | | |
| property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e 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 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, column A) | 1_1_ | | |
| 2 Enter 0.85 of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functional | lly integrated Type II | I supporting organization | |
| (see instructions). | | <u> </u> | |
| | | | |

Page 7

| | Type III Non-Functionally integrated 509(a)(3) | Supporting Organiza | uons (conunuea) | | | |
|--------------|---|-----------------------|--------------------|---------------------------|--|--|
| Secti | on D – Distributions | | | Current Year | | |
| 1 | Amounts paid to supported organizations to accomplish exempt purp | ooses | | | | |
| 2 | Amounts paid to perform activity that directly furthers exempt purpos | es of supported | | | | |
| | organizations, in excess of income from activity | | | | | |
| 3 | 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | | | | | |
| 4 | Amounts paid to acquire exempt-use assets | | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required—provide d | etails in Part VI) | | | | |
| 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 organizations | ization is responsive | | | | |
| | (provide details in Part VI). See instructions. | | | | | |
| 9 | Distributable amount for 2021 from Section C, line 6 | | | | | |
| 10 | Line 8 amount divided by line 9 amount | | | | | |
| | | (1) | (ii) | (iii) | | |
| Secti | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions | Distributable | | |
| | | | Pre-2021 | Amount for 2021 | | |
| 1 | Distributable amount for 2021 from Section C, line 6 | | | | | |
| 2 | Underdistributions, if any, for years prior to 2021 | | | | | |
| | (reasonable cause required—explain in Part VI). See | | | | | |
| - | instructions. Excess distributions carryover, if any, to 2021 | | | | | |
| 3 | | | | | | |
| | From 2016 | | | | | |
| | From 2018 | | | | | |
| | From 2019 | | | | | |
| | From 2020 | | | | | |
| | Total of lines 3a through 3e | | | | | |
| | Applied to underdistributions of prior years | | | | | |
| | Applied to 2021 distributable amount | | | | | |
| | Carryover from 2016 not applied (see instructions) | | | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | |
| | Distributions for 2021 from | | | | | |
| 7 | Section D, line 7: | | | | | |
| | Applied to underdistributions of prior years | | | | | |
| | Applied to 2021 distributable amount | | | | | |
| | Remainder, Subtract lines 4a and 4b from line 4. | | | | | |
| 5 | Remaining underdistributions for years prior to 2021, 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 2021 Subtract lines 3h | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | |
| | Part VI. See instructions. | | | | | |
| 7 | Excess distributions carryover to 2022. Add lines 3j | | | | | |
| • | and 4c. | | | | | |
| 8 | Breakdown of line 7: | | | | | |
| | Excess from 2017 | | | | | |
| | Excess from 2018 | | | | | |
| | Excess from 2019 | | | | | |
| | Excess from 2020 | | | | | |
| | Excess from 2021 | | | | | |
| - | | | | Schedule A (Form 990) 202 | | |

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
|---|---|
| PART I | II, LINE 12 - OTHER INCOME DETAIL |
| SALES | \$ 4,306 |
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Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

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

| REMEMBER THE | E CHILDREN | 35-2128166 | | | | | |
|--|---|---|--|--|--|--|--|
| Organization type (check one): | | | | | | | |
| 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 | 1 | | | | | |
| | 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 Note: Only a section 501(instructions. | n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe | ecial Rule. See | | | | | |
| General Rule | | | | | | | |
| | on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to y or property) from any one contributor. Complete Parts I and II. See instructions for contributions. | | | | | | |
| Special Rules | | | | | | | |
| regulations under | on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% suppresections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part beived from any one contributor, during the year, total contributions of the greater of (bunt on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I a | II, line 13, 16a, or (1) \$5,000; or | | | | | |
| contributor, during literary, or educat | on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received g the year, total contributions of more than \$1,000 exclusively for religious, charitable tional purposes, or for the prevention of cruelty to children or animals. Complete Part b) instead of the contributor name and address), II, and III. | le, scientific, | | | | | |
| contributor, during contributions tota during the year fo General Rule ap | on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received g the year, contributions exclusively for religious, charitable, etc., purposes, but no seled more than \$1,000. If this box is checked, enter here the total contributions that we are an exclusively religious, charitable, etc., purpose. Don't complete any of the partse plies to this organization because it received nonexclusively religious, charitable, etc., more during the year | such were received unless the c., contributions | | | | | |

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

PAGE 1 OF 4

Page 2

Name of organization
REMEMBER THE CHILDREN

Employer identification number 35-2128166

| 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 |
| 1 | MOUNTAIN CHRISTIAN CHURCH 1824 MOUNTAIN ROAD JOPPA MD 21085 | \$ 9,100 | 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 | TOOGER SMITH 637 E SAND HOLLAR ROAD BLOOMFIELD IN 47424 | \$ 90,800 | Person X Payroll Noncash X (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | NORTHWEST AVE CHURCH OF CHRIST 737 NORTHWEST AVE TALLMADGE OH 44278 | \$ 5,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. 4 | Name, address, and ZIP + 4 SCOTT & KIMBERLY WHITLOCK 8740 MUD CREEK ROAD INDIANAPOLIS IN 46256 | Total contributions \$ 42,000 | 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 |
| 5 | CHERRY AVENUE CHRISTIAN CHURCH 1720 CHERRY AVE CHARLOTTESVILLE VA 22903 | \$ 5,150 | 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 | CHRISTOPHER & JAMIE EATON 1828 N GREENLEESE DR FREDERICK MD 21701-9338 | \$ 6,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

Page 2

Name of organization

Employer identification number

35-2128166 REMEMBER THE CHILDREN Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 **7**.... MARCUS & LAURA MYERS Person 44794 PRIDE MOUNTAIN ST Payroll 15,025 Noncash CA 92592-6510 TEMECULA (Complete Part II for noncash contributions.) (c) (d) (b) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 8.... NORTHEAST CHRISTIAN CHURCH Person **Payroll** 990 STAR SHOOT PARKWAY \$ 5,300 Noncash LEXINGTON (Complete Part II for noncash contributions.) (d) (b) (c) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. NORTHSIDE CHRISTIAN CHURCH MISSIONS Person 9 Pavroll 1300 GEORGE WASHINGTON HWY. \$ 5,520 Noncash YORKTOWN VA 23693-4303 (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. SHERWOOD OAKS CHRISTIAN CHURCH Person 10 **Payroli** 2700 EAST ROGERS ROAD 9,600 Noncash BLOOMINGTON (Complete Part II for noncash contributions.) (d) (b) (c) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. JOHN & CINDY SPICKLEMIRE Person 11 Pavroll 8134 BITTERN LN 7,512 Noncash IN 46256-1780 INDIANAPOLIS (Complete Part II for noncash contributions.) (d) (c) (b) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. ALFRED JERRY & SYLVIA TAYLOR Person X 12 Payroll 1403 BALSAM CT 5,615 Noncash FOREST HILL MD 21050-3026 (Complete Part II for noncash contributions.)

PAGE 3 OF 4

Page 2

Name of organization REMEMBER THE CHILDREN

Employer identification number 35-2128166

| 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 |
| 13 | JEFF & BRENDA BOURN 1760 SCIOTA ROAD ELIZABETHTON TN 37643-1904 | \$ 23,296 | 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 |
| 14 | DAVID & MARY COUCHMAN 3136 IOWA AVENUE MODESTO CA 95358-9468 | \$ 10,000 | 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 |
| 15 | RAYMOND & MARGIE STALLINGS 220 TERREBONNE ROAD YORKTOWN VA 23692-4867 | \$ 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 |
| 16 | JOHN & AMY BANKSTON 18881 LONG GROVE WAY LOUISVILLE KY 40245-6305 | \$ 5,940 | 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 | GARY & CINDY STANTON 10401 STONE COURT CINCINNATI OH 45242-5128 | \$ 5,820 | 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 | HIS PLACE CATHEDRAL OF FAITH 69556 CR 378 COVERT MI 49043 | \$ 5,139 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |

PAGE 4 OF 4

Page 2

Name of organization

REMEMBER THE CHILDREN

Employer identification number 35-2128166

| (a) | (b) | (c) | (d) Type of contribution |
|-----|--|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | |
| 19 | JOHN & PAMELA SARNO 519 DALLAM COURT BEL AIR MD 21014-2866 | \$ 5,103 | 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 |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) Type of contribution |
| No. | Name, address, and ZIP + 4 | Total contributions | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) Type of contribution |
| No. | Name, address, and ZIP + 4 | Total contributions | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) Type of contribution |
| No. | Name, address, and ZIP + 4 | Total contributions | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

PAGE 1 OF 1

Page 3

Name of organization

REMEMBER THE CHILDRE

Employer identification number

REMEMBER THE CHILDREN 35-2128166 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) GREENE COUNTY - LAND 2 \$ 60,000 03/01/21 (c) (a) No. (b) from FMV (or estimate) Description of noncash property given **Date received** (See instructions.) Part I \$ (a) No. (c) (b) (d) from FMV (or estimate) Date received Description of noncash property given (See instructions.) Part I \$ (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) No. (c) (d) (b) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received (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

Employer identification number

REMEMBER THE CHILDREN 35-2128166 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | | (a) Donor advised funds | (b) Funds and other accounts |
|----|---|--|--------------------------------|
| 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 | | |
| 5 | Did the organization inform all donors and donor advisors in writing that | the assets held in donor advised | |
| | funds are the organization's property, subject to the organization's 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 | |
| | conferring impermissible private benefit? | | Yes No |
| Pa | rt II Conservation Easements. | | |
| | Complete if the organization answered "Yes" on f | Form 990, Part IV, line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization (check | all that apply). | |
| | Preservation of land for public use (for example, recreation or educ | ation) Preservation of a historically | / important land area |
| | Protection of natural habitat | Preservation of a certified hi | istoric 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 cons | ervation |
| | easement on the last day of the tax year. | | Held at the End of the Tax Yea |
| а | Total number of conservation easements | | 2a |
| | Total acreage restricted by conservation easements | | |
| | Number of conservation easements on a certified historic structure incl | | |
| | Number of conservation easements included in (c) acquired after 7/25/ | | |
| | historic structure listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, released, ex | tinguished, or terminated by the organiza | ation during the |
| | tax year ▶ | | |
| 4 | Number of states where property subject to conservation easement is | ocated > | |
| 5 | Does the organization have a written policy regarding the periodic mon | | |
| | violations, and enforcement of the conservation easements it holds? | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, handling of | f violations, and enforcing conservation | easements during the year |
| | > | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handling of vio | lations, and enforcing conservation ease | ments 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)? | | |
| 9 | In Part XIII, describe how the organization reports conservation easem | | |
| | balance sheet, and include, if applicable, the text of the footnote to the | organization's financial statements that | describes the |
| | organization's accounting for conservation easements. | | |
| P | it III Organizations Maintaining Collections of Art, | Historical Treasures, or Other | Similar Assets. |
| | Complete if the organization answered "Yes" on | | |
| 1a | If the organization elected, as permitted under FASB ASC 958, not to | | |
| | of art, historical treasures, or other similar assets held for public exhibit | | e of public |
| | service, provide in Part XIII the text of the footnote to its financial state | | |
| b | If the organization elected, as permitted under FASB ASC 958, to repo | rt in its revenue statement and balance | sheet works of |
| | art, historical treasures, or other similar assets held for public exhibition | n, education, or research in furtherance | of public service, |
| | provide the following amounts relating to these items: | | |

- (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X.

| Pa | rt III Organizations Maintaining C | collections of | Art, Hist | torical Tr | easures, | or Othe | r Simi | lar As | sets (c | ontinu | ed) | |
|------|--|---------------------|--------------|-----------------|------------------|---------------|---------------------------|-----------|----------|---------------|------------|--|
| 3 | Using the organization's acquisition, accession, collection items (check all that apply): | | | | | | | | - | | | |
| а | Public exhibition | === | | change prog | _ | | | | | | | |
| b | Scholarly research | e 🔲 (| Other | | | | | • • • • • | | | | |
| C | Preservation for future generations | | | • | | | | in Dani | | | | |
| 4 | Provide a description of the organization's colle | ctions and explain | how they | turther the o | organization | s exempt p | ourpose | in Part | | | | |
| _ | XIII. | | | | | -!! | | | | | | |
| 5 | During the year, did the organization solicit or reassets to be sold to raise funds rather than to b | | | | | | | | | Yes | | No |
| - Da | t V Escrow and Custodial Arran | | art or the c | nganization | S CONSCION! | | | <u></u> | | 100 | <u> </u> | -110 |
| | Complete if the organization a 990, Part X, line 21. | | on Forn | n 990, Pai | rt IV, line 9 |), or rep | orted a | an amo | ount or | Form | | |
| 1a | Is the organization an agent, trustee, custodian | or other intermedi | iary for cor | ntributions o | r other asset | s not | | | | | | |
| | included on Form 990, Part X? | | | | | | | | | Yes | S | No |
| b | If "Yes," explain the arrangement in Part XIII an | d complete the fol | lowing tabl | le: | | | | | | | | |
| | | | | | | | | -+ | | Amount | | |
| C | Beginning balance | | | | | | | 1c | | | | |
| d | Additions during the year | | | | | | | | | | | |
| е | Distributions during the year | | | | | | | | | | | |
| f | Ending balance | | | | | | | | | | | |
| 2a | Did the organization include an amount on Form | n 990, Part X, line | 21, for esc | crow or cust | todial accour | it liability? | | | | Ye: | · | No |
| | If "Yes," explain the arrangement in Part XIII. C | heck here if the ex | cplanation | has been pr | ovided on Pa | art XIII | | <u></u> | | <u></u> | | - |
| Pa | rt V Endowment Funds. | | | | | | | | | | | |
| | Complete if the organization a | - | | | | | | | | | | |
| | | (a) Current year | (b) Pri | ior year | (c) Two yes | ars back | (d) Th | ree years | back | (e) Four | years i | Dack |
| | | · | | ~ | | | | | | | | |
| | Contributions | | | -, | | | | | | | | |
| C | Net investment earnings, gains, and | | | | | | | | | | | |
| | losses | | | | - | | | | | | | |
| d | Grants or scholarships | | | | | | <u> </u> | | | | | |
| е | Other expenditures for facilities and | | | | | | | | | | | |
| | programs | | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | | |
| g | End of year balance | | | | <u> </u> | | | | i | | | |
| 2 | Provide the estimated percentage of the current | t year end balance | e (line 1g, | column (a)) | held as: | | | | | | | |
| а | Board designated or quasi-endowment ▶ | % | | | | | | | | | | |
| b | Permanent endowment ▶ % | | | | | | | | | | | |
| C | Term endowment ▶ % | | | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c should | | | | | | | | | | | |
| 3a | Are there endowment funds not in the possess | ion of the organiza | ation that a | re held and | administere | d for the | | | | Г | · · · | N |
| | organization by: | | | | | | | | | $\overline{}$ | Yes | No |
| | (i) Unrelated organizations | | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | | 3a(ii) | | |
| | If "Yes" on line 3a(ii), are the related organization | | | | | | | | | 3b | | |
| | Describe in Part XIII the intended uses of the o | | owment fur | nds. | | | | _ | | | | |
| P | rt VI Land, Buildings, and Equip | ment. | | - 000 D- | and D. J. Bankar | 44- 0- | | | D-4 V | lina 1 | ^ | |
| | Complete if the organization a | | | | | | | | PartA | | | |
| | Description of property | (a) Cost or other t | | (b) Cost or o | | 1 | Accumulate epreciation | | | (d) Book | value | |
| | | (investment) | | (oth | ei) | a a | opi dolatiOl | | | | | |
| | Land | | | | | | | | * | | | |
| | Buildings | | | | | | | | + | | | |
| | Leasehold improvements | | 722 | | · · · · - · · | | 1 6 | 726 | + | | | |
| d | Equipment | | ,730 | _ | | _ | | 730 | | | 1 | 587 |
| | Other | | ,400 | n (D) line 44 | 00.1 | L | | ,813 | : | | | 587 |
| Tota | I. Add lines 1a through 1e, (Column (d) must eq | uai rom 990. Pär | ι κ. coiumi | וו וסו. ווח9 או | UG.) | | | | . 1 | | - / | <u>- </u> |

| Part VII | Investments – Other Securities. Complete if the organization answered "Yes" on | Form 990 Part IV | ine 11h See Form 990 P | art X line 12 |
|------------------|---|---------------------------------------|--|-------------------------------------|
| | (a) Description of security or category | (b) Book value | (c) Method of | |
| | (including name of security) | (D) BOCK Value | Cost or end-of-yea | |
| (4) Financial a | | | | |
| (1) Financiai d | lerivatives | | | |
| | ld equity interests | | | |
| | | | | |
| (A) | | | | |
| (B) | | | | |
| (C) | | | | · · · · · · · · · · · · · · · · · · |
| (D) | | | <u> </u> | |
| (E) | | | | |
| (F) | | · · · · · · · · · · · · · · · · · · · | | |
| (Ģ) | | | | |
| (H) | | | | |
| | (b) must equal Form 990, Part X, col. (B) line 12.) | <u> </u> | | |
| Part VIII | Investments – Program Related. | | | - 1 M Pr - 40 |
| | Complete if the organization answered "Yes" on | | | |
| | (a) Description of investment | (b) Book value | (c) Method of | |
| <u>"</u> | | | Cost or end-of-year | r 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, I | <u>line 11d. See Form 990, P</u> | art 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. | line 11e or 11f. See Form | 990, Part X, |
| | line 25. | , | | , , |
| 1. | (a) Description of liability | | | (b) Book value |
| | income taxes | | | |
| | IIIOOIIIO LUXUU | | | |
| (2) | | | | <u> </u> |
| (3) | | | | - . |
| (4) | | | ······································ | |
| (5) | | | | |
| (6) | | | | |
| (7) | | <u> </u> | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Colum | n (b) must equal Form 990, Part X, col. (B) line 25.) | | > | |
| 2. Liability for | uncertain tax positions. In Part XIII, provide the text of the for | otnote to the organization | 's financial statements that repo | rts the |

| Sche | dule D (Form 990) 2021 REMEMBER THE CHILDREN | 35-21281 | .66 | Page 4 |
|------------|--|---|---|---------------------------------------|
| Pa | Reconciliation of Revenue per Audited Financial Stateme | nts With Revenue per R | leturn. | |
| | Complete if the organization answered "Yes" on Form 990, Pa | art IV, line 12a. | | |
| | Total revenue, gains, and other support per audited financial statements | | 1 | |
| | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 - 1 | | |
| | Net unrealized gains (losses) on investments | | | |
| | Donated services and use of facilities | | \dashv 1 | |
| C | Recoveries of prior year grants | 2c | \dashv \dashv | |
| d | Other (Describe in Part XIII.) | | | |
| е | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 40 | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | | \dashv | |
| | Other (Describe in Part XIII.) | | 4c | |
| | Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | |
| | Reconciliation of Expenses per Audited Financial Statem | | | |
| *** | Complete if the organization answered "Yes" on Form 990, Page 1 | art 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: | | | |
| ~ a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| C | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | | | |
| е | Add lines 2a through 2d | | | |
| 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 | | _ | |
| b | Other (Describe in Part XIII.) | 4b | _ | |
| C | | *************************************** | | |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | . 5 | · · · · · · · · · · · · · · · · · · · |
| P. | n XIII Supplemental Information. | | Dad V. Car | |
| Provi | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV | , lines 1b and 2b; Part V, line 4 | ; Part X, line | |
| | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a | any additional information. | | |
| P | ART X - FIN 48 FOOTNOTE | | | |
| | HE ORGANIZATION HAS BEEN DETERMINED BY THE | TNTERNAT. REVENT | TE SERVICE | TO BE |
| | HE ORGANIZATION HAS BEEN DETERMINED BY THE | T14 T 131/14/217 1/12 4 1711/ | | |
| т. | AX EXEMPT UNDER SECTION 501(C)(3) OF THE I | NTERNAL REVENUE | CODE (THE | CODE). |
| | AA BABRET UNDER DBCTTON 301(0)(0) 01 | 1. | | |
| Δ | S A RESULT, CONTRIBUTIONS MADE TO THE ORGAN | NIZATION QUALIFY | Y AS CHARI | TABLE |
| | S A ALDOLLY CONTINUE TO THE STATE OF THE STA | | | |
| D. | EDUCTIONS AS DESCRIBED IN SECTION 170(C) OF | F THE CODE. | | |
| | | | | |
| M | ANAGEMENT EVALUATES ALL TAX POSITIONS TAKE | OR EXPECTED TO | O BE TAKEN | ON ITS |
| • • • • | | | | |
| A | NNUAL INFORMATION RETURNS, INCLUDING THE PO | CHT TAHT MOITISC | E ORGANIZA | TION |
| • • • • | | | | |
| C | ONTINUES TO QUALIFY TO BE TREATED AS A SEC | rion 501(C)(3) (| ORGANIZATI | ON FOR |
| В | OTH FEDERAL AND STATE PURPOSES. FOR THE YE | AR ENDED DECEMBI | ER 31, 202 | 1, |
| M | ANAGEMENT DOES NOT FEEL IT HAS TAKEN ANY T | AX POSITIONS TH | AT WOULD N | OT BE |
| S | USTAINED UNDER EXAMINATION. THEREFORE, NO | INTEREST OR PEN | ALITES HAV | E BEEN |
| A | CCRUED OR CHARGED TO EXPENSE AS OF DECEMBE | R 31, 2021, OR ' | THE TAX PE | RIOD |

| THEN ENDED. THE ANNUAL INFORMATION RETURNS FOR THE ORGANIZATION ARE SUB | BJECT |
|---|--------|
| TO EXAMINATION BY TAXING AUTHORITIES FOR A PERIOD OF THREE YEARS FROM T | HE |
| DATE THEY ARE FILED. | |
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0074

2021

Open To Public Inspection

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

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

Internal Revenue Service

Name of the organization

Department of the Treasury

Employer identification number

| | REMEMBER If I Types of Property | THE (| CHILDREN | | | 35-21 | L28166 | | |
|----------|---|--|--|--|----------------|--------------------------------------|--------------|---------|-------|
| | 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 d noncash contrib | letermining | | |
| 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 | | <u> </u> | | | | | | |
| 11 | Securities — Partnership, LLC, | | | | | | | | |
| | or trust interests | | | | | | | | |
| 12 | Securities — Miscellaneous | | | | | | | | |
| 13 | Qualified conservation | | | | | | | | |
| 10 | contribution — Historic | | | | | | | | |
| | | | | | | | | | |
| 14 | structures Qualified conservation | | | | | | - | | |
| 14 | contribution — Other | | | | | | | | |
| 15 | Real estate — Residential | | | | | | | | |
| 16 | Real estate — Commercial | | | | | **** | | | |
| 17 | Real estate — Other | X | 1 | 60,000 | FAIR M | ARKET | VALUE | | |
| | | | | | | | | | |
| 18 19 | Collectibles | | | | | | | | |
| | Food inventory | | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | | |
| 21 | Taxidermy | | | | ·-·- | | | | |
| 22 | Historical artifacts | ļ | | | | | | | |
| 23 | Scientific specimens | - | | | - | | | | |
| 24 | Archeological artifacts | <u>, </u> | | | | | | | |
| 25 | Other ►(| | | | | | | | |
| 26 | Other ►(| | | | | - | | | |
| 27 | Other ►(| ⟨├── | | <u> </u> | | | | | |
| 28 | Other ►(Number of Forms 8283 received by | / | ization during the tay yes | er for contributions for | | | | | |
| 29 | which the organization completed F | | | | 29 | | | | |
| | which the organization completed r | UIII 0203 | , Fait V, Dollee Acknown | 30gomont | <u> </u> | | , | Yes | N |
| | During the year, did the organization | | au contribution any propa | rty reported in Part I lines | 1 through | | | | |
| 30a | | | | | | | | | |
| | 28, that it must hold for at least three | | | | | | 30a | ******* | K |
| | to be used for exempt purposes for | | notating period? | | | | | | |
| b | | | Para than a san sa than a | of one manatandord | | | | | |
| 31 | Does the organization have a gift a | | | | | | 24 | ******* | Z |
| | contributions? | | | | | | 31 | | |
| 32a | • | | | | | | | | 3 |
| | contributions? | | | | | | 32a | | |
| b | | | | | Ala abastesd | | | | |
| 33 | If the organization didn't report an a | amount in | column (c) for a type of p | roperty for which column (a | ı) is checked, | | | | |
| | describe in Part II. | | | | | | | | |

| schedule M (For | m 990) 2021 REMEMBER THE | CHILDREN | 35-2128100 | Page Z |
|-----------------|---------------------------|--|---|--------------------------------|
| Part II | Supplemental Information. | Provide the information ren Part I, column (b), the n | equired by Part I, lines 30b, 32b, and 3 number of contributions, the number of additional information. | 3, and whether items received, |
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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 2021

▶ Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service ▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization

Employer identification number

35-2128166 REMEMBER THE CHILDREN FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 IS TO REVIEW THE TAX RETURN AND ANNUAL FINANCIAL STATEMENTS AS PREPARED BY THE EXTERNAL ACCOUNTANT AND TO DISCUSS THEM AT THE FIRST BOARD MEETING 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.