APRIO, LLP 111 ROCKVILLE PIKE SUITE 600 ROCKVILLE, MD 20850

HELPING CHILDREN WORLDWIDE INC 14101 PARKE LONG COURT, N CHANTILLY, VA 20151

Infalliana Halalan Haalli

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CLIENT'S COPY



AUGUST 1, 2023

HELPING CHILDREN WORLDWIDE INC 14101 PARKE LONG COURT N CHANTILLY, VA 20151

HELPING CHILDREN WORLDWIDE INC:

ENCLOSED IS THE ORGANIZATION'S 2022 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8453-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8453-TE TO US BY NOVEMBER 15, 2023.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

STACY CULLEN



AUGUST 1, 2023

HELPING CHILDREN WORLDWIDE INC 14101 PARKE LONG COURT N CHANTILLY, VA 20151

HELPING CHILDREN WORLDWIDE INC:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2022 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2022 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

SINCERELY,

STACY CULLEN

## TAX RETURN FILING INSTRUCTIONS

FORM 990

#### FOR THE YEAR ENDING

**DECEMBER 31, 2022** 

#### PREPARED FOR:

HELPING CHILDREN WORLDWIDE INC 14101 PARKE LONG COURT N CHANTILLY, VA 20151

#### PREPARED BY:

APRIO, LLP 111 ROCKVILLE PIKE SUITE 600 ROCKVILLE, MD 20850

#### **AMOUNT DUE OR REFUND:**

**NOT APPLICABLE** 

#### **MAKE CHECK PAYABLE TO:**

**NOT APPLICABLE** 

### MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

#### RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

#### **SPECIAL INSTRUCTIONS:**

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8453-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8453-TE TO US BY NOVEMBER 15, 2023.

## Form **8453-TE**

# Tax Exempt Entity Declaration and Signature for Electronic Filing

For calendar year 2022, or tax year beginning

	UNIB NO. 1545-0047
. 2022.	

Department of the Treasury Internal Revenue Service

 2022

Go to www.irs.gov/Form8453TE for the latest information. Name of filer **EIN or SSN** HELPING CHILDREN WORLDWIDE INC 76-0729857 Part I Type of Return and Return Information Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1,220,277. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) Form 990 check here Total revenue, if any (Form 990-EZ, line 9) Form 990-EZ check here 2b Total tax (Form 1120-POL, line 22) Form 1120-POL check here Tax based on investment income (Form 990-PF, Part V, line 5) Form 990-PF check here 4b 4a Balance due (Form 8868, line 3c) 5a Form 8868 check here Total tax (Form 990-T, Part III, line 4) Form 990-T check here 6a 7a Form 4720 check here Total tax (Form 4720, Part III, line 1) 7b FMV of assets at end of tax year (Form 5227, Item D) Form 5227 check here 8b Tax due (Form 5330, Part II, line 19) 9a Form 5330 check here 9b Amount of credit payment requested (Form 8038-CP, Part III, line 22) Form 8038-CP check here 10a Part II **Declaration of Officer or Person Subject to Tax** I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 11a business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/ 990-PF (as specifically identified in Part I above) to the selected state agency(ies). Under penalties of perjury, I declare that 🛛 🗓 I am an officer of the above named entity or 🔲 I am the person subject to tax with respect to and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. Sign EXECUTIVE DIRECTOR Here Signature of officer or person subject to tax Date Title, if applicable Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

Check if Check if ERO's SSN or PTIN ER0's also paid signature ERO's employed P00974308 STACY CULLEN preparer X EIN 57-1157523 APRIO, LLP Firm's name (or yours if self-employed), 111 ROCKVILLE PIKE SUITE 600 Phone no. address, and ZIP code ROCKVILLE, MD 20850 (301) 231-6200

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of

my knowleage	e and belief, they are true, correct, and complete. D	eciaration of preparer is based on all information o	i wnich the prepar	er nas any know	ieage.
Paid	Print/Type preparer's name	Preparer's signature		Check if self- employed	PTIN
Preparer Use Only	Firm's name			Firm's EIN	
	Firm's address			Phone no.	
LUA For Dri	year Ast and Danamusik Dadustian Ast Notice as	a instructions		Г	9453 TE (0000

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8453-TE** (2022)

### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

## Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print HELPING CHILDREN WORLDWIDE INC 76-0729857 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 14101 PARKE LONG COURT, N return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. CHANTILLY, VA 20151 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) MELODY CURTISS CATHEY The books are in the care of ▶ 14101 PARKE LONG CT, SUITE N - CHANTILLY, VA 20151 Telephone No. ► (703)793-9521 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or \_\_\_ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions For Privacy Act and Paperwork Reduction Act Notice, see instructions.

223841 04-01-22

LHA

Form 8868 (Rev. 1-2022)

**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 Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2022 calendar year, or tax year beginning	and	ending		
<b>B</b> c	heck if pplicable	C Name of organization			D Employer identific	cation number
	Addres	HELPING CHILDREN WORLDW	IDE INC			
	Name change				76-07298	57
	Initial return	Number and street (or P.O. box if mail is not deliv	ered to street address)	Room/suite	E Telephone numbe	
	Final return/	14101 PARKE LONG COURT	′ '	N	(703)793	
	termin- ated		P or foreign postal code		G Gross receipts \$	1,251,077.
	Ameno				H(a) Is this a group re	
	Application	F Name and address of principal officer: MELC	DY CURTISS CATE	IEY		? Yes X No
	pendin	SAME AS C ABOVE			H(b) Are all subordinates in	
1 1	ax-exe	empt status: X 501(c)(3) 501(c) (	(insert no.) 4947(a)(1)	or 527	1	list. See instructions
JV	Vebsit		DWIDE.ORG		H(c) Group exemptio	n number
		organization: X Corporation Trust Ass	ociation Other	<b>L</b> Year	of formation: 2003 N	M State of legal domicile: VA
Pa	ırt I	Summary				
an an	1	Briefly describe the organization's mission or most s	ignificant activities: ${f TO}$	RANSFO:	RM COMMUNIT	IES BY
ũ		SERVING THE WORLD'S MOST V	ULNERABLE THROU	GH EDU	CATION, HEA	LTHCARE
Activities & Governance	_	——————————————————————————————————————	inued its operations or dispos	sed of more	than 25% of its net ass	1
o Ve		Number of voting members of the governing body (F			3	9
ত জ		Number of independent voting members of the gove				9
es		Total number of individuals employed in calendar ye				8
Ĭ		Total number of volunteers (estimate if necessary) $\dots$				193
Act		Total unrelated business revenue from Part VIII, colu				0.
	b	Net unrelated business taxable income from Form 9	90-T, Part I, line 11	·····		0.
Revenue					Prior Year 1,006,516.	Current Year
					19,188.	1,135,386.
	l				310.	3,802.
Be	ı	Investment income (Part VIII, column (A), lines 3, 4, a			8,870.	1,981.
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			1,034,884.	1,220,277.
		Total revenue - add lines 8 through 11 (must equal P Grants and similar amounts paid (Part IX, column (A)			350,581.	458,530.
	l	Benefits paid to or for members (Part IX, column (A),			0.	0.
	45	Salaries, other compensation, employee benefits (Pa			388,988.	466,083.
Expenses	16a	Professional fundraising fees (Part IX, column (A), lin			0.	0.
oen	h ioa	Total fundraising expenses (Part IX, column (D), line	<i></i>	33.	<u> </u>	
$\overline{\mathbf{x}}$	17	Other expenses (Part IX, column (A), lines 11a-11d, 1			191,169.	242,645.
		Total expenses. Add lines 13-17 (must equal Part IX,			930,738.	1,167,258.
	19	Revenue less expenses. Subtract line 18 from line 12			104,146.	53,019.
Net Assets or		·		Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)			692,555.	788,151.
ASS	21	Total liabilities (Part X, line 26)			40,013.	86,369.
	22	Net assets or fund balances. Subtract line 21 from li	ne 20		652,542.	701,782.
	rt II	Signature Block				
		lties of perjury, I declare that I have examined this return, ir				knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer)	is based on all information of wh	nich preparer	has any knowledge.	
		Signature of officer			Date 8/1/23	<u> </u>
Sigi		-	OUDIUS DIDEODOD	Mil	Date 0/1/2	,
Her	е	MELODY CURTISS CATHEY, EXE  Type or print name and title	CUTIVE DIRECTOR	. / 109	40	
			Dunnamania alimentimo	Ιr	Date Check	PTIN
Da:4		Print/Type preparer's name STACY CULLEN	Preparer's signature	ا	l if	
Paid		Firm's name APRIO, LLP			self-employ Firm's EIN 5	7-1157523
Preparer Firm's name APRIO, LLP Firm's EIN 57-11 Use Only Firm's address 111 ROCKVILLE PIKE SUITE 600						
USE	Jilly	ROCKVILLE, MD 2085			Phone no (3	01) 231-6200
May	the IF	RS discuss this return with the preparer shown above			Fritolie IIU. ( 3	X Yes No

	990 (2022) HELPING CHILDREN WORLDWIDE INC 76-0729857 Page 2
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	HELPING CHILDREN WORLDWIDE IS TRANSFORMING COMMUNITIES BY SERVING THE
	WORLD'S MOST VULNERABLE THROUGH EDUCATION, HEALTHCARE, AND SPIRITUAL GROWTH.
	GROWIH.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?  Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 382,876. including grants of \$ 186,964. ) (Revenue \$
	CHILD WELFARE AND CHILD REINTEGRATION CENTRE THE ORGANIZATION PROVIDES
	SUPPORT IN SIERRA LEONE FOR AID TO YOUNG WOMEN, CHILDREN AND FAMILIES
	SUFFERING FROM EXTREME POVERTY AND CONTINUED TO PROVIDE PRIMARY
	FINANCIAL SUPPORT FOR THE CHILD REINTEGRATION CENTRE ("CRC") IN SIERRA
	LEONE. THE COLLABORATION BETWEEN THE ORGANIZATION AND CRC OFFERS DIRECT
	SERVICES TO CHILDREN AND FAMILIES IN ONE OF THE MOST IMPOVERISHED
	REGIONS OF THE WORLD, AND PROVIDES TRAINING, COACHING AND MENTORING
	SERVICES TO CHILD WELFARE AGENCIES IN SIERRA LEONE AND WEST AFRICA TO
	CHANGE THEIR SERVICE MODEL TO FAMILY SUPPORT WORK. IN SIERRA LEONE,
	ILLITERACY HOVERS BETWEEN 60% AND 70%, 60% LIVE BELOW THE GLOBAL
	POVERTY LINE OF \$1.90 PER DAY AND POVERTY IS THE NUMBER ONE REASON
41:	CHILDREN ARE LIVING ON THE STREET AND DO NOT GO TO SCHOOL. BECAUSE OF  (Code: ) (Expenses \$ 355,258. including grants of \$ 209,008.) (Revenue \$
4b	(Code:) (Expenses \$355,258. including grants of \$209,008. ) (Revenue \$
	("MERCY") IS TO IMPROVE INFANT AND MATERNAL MORTALITY RATES IN SIERRA
	LEONE BY PROVIDING HOLISTIC, COMMUNITY-FOCUSED CARE, REGARDLESS OF
	ABILITY TO PAY. MERCY IS A 50-BED FACILITY WITH A TRAINED AND DEDICATED
	MEDICAL STAFF INCLUDING A FULL-TIME DOCTOR, A MEDICAL LABORATORY, A
	RESEARCH LABORATORY, A FULLY STOCKED PHARMACY ON-SITE, A LIMB-FITTING
	AND REHABILITATION CENTER, AN HIV/AIDS CLINIC, AND A SURGICAL WING WITH
	TWO OPERATING THEATRES. IT IS THE FIRST HOSPITAL TO INCORPORATE AN
	ELECTRONIC HOSPITAL MANAGEMENT AND PATIENT RECORDS SYSTEM IN SIERRA
	LEONE. IN 2022, MERCY HOSPITAL AND MERCY OUTREACH WERE ABLE TO PROVIDE
	MEDICAL AND DIAGNOSTIC SERVICES TO 13,729 PATIENTS IN BO AND 45
	VILLAGES.
4c	(Code:) (Expenses \$224,510. including grants of \$62,558. ) (Revenue \$79,108.
	EMPOWERMENT PROGRAMS THE ORGANIZATION'S UNITED METHODIST VOLUNTEERS IN
	MISSION (UMVIM) TEAMS ARE COMPRISED OF INDIVIDUALS WHO ARE TRAINED AND
	THEN TRAVEL TO SIERRA LEONE TO VOLUNTEER AT CRC AND MERCY HOSPITAL.
	OVER THE YEARS, TEAMS HAVE ENGAGED IN A WIDE VARIETY OF SERVICE
	PROJECTS TO SUPPORT THE LIVES OF CHILDREN AND THEIR FAMILIES, INCLUDING
	MEDICAL AND DENTAL CLINICS, CONSTRUCTION PROJECTS, TEACHER TRAINING
	COLLABORATIONS, AND CAPACITY BUILDING WORK WITH LOCAL LEADERSHIP. THREE
	VILLAGE PARTNERSHIPS WERE ACTIVE DURING 2022, FUNDING THE CONSTRUCTION
	OF BASIC COMMUNITY INFRASTRUCTURE, PROVIDING MEDICAL AND NUTRITION
	CLINICS FOR CHILDREN AND MOTHERS, AND SUPPORTING FAMILY STRENGTHENING
	SERVICES TO VILLAGES THROUGH MERCY HOSPITAL, MISSION TEAM VOLUNTEERS
	OVERSEEN BY THE MEDICAL STAFF AND NEW MISSION PARTNERSHIP LIAISON AT

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

(Expenses \$ including grants of \$ ) (Revenue \$

Total program service expenses 962,644.

## 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
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		х
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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			.,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	- "		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	10		-23
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
۵.	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_		17
	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			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2022) HELPING CHILDREN WORLDWIDE INC

Part IV Checklist of Required Schedules (continued)

	Continued)		Vaa	Na
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
	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?			
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		Х
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 employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	<b>I</b>		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV		37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
•	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		Х
22	Schedule N, Part II	32		Λ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		- 21
34		34		Х
35.2	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	0-		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
J	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			х
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		Х
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	Х	
Pai				
	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	5		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
232004	4 12-13-22	Form	990	(2022)

Form 990 (2022) HELPING CHILDREN WORLDWIDE INC

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Ref the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, Red to the calendary year ending with or within the year covered by this return 1 and 1						Yes	No
b If a least one is reported on line 2a, did the organization file all required federal employment fax returns?  3a Did the organization have unretised business gross income of \$1,000 or more during the year?  3a If Yes, "has it field a Form 990-T for this year? "No' To line 3b, provide an explanation on Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country guide as a bank account, securities account, or other financial accounts (FBAR).  5b If Yes, "enter the name of the foreign country guide as a bank account, securities account, or other financial accounts (FBAR).  5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction?  5b If Yes, "other to line 5a or 6b, did the organization file Form 8888-T?  5c Was to line 5a or 6b, did the organization file Form 8888-T?  5c Did any scenitration have amusal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5c Was the very solicitation than that year were not tax deductible.  6c Was the companization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Was the companization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  6c Was the companization receive a payment in excess of \$5° nade party as a combination and party for goods and services provided to the payor?  7c Did the organization receive any payment in excess of \$5° nade party as a combination and party for goods and services provided to the payor?  7d Was the organization of the were payment in excess of \$5° nade party as a combination and party for goods and services provided to the payor with the good of the organization for the payor w	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
3a Dt the organization have unrelated business gross income of \$1,000 or more during the year?  4b If Yes's 1 has finded a form 800 of the Yes's 14 has 16 h		filed for the calendar year ending with or within the year covered by this return	2a	8	3		
b If Yes, "Itas it flield a Form 980-T for this year? If 'No' to line 3b, provide an explanation on Schedule O A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry?  See instructions for filing requirements for FinCSN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCSN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCSN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions of partition of the organization file Form 888617?  See Does the organization the organization file Form 888617?  See Does the organization file organization file Form 888617?  See Does the organization include with every solicitation an exposers statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Bid tile organization receive a payment in excess of \$75 made pathy as a contribution and parily for goods and services provided to the payor?  7a X  The See Did the organization receive and service deductible contributions under section 170(c).  Bid tile organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7b Life organization self-excelled accordance of the goods or services provided?  1c Life Form 8282?  1c Life Form 8282?  1c Life Form 8282.  1c Life Form 8282.  1c Life Form 8282.  1c Life organization received a contribution of qualified intellectual property, did the organization file a form 1998.  1c Life organization received an contribution of surface organization for services provided in the organization file a form 1998.  1c Life organization form services a payment of the section 800 payment organization file form 1998.  1c Life organization form services	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	Х	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?)  b if "Yea," enter the name of the foreign country  See instructions for filing requirements for FirCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization ap any to a prohibited tax shefter transaction at any time during the tax year?  5b Was the organization into the accountry of the organization that it was or is a party to a prohibited tax shefter transaction?  5c Octoors the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductables for that several transaction or the second transport of the organization solicit any contributions that were not tax eductables a charitable contributions?  5c Octoors the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductables a charitable contribution or express statement that such contributions or gifts were not tax deductables a charitable contribution and partly for goods and services provided to the payor?  5c Octoor than a payor than the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5c If Yes, "indicate the number of Forms 8282? filed during the year  6c Did the organization received a contribution of unique type year  7c If If If the organization received a contribution of unique type year  9c Did the organization received a contribution of unique type year.  9c Did the organization received a contribution of payor premiums on a personal benefit contract?  9c Did the organization received a contribution of payor premiums. In payor premiums on a personal benefit contract?  9c Did the organization received and	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		X
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  bit "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).  by Did any taxoble party notify the organization file Form 888617?  cit "Yes" to line Sa or Sb, did the organization file Form 888617?  do Does the organization and pross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  bit "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  bit "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  bit "Yes," did the organization notify the donor of the value of the goods or services provided?  7 organizations that may receive deductible contributions under section 170(c).  6 bit the organization receive a symmetri in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7a X  bit "Yes," did the organization notify the donor of the value of the goods or services provided?  7b X  contributions that may receive deductible contributions under section 170(c).  6 bit the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7b X  different form \$8222 filed during the year  bit the organization received a contribution of undirectly, to pay premiums on a personal benefit contract?  7c Y  1d the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088-C?  7c A Sponsoring organization have excess business holdings at any time during the year?  8 Sponsoring organization have advised funds. Did a donor advised fund maintained by the sponsoring organization have advised funds.	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
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 aparty to a prohibited tax shefter transaction at any time during the tax year?  5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction?  5c If Yes' to line ba or 5b, did the organization the organization the organization that it was or is a party to a prohibited tax shefter transaction?  5c If Yes' and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that we en or tax eductibles of a charlable contributions?  5c If Yes, "Idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of a charlable contribution and express statement that such contributions or gifts were not tax deductibles of a charlable contribution and party for goods and services provided to the payor?  7c Organizations that may receive deductible contributions under section 170(c).  8d If Yes," did the organization notify the donor of the value of the goods or services provided?  7c If If Yes," indicate the number of Forms 8282 filed during the year  8 Did the organization received a contribution of understope of tangbile personal property for which it was required to the Form 8282?  7c If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a chorn advised fund maintained by the sponsoring organizations makes any taxabiling at his plant funding the year?  9 Sponsoring organizations makes any taxabiling at his plant funding the year?  10 Did the sponsoring organizations make any taxabiling at his plant funding the year?  11 Did Section 501(c)12 organizations make any taxabiling the file trails and the p	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  8 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  8 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  9 Organizations that may receive deductible contributions under section 170(c).  10 Id the organization neceive a payment in exciss of \$5 made party as a contribution and party for goods and services provided to the payor?  10 If "Yes," did the organization notify the donor of the value of the goods or services provided?  11 If "Yes," did the organization notify the donor of the value of the goods or services provided?  12 If "Yes," did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  13 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  14 If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C?  15 Sponsoring organization have excess business holdings at any time during the year?  16 Sponsoring organization have excess business holdings at any time during the year?  17 Sponsoring organization have excess business holdings at any time during the year?  18 Sponsoring organization have excess business holdings at any time during the year?  19 Section 501(c)(12) organization make a distribution to a donor, donor advisor, or related person?  10 Section 501(c)(17) organization make and idistribution to a donor, donor advisor, or related person?		financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		X
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a X  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6b DS  6c If "Yes" to line Sa or Sb, did the organization file Form 8886-17?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles?  6c DIF "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax eductibles?  7 Organizations that may receive deductible contributions under section 170(c).  8 DIF "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax eductibles?  8 DIF "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles?  7 Organizations that may receive deductible contribution or or the value of the goods or services provided to the p	b	If "Yes," enter the name of the foreign country					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccour	its (FBAR).			
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of the solicity of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization static may receive deductible contributions under section 170(c).  b If "Yes," did the organization notify the done of the value of the goods or services provided?  7 To granization static services of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7 To X  b If "Yes," did the organization notify the done of the value of the goods or services provided?  7 To X  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  1 to file Form 88827  7 To X  d If "Yes," indicate the number of Forms 88282 filed during the year  2 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7 Did the organization received a contribution of qualified intellectual property, of the organization file Form 8899 as required?  7 To Y  1 If the organization received a contribution of qualified intellectual property, of the organization file Form 1098-C?  8 Sponsoring organizations short contributions in class, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations excees business holdings at any time during the year?  9 Sponsoring organizations make a distribution to a donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4968?  b Did the sponsoring organization make any taxable distributions under section 4968 (and the organization file of Form 1041?  12a Section 501(c)(2) organization	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					_
6a Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twen on tax deductible as charitable contributions or gits were not tax deductible?  6a X  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gits were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization stat may receive deductible contributions under section 170(c).  b If "Yes," did the organization notity the donor of the value of the goods or services provided?  C Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8282?  C Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 D DID the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  10 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C7  8 Sponsoring organization make any taxable distributions. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 49667  9 Section 501(c)(7) organizations. Enter:  a initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b Description organization make any traveled distributions under section 4967(12) organizations. Enter:  a first the amount of reserves the organization is required to accrued during the year  12a Section 4947(a)(1) non-exempt interest received or accrued during the year  15a Gross income from members or shareholders  15a Gross income from members or shareholders  15a If Y							X
any contributions that were not tax deductible as charitable contributions?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization roceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Polid the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 to 1 If the organization received a contribution of qualified intellectual property, did the organization file Form 8298 as required?  7 to 1 If the organization received a contribution of cars, boats, simplenes, or other vehicles, did the organization file Form 8298 as required?  7 to 2 If the organization received a contribution of cars, boats, simplenes, or other vehicles, did the organization fle Form 9880 as required?  7 to 1 If the organization received a contribution of cars, boats, simplenes, or other vehicles, did the organization the a Form 1098-C?  8 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Intuitation fees and capital contributions included on Part VIII, line 12  b Gross received from them.)  10 Section 501(c)(1) organizations. Enter:  a fress income from embers or shareholders  b Gross income from other source					5c		
b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a Did the organization cective a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  To bit "Yes," fold the organization notify the donor of the value or the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  Sponsoring organization make any taxable distributions. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  Section 501(c)(7) organizations. Enter:  a finitiation fees and capital contributions included on Part VIII, line 12  b (Foress received from them.)  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from the excess the file of the sponsoring organization in the organization must report on Schedule O.  B Herry or the sponsoring organization or advised main more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  B Herry organization received any payments for indoor tanning services during the tax	6a		e orga	anization solicit			,,
were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  The String of the organization process of \$75 made partly as a contribution and partly for goods and services provided to the payor?  The String of the organization nective the donor of the value of the goods or services provided?  To Lid the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? iffed during the year and it is file form 8282?  If I we sell the number of Forms 8282? iffed during the year and it is file form 8282?  If I we plant the number of Forms 8282? iffed during the year and it is file for gonalization received an contribution of qualified intellectual property, did the organization file Form 8899 as required?  If I the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C?  Soponsoring organization make any taxable distribution to a donor advised funds and the sponsoring organization make any taxable distributions under section 4966?  Soponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make any taxable distributions under section 4966?  Soction 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 501(c)(2) organization make a distribution to adors, donor advisor, or related person?  Soction 501(c)(2) organization make any taxable distributions under section 4966?  By Soction 501(c)(2) organization make any taxable distributions under section 4966 excise tax and the section 501(c)(2) organization and the additional information the organization filing Form 990 in lieu of Form		•			6a		X
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?  b If "Yes," old did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7	b		ons o	r gifts	<b> </b>		
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?  b if "Yes," did the organization risk the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," include the number of Forms 8282 filed during the year  e Did the organization, during the year, pay premiums, directly, to pay premiums on a personal benefit contract?  7c	_				6b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract?  7		•			_	- V	
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14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  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  16 "Yes," see the instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?  18 If "Yes," complete Form 4720, Schedule O.				1	4		
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Page 6

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.

Sec	tion A. Governing Body and Management			Δ
	uon A. Governing Body und Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year		162	NO
ıa	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.			
h	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
2	office and the standard to the second second second	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3		3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		
<i>r</i> u	more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
b		7b		Х
8	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75		
		80	х	
a h		8a 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	-25	
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec		<u> </u>		- 21
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
100	Did the organization have local chapters, branches, or affiliates?	10a	162	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa		
b		10b		
112	and branches to ensure their operations are consistent with the organization's exempt purposes?  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.	IIa		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
h	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
6	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
C		12c	х	
13	on Schedule O how this was done  Did the organization have a written whistleblower policy?	13	X	
14		14	X	
		14	21	
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?			
_		150	х	
a	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	15a 15b	X	
D	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130	-22	
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
100		16a		Х
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ioa		
D	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	100		
17	List the states with which a copy of this Form 990 is required to be filed AL, CA, FL, GA, IL, KS, MA, MD, MO	. NC	NJ.	NY
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));			
	for public inspection. Indicate how you made these available. Check all that apply.	, orny)	a v anak	
	X Own website X 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	l financ	cial	
.5	statements available to the public during the tax year.	· man	-iui	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MELODY CURTISS CATHEY - (703)793-9521			
	14101 PARKE LONG CT, SUITE N, CHANTILLY, VA 20151			
232006	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2022)

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

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

- 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.

CHAIRMAN   S.00   X   X   X   O. O. O. O.	(A)	(B)			_ ((	C)			(D)	(E)	(F)
Week   (ilst any   hours for related organizations   held organization	Name and title	1	(do	not c	heck i	more	than o	one	•	1	
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SECRETARY   STATE			tor								
SECRETARY   STATE		, ,	r direc				8				
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MELODY CURTISS   50.00		1 ~	al trus	nal tr		loyee	comp		1099-NEC)		
SECRETARY   STATE			udividu	nstitutic	fficer	ey emp	lighest mploye	ormer			organizations
EXECUTIVE DIRECTOR (2) RICK AUMAN (3) FAM PIESTER (3) FAM PIESTER (4) CRAIG HISERMAN (5) FRANCIS CONTEH (6) CAROL MCINTOSH DIRECTOR (7) ALAN LARSON DIRECTOR (8) MARY ANN GILKESON DIRECTOR (9) PAUL D. MONTEIRO DIRECTOR DIRECTOR (1) ALAN BALLENGER (2) TO ALAN BALLENGER (3) PAM PIESTER (4) CRAIG HISERMAN (5) CROWN CO. (6) CROWN CO. (7) ALAN LARSON DIRECTOR (8) MARY ANN GILKESON DIRECTOR (9) PAUL D. MONTEIRO DIRECTOR (1) ALAN BALLENGER (2) FAUL D. MONTEIRO DIRECTOR (1) ALAN BALLENGER (2) CO. (1) ALAN BALLENGER (3) CO. (4) CO. (5) CO. (6) CO. (7) ALAN BALLENGER (1) CO. (8) CO. (10) ALAN BALLENGER (1) CO. (10) ALAN BALLENGER (1) CO. (10) ALAN BALLENGER (1) CO. (10) CO. (11) GENE MURPHY (1) CO. (12) CO. (13) CO. (14) CO. (15) CO. (15) CO. (16) CO. (17) CO. (18) CO. (18) CO. (19) CO. (19) CO. (10) CO. (10) CO. (10) CO. (11) CO. (11) CO. (12) CO. (12) CO. (12) CO. (13) CO. (14) CO. (15) CO. (16) CO. (17) CO. (18) CO. (18) CO. (19) CO. (19) CO. (10) C	(1) MELODY CURTISS		=	<del>-</del>	-		T 40	ш			
CAIRMAN	EXECUTIVE DIRECTOR				х				107,635.	0.	1,475.
(3) PAM PIESTER	(2) RICK AUMAN	5.00									,
AN PIESTER   2.50   X   X   X   0.   0.   0.   0.   0.	CHAIRMAN		Х		Х				0.	0.	0.
CALCARIGE HISERMAN   CALCARD   CAL	(3) PAM PIESTER	2.50									
TREASURER	VICE CHAIR		Х		Х				0.	0.	0.
SECRETARY	(4) CRAIG HISERMAN	3.00									
X	TREASURER		Х		Х				0.	0.	0.
1.50   ALAN LARSON	, . ,	1.50	]								
DIRECTOR			Х		X				0.	0.	0.
1.00   X   0.		1.50	1							_	_
DIRECTOR			Х						0.	0.	0.
MARY ANN GILKESON   2.50   X		1.00	1							_	_
DIRECTOR   X		<del> </del>	X						0.	0.	0.
(9) PAUL D. MONTEIRO		2.50	ļ								
DIRECTOR (UNTIL 5/2022)  (10) ALAN BALLENGER  DIRECTOR  (11) GENE MURPHY  DIRECTOR  X  0.  0.  0.  0.  0.  0.  0.  0.  0.		0.10	X						0.	0.	0.
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		1.50	₹.							_	0
	DIRECTOR	+	A						0.	0.	0.

Name and title    A   A   A   A   A   A   A   A   A	Section A. Officers, Directors, Trus		Jioye	<del></del> 5,			Jues			,	T	
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Subtotal	ivame and title	1		not cl	neck r	more	than c			•	1	
Nours for related organizations   Nours for related organization   Nours for related organi			offic						·	•	1	
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Yes   No   No   I lid the organization list any former officer, director, trustee, key employee, or highest compensated employee on	2 Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove	) wh	o re	ceived more than \$100,	000 of reportable		_
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  None  None  Description of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.  1 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.	compensation from the organization										1 1/2	1
line 1a? If "Yes," complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  NONE  Bescription of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.  O Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.	2. Did the exceptration list any former officers	director truct	م ا د		mal	01/0		hial	heat companded ampl	01/00 00	Ye	S NO
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  NONE  Description of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization.	· ·	•	-	•	•	•		•	·	•	3	x
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of the calendar year ending with or within the organization or did not person.											4	Х
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) (Compensation)  Name and business address NONE (Description of services)  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization (Description of compensation from the organization)	5 Did any person listed on line 1a receive or	accrue comper	satio	on fr	om a	any	unre	late	ed organization or individ	lual for services		
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization  0		nplete Schedul	e J fo	or su	ch ŗ	pers	on .				5	X
the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) Compensation  Name and business address NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization  0	· · · · · · · · · · · · · · · · · · ·			1					-t	100,000 -1	-4: *	
Name and business address NONE    Compensation   Co											ation from	
Name and business address NONE Description of services Compensation    Compensation   Compensati		trie Caleridai ye	cai C	Hulli	g w	itii C	)I VVII	<u>.</u>		cai.	(C)	
\$100,000 of compensation from the organization	• • • • • • • • • • • • • • • • • • • •	address	NC	NE	3					ervices		tion
\$100,000 of compensation from the organization												
\$100,000 of compensation from the organization								$\perp$				
\$100,000 of compensation from the organization												
\$100,000 of compensation from the organization								$\dashv$				
\$100,000 of compensation from the organization												
\$100,000 of compensation from the organization								$\dashv$				
\$100,000 of compensation from the organization												
\$100,000 of compensation from the organization								T				
\$100,000 of compensation from the organization												
\$100,000 or compondation from the organization	·	•	ot lim	nited	l to t	_		ted	above) who received mo	ore than		
	\$100,000 of compensation from the organ	ization				U	,				Form QQ	0 (2022)

Part VIII Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					lunction revenue	business revenue	sections 512 - 514
ωs	1:	Federated campaigns 1a	1,570.				
ant							
င်္ခ ဗြ		o Membership dues 1b 1c 1c	139,673.	-			
ffs,			133 / 0 / 3 .				
Contributions, Gifts, Grants and Other Similar Amounts				-			
Sir		3 \ , <del>     </del>					
e Hi	Ţ	All other contributions, gifts, grants, and	004 142				
5 된		similar amounts not included above 1f	994,143. 76,225.	-			
d t		Noncash contributions included in lines 1a-1f		1 125 206			
<u>0</u> <u>6</u>	r	1 Total. Add lines 1a-1f		1,135,386.			
			Business Code	F0 100	<b>50 100</b>		
9	2 8	MVIM VOLUNTEER FUNDS	541900	79,108.	79,108.		
Program Service Revenue	k	·					
S	C	·					
eve eve	c	d					
Pg B	•	e					
Ą	f	All other program service revenue					
	ç	Total. Add lines 2a-2f		79,108.			
	3	Investment income (including dividends, inter-	est, and				
		other similar amounts)		3,802.			3,802.
	4	Income from investment of tax-exempt bond		,			,
	5	Royalties					
	Ŭ	(i) Real	(ii) Personal				
	6 -		(.,,	-			
		b Less: rental expenses 6b					
		· · · · · · · · · · · · · · · · · · ·		-			
		d Net rental income or (loss)	(ii) Other				
	7 8		(II) Other	-			
		assets other than inventory 7a					
	k	Less: cost or other basis					
Je		and sales expenses <b>7b</b>		-			
ě	C	Gain or (loss)					
ther Revenue	C	d Net gain or (loss)					
her	8 8	a Gross income from fundraising events (not					
₽		including \$139,673 of					
		contributions reported on line 1c). See					
		Part IV, line 18	32,781.				
	k	Less: direct expenses 8t	30,800.				
	c	Net income or (loss) from fundraising events		1,981.			1,981.
		Gross income from gaming activities. See					
		Part IV, line 199a					
	Ł	Less: direct expenses					
		Net income or (loss) from gaming activities	• 1				
		a Gross sales of inventory, less returns					
		and allowances10	a				
		b Less: cost of goods sold 10		-			
		J	<u> </u>				
$\dashv$		Net income or (loss) from sales of inventory	Business Code				
S <sub>D</sub>	44 -		Duaniesa Code				
e ne	11 a						
Miscellaneous Revenue	k						
Sce Be	C						
≝		d All other revenue					
		Total. Add lines 11a-11d		1 220 255	70 100	^	F 700
	12	Total revenue. See instructions		μ, 440,4//•	79,108.	0.	5,783.

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#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 458,530. individuals. See Part IV, lines 15 and 16 ...... 458,530. Benefits paid to or for members ..... Compensation of current officers, directors, 16,366. 16,366. 109,110. 76,378. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 297,320. 246,566. 28,794. 21,960. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 29,888. 23,899. 3,259. 2,730. Other employee benefits 9 29,765. 23,661. 3,303. 2,801. 10 Payroll taxes Fees for services (nonemployees): Management Legal 45,179. 53,663. 8,484. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 12,587. 7,453. 5,134 column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 35,823. 14,028. 17,151. 4,644. Office expenses 13 23,592. 6,710. 7,042. 9,840. Information technology 14 15 Royalties 21,927. 17,207. 2,683. 2,037. 16 Occupancy 34,986. 34,651. 181. 154. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 167. 7,774. 1,945. 5,662. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 2,880. 2,103. 528. 249. Depreciation, depletion, and amortization 22 4,936. 3,924. 548. 464. 23 Other expenses. Itemize expenses not covered 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.) 35,963. 35,963. MISSIONER TRAVEL 219. LICENSES AND TAXES 7,321. 7,076. 26. 923. 1,193. 270. DUES AND SUBSCRIPTIONS С d All other expenses 1,167,258. 962,644. 137,681. 66,933. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2022)
Part X | Balance Sheet

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or	note to a	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	123,756.	1	102,267.		
	2	Savings and temporary cash investments	563,876.	2	563,098.		
	3	Pledges and grants receivable, net		3	50,000.		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		5			
	6	Loans and other receivables from other disqu	ualified p	rsons (as defined			
		under section 4958(f)(1)), and persons descri	bed in se	ction 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			9	6,616.	
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation			2,600.	10c	3,698.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14	60 450		
	15	Other assets. See Part IV, line 11	2,323.	15	62,472.		
	16	Total assets. Add lines 1 through 15 (must e			692,555.	16	788,151.
	17	Accounts payable and accrued expenses	12,196.	17	14,740.		
	18	Grants payable	07 017	18	10 050		
	19	Deferred revenue			27,817.	19	10,950.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or form					
ij		trustee, key employee, creator or founder, su				-00	
Liabilities		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li of Schedule D			0.	25	60,679.
	26	Total liabilities. Add lines 17 through 25			40,013.	25 26	86,369.
	20	Organizations that follow FASB ASC 958, o	check he	e X	20,0201	20	00,0001
es		and complete lines 27, 28, 32, and 33.	oncon ne	·			
Juc	27	• , , ,			475,017.	27	446,089.
3ala	28				177,525.	28	255,693.
P		Organizations that do not follow FASB AS			•		•
Fu		and complete lines 29 through 33.	,				
p	29	Capital stock or trust principal, or current fun	nds			29	
sets	30	Paid-in or capital surplus, or land, building, o				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32				652,542.	32	701,782.
~	33	Total liabilities and net assets/fund balances			692,555.	33	788,151.

Pai	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1	.,22	0,2	77.
2	Total expenses (must equal Part IX, column (A), line 25)	2 1	.,16	7,2	58.
3	Revenue less expenses. Subtract line 2 from line 1	3			19.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	65	2,5	42.
5	Net unrealized gains (losses) on investments	5	-	3,7	79.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	70	1,7	82.
Pai	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

232012 12-13-22

#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HELPING CHILDREN WORLDWIDE INC

**Employer identification number** 

76-0729857 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

#### Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	821,569.	966,370.	1002920.	1006516.	1135386.	4932761.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	821,569.	966,370.	1002920.	1006516.	1135386.	4932761.
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)						291,616.
6	Public support. Subtract line 5 from line 4.						4641145.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	821,569.	966,370.	1002920.	1006516.	1135386.	4932761.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2,861.	2,885.	3,789.	310.	3,802.	13,647.
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	<b>Total support.</b> Add lines 7 through 10						4946408.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	229,672.
	First 5 years. If the Form 990 is for th			ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	vided by line 11, c	olumn (f))		14	93.83 %
15	Public support percentage from 2021	Schedule A, Part	I, line 14			15	95.85 <u>%</u>
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	k and
	stop here. The organization qualifies as a publicly supported organization   X						
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and <b>stop here.</b> The organization qualifies as a publicly supported organization						
17a	17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances test	-	•	• • •	-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-		
_18	<b>Private foundation.</b> If the organization						<u> </u>
	<u> </u>		,	. ,			(Form 990) 2022

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## 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		Г	T	T	1	
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						-
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business						
''	activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						_
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						_
	Total support. (Add lines 9, 10c, 11, and 12.)					(01/2)/(0)	
14	First 5 years. If the Form 990 is for the	-					
Se	check this box and stop herection C. Computation of Publi	c Support Per			• • • • • • • • • • • • • • • • • • • •		
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2021					16	<del>/</del> 0 %
	ction D. Computation of Inves					1 10 1	70
	Investment income percentage for 20			ne 13. column (f))		17	%
18						18	<del>%</del>
	a 33 1/3% support tests - 2022. If the						
•	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2021. If the						and
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

232023 12-09-22

## Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

  If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
	1		
	2		
	За		
	3b		
	3с		
	-		
	4a		
	<del>'1</del> a		
	41-		
	4b		
	4c		
$\vdash$	5a		
$\vdash$	5b		
⊢	5c		
L	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
			<del></del>

Par	t IV	Supporting Organizations (continued)			-g
		The state of the s		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	•	elow, the governing body of a supported organization?	11a		
b		ily member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec		B. Type I Supporting Organizations			
				Yes	No
1	Did th	e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		vely operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	_	N how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion C	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	son of the relationship described on line 2, above, did the organization's supported organizations have a			
	signific	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0	suppo	rted organizations played in this regard.	3		
Sec		. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
C		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see institution Text Access Visco Constitution (See Institution Constitution).	struction		
2		ies Test. Answer lines 2a and 2b below.		Yes	No
а		ibstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	2a		
h		nese activities constituted substantially all of its activities.  e activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Ła		
b		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	_	If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_		es of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mu	st complete s	Sections A through E.			
Sect	Section A - Adjusted Net Income  (A) Prior Year (B) Current Year (optional)					
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
_3	Other gross income (see instructions)	3				
_4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see		
	instructions).					

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

## Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2022

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
LARSON FAMILY FOUNDATION	228,040.	129,112.
GRAY, DON AND SANDRA	123,000.	24,072.
VANGUARD CHARITABLE	138,288.	39,360.
FIRST FRUIT	198,000.	99,072.
Total Excess Contributions to Schedule A, Part II, Line 5		291,616.

## Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PE

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

HELPING CHILDREN WORLDWIDE INC

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	$\overline{\mathbf{X}}$ 501(c)( $3$ ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	Check if your organization is covered by the <b>General Rule</b> or a <b>Special Rule</b> . <b>Note:</b> 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					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
answer "	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 inswer "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).					

Schedule B (Form 990) (2022) Page **2** 

Name of organization

Employer identification number

## HELPING CHILDREN WORLDWIDE INC

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
1			Type of contribution
	BANK OF AMERICA CHARITABLE FOUNDATION  100 N TRYON STREET  CHARLOTTE, NC 28255	\$ 28,600.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BRADDOCK STREET UNITED METHODIST CHURCH  115 WOLFE STREET  WINCHESTER, VA 22601	\$\$	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  CHURCH OF THE LAKES UNITED METHODIST CHURCH  5944 FULTON DRIVE NORTHWEST  CANTON, OH 44718	\$ 21,311.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	DON AND SANDRA GRAY  13603 BROCKMEYER COURT  CHANTILLY, VA 20151	\$31,000.	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	EBENEZER UNITED METHODIST CHURCH  161 EMBREY MILL ROAD  STAFFORD, VA 22554-4681	\$ 47,575.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	FIRST FRUIT, INC  14 CORPORATE PLAZA, SUITE 200  NEWPORT BEACH, CA 92660	\$\$	Person X Payroll

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

## HELPING CHILDREN WORLDWIDE INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	FLORIS UNITED METHODIST CHURCH  13600 FRYING PAN ROAD  HERNDON, VA 20171-3110	\$ 257,686.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	LARSON FAMILY FOUNDATION INC  2002 HOMER TERRACE  RESTON, VA 20191-1320	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	LORI PEREZ 9102 KARLO STREET MANASSAS, VA 20110	\$\$	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
10	PROBITY INC  754 ELDEN STREET, SUITE 303  HERNDON, VA 20171	\$ 23,235.	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_	THE CHOSEN & DEARLY LOVED FOUNDATION  200 FILLMORE STREET, SUITE 310  DENVER, CO 80206	\$36,000.	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
12	UNITED METHODIST CHURCH OF THE RESURRECTION  13720 ROE AVENUE  LEAWOOD, KS 66224	\$ 24,663.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Name of organization Employer identification number

## HELPING CHILDREN WORLDWIDE INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	VANGUARD CHARITABLE  P.O. BOX 9509  WARWICK, RI 02899-9509	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Name of organization Employer identification number

## HELPING CHILDREN WORLDWIDE INC

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
8	SHARES OF AMERICAN NEW ECONOMY SBI CL A		1010110
		\$	10/01/22
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
000450 44 46		<u> </u>	Cabadula B (Farm 000) (0000)

Schedule B (Form 990) (2022) Page **4** 

Name of organization **Employer identification number** HELPING CHILDREN WORLDWIDE INC 76-0729857 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

HELPING CHILDREN WORLDWIDE INC

**Employer identification number** 76-0729857

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ilar Funds or Ac	counts. Complete if the							
	, , , , <sub>, , , , , , , , , , , , , , , </sub>	(a) Donor advised funds									
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 w	riting that the assets held in	n donor advised fund	ds							
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No							
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant	funds can be used o	nly							
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring										
	impermissible private benefit?			Yes No							
Pai	rt II Conservation Easements. Complete if the organization	anization answered "Yes" o	n Form 990, Part IV,	line 7.							
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).									
	Preservation of land for public use (for example, recreati	ion or education) 🔲 P	reservation of a histo	orically important land area							
	Protection of natural habitat	P	reservation of a certi	fied historic structure							
	Preservation of open space										
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contributio	n in the form of a co	nservation easement on the last							
	day of the tax year.	Held at the End of the Tax Year									
а	Total number of conservation easements			2a							
b				2b							
С	Number of conservation easements on a certified historic structure	cture included in (a)		2c							
d	Number of conservation easements included in (c) acquired af	fter July 25,2006, and not o	n a								
	historic structure listed in the National Register			2d							
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or term	inated by the organi	zation during the tax							
	year										
4	Number of states where property subject to conservation ease	ement is located									
5	Does the organization have a written policy regarding the period	odic monitoring, inspection	, handling of								
	violations, and enforcement of the conservation easements it l		Yes No								
6	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, handli	ing of violations, and enforc	cing conservation ea	sements during the year							
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of	f section 170(h)(4)(R)	(i)							
Ū	and section 170(h)(4)(B)(ii)?	•									
9	In Part XIII, describe how the organization reports conservation										
_	balance sheet, and include, if applicable, the text of the footnot		•								
	organization's accounting for conservation easements.	ore to the organization of the									
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasi	ures, or Other S	imilar Assets.							
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.									
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue	e statement and bala	ance sheet works							
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education, or	research in furtherar	nce of public							
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describ	es 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	· ·									
	provide the following amounts relating to these items:			·							
	(i) Revenue included on Form 990, Part VIII, line 1			\$							
	(m) 4			•							
2	If the organization received or held works of art, historical trea			orovide							
	the following amounts required to be reported under FASB AS										
а	Revenue included on Form 990, Part VIII, line 1			\$							
	Assets included in Form 990, Part X										
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2022							

232051 09-01-22

12250801 795476 3280900

	t III Organizations Maintaining Coll	ections of Ar	t, Hist	orical Tre	asures, o	r Other	Simila	Assets	(continu	ued)			
3													
_	collection items (check all that apply):												
а	Public exhibition	d		I oan or exc	hange progra	am							
b	Public exhibition  d Loan or exchange program  Scholarly research  e Other												
c	Preservation for future generations												
4	Provide a description of the organization's collection	ctions and explain	how th	ev further th	ne organizatio	nn's evem	nt nurno	sa in Part	XIII				
	-	=		•	-			sc iiii ait	AIII.				
3	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?												
Pai	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No  Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or												
reported an amount on Form 990, Part X, line 21.													
12	Is the organization an agent, trustee, custodian		iary for (	contribution	s or other ass	sats not in	cluded						
Ia									Vec	□ No			
h	on Form 990, Part X?												
b	ii res, explain the analigement in Fait Alli and	complete the for	lowing t	abie.					Amount				
_	Designing belongs						40		711100111				
	Beginning balance						1c						
	Additions during the year												
_	Distributions during the year												
f O-	Ending balance						<u>_1f</u>		7 ٧				
	Did the organization include an amount on Form						•	∟	Yes	No			
Par	If "Yes," explain the arrangement in Part XIII. Ch t V Endowment Funds. Complete if the												
ı aı					(c) Two yea			ears back	(a) Four	years back			
		a) Current year	(D) F	Prior year	(C) TWO yea	IS DACK (	u) Tillee y	tais back	(e) Four	years back			
	Beginning of year balance												
b	Contributions												
С	Net investment earnings, gains, and losses												
d	Grants or scholarships												
е	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage of the current	year end balance	e (line 1	g, column (a	)) held as:								
а	Board designated or quasi-endowment		_%										
b	Permanent endowment	%											
С	Term endowment%												
	The percentages on lines 2a, 2b, and 2c should	equal 100%.											
За	Are there endowment funds not in the possession	on of the organiza	tion tha	t are held ar	nd administer	red for the	)		_				
	organization by: Yes No												
	(i) Unrelated organizations								3a(i)				
	(ii) Related organizations								3a(ii)				
b	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?												
4	Describe in Part XIII the intended uses of the organization		wment f	unds.									
Par	t VI Land, Buildings, and Equipmen	ıt.											
	Complete if the organization answered "	Yes" on Form 990	, Part IV	/, line 11a. S	See Form 990	, Part X, li	ine 10.						
	Description of property	(a) Cost or o	(a) Cost or other (b) Cost or other		(c) Ac	(c) Accumulated		(d) Book value					
	•	basis (investn	nent)	basis	(other)	dep	reciation						
1a	Land												
	Buildings												
	Leasehold improvements												
	Equipment			1	4,008.		10,3	10.	3	,698.			
	Other												
	otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)								3,698.				

Schedule D (Form 990) 2022

Part VII	Investment	s - Other	Securities

Tart viii		
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 (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

(6) (7) (8) (9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSITS	2,323.
(2) RIGHT OF USE ASSET	41,827.
(3) CAPITAL LEASE	18,322.
(4)	
(5)	
<b>(6)</b>	
(7)	
(8)	
<u>(9)</u>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	62,472.

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
(1) Federal income taxes	
(2) CAPITAL LEASE OBLIGATION	18,322.
(3) RIGHT OF USE ASSET LIABILITY	42,357.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)	60,679.

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

Schedule D (Form 990) 2022

Sche	edule D (Form 990) 2022 HELPING CHILDREN WORLDWIDE INC	76-0	0729857 Page <b>4</b>
Pai	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,226,948.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a -3,779.		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d 10,450.		
е	Add lines 2a through 2d	2e	6,671.
3	Subtract line 2e from line 1	3	1,220,277.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,220,277.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	1,177,708.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a	_	
b	Prior year adjustments 2b	-	
С	Other losses 2c	-	
d	Other (Describe in Part XIII.) 2d 10,450.	_	
е	Add lines 2a through 2d	2e	10,450.
3	Subtract line 2e from line 1	3	1,167,258.
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.)		
С	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,167,258.
	rt XIII Supplemental Information.		
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4	∤; Part ኦ	(, line 2; Part XI,

lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART X, LINE 2:

THE ORGANIZATION EVALUATES UNCERTAINTY IN INCOME TAX POSITIONS BASED ON A MORE-LIKELY-THAN-NOT RECOGNITION STANDARD. IF THAT THRESHOLD IS MET, THE TAX POSITION IS THEN MEASURED AT THE LARGEST AMOUNT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT. AS OF DECEMBER 31, 2022, THERE ARE NO ACCRUALS FOR UNCERTAIN TAX POSITIONS. IF APPLICABLE, THE ORGANIZATION RECORDS INTEREST AND PENALTIES AS A COMPONENT OF INCOME TAX EXPENSE. TAX YEARS FROM 2019 THROUGH THE CURRENT YEAR REMAIN OPEN FOR EXAMINATION BY TAX AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

THE TOTAL COST OF SPECIAL EVENTS IS NETTED AGAINST

10,450.

### SCHEDULE F (Form 990)

### Statement of Activities Outside the United States

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** HELPING CHILDREN WORLDWIDE INC 76-0729857 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region PROGRAM SERVICES. CHILD REINTEGRATION SUB-SAHARAN AFRICA 0 GRANTMAKING CENTRE AND CHILD WELFARE 186,964. PROGRAM SERVICES, SUB-SAHARAN AFRICA 0 0 GRANTMAKING HOSPITAL MGMT/OPERATIONS 209,008. MISSIONARY TRAINING PROGRAM SERVICES, CENTRE AND VOLUNTEER 0 0 GRANTMAKING TRIPS SUB-SAHARAN AFRICA 62,558. 0 0 458,530. 3 a Subtotal **b** Total from continuation 0 sheets to Part I ...... Totals (add lines 3a 458,530. and 3b)

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Schedule F (Form 990) 2022

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

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			ASSISTANCE PROVIDED				COMPUTER	
			TO FEED, CLOTHE,				HARDWARE,	
			EDUCATE AND PROVIDE				SOFTWARE,	
		AFRICA	HEALTHCARE TO	186,347.	WIRE		EDUCATIONAL TOOLS	FMV
			ASSISTANCE PROVIDED	,			SUPPLIES,	
			FOR THE OPERATION OF				MEDICATION,	
		SUB-SAHARAN	A 25 BED HOSPITAL AND				COMPUTER	
		AFRICA	VILLAGE OUTREACH	208,116.	WIRE	892.	EQUIPMENT &	FMV
			PROVIDE VOLUNTEERS	·			SUPPLIES AND	
			AND MAINTAIN				ASSISTANCE WITH	
		SUB-SAHARAN	MISSIONARY TRAINING				TRAINING AND	
		AFRICA	CENTRE TO ASSIST WITH	61,239.	WIRE	1,319.	OUTREACH	FMV

Enter total numb	er of recipient organizations li	sted above that are reco	gnized as charities by	the foreign country,	recognized as a	tax
exempt 501(c)(3)	organization by the IRS, or fo	or which the grantee or c	ounsel has provided a	section 501(c)(3) eq	uivalency letter	

3 Enter total number of other organizations or entities

0 Schedule F (Form 990) 2022

			ites. Complete i	f the organization answered "Yes"	on Form 990, Part	IV, line 16.	
Part III can be duplicated if a	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

## Schedule F (Form 990) 2022 Part IV Foreign Forms

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

Schedule F (Form 990) 2022

Page 5

### Part V | Supplemental Information

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

### PART I, LINE 2:

THE ORGANIZATION PROVIDES ASSISTANCE IN SIERRA LEONE, WEST AFRICA TO SUPPORT A HOSPITAL AND A CHILD REINTEGRATION CENTER. THE CHILD REINTEGRATION CENTRE SERVES DESTITUTE FAMILIES AND CHILDREN AND PROVIDES FAMILY CARE PLACEMENT AND FAMILY SUPPORT SERVICES, TUITION, SCHOOL UNIFORMS, SCHOOL SUPPLIES, ACCESS TO FREE MEDICAL CARE, FAMILY AND CHILD COUNSELING AND CASE MANAGEMENT, RECREATIONAL ACTIVITIES AND EXAM PREP FOR PRIMARY AND SECONDARY STUDENTS, AS WELL AS POST-SECONDARY SCHOLARSHIPS AND MICRO-FINANCE EDUCATION AND LOANS. MERCY HOSPITAL SERVICES 700-800 PEOPLE EACH MONTH AT THE HOSPITAL AND THROUGH MEDICAL OUTREACH CLINICS SERVING 46 LOCAL VILLAGES. THE ORGANIZATION WORKS COLLABORATIVELY WITH A GROUP OF CHURCHES IN THE U.S. TO PROVIDE THIS PROGRAM ASSISTANCE IN SIERRA LEONE, ALONG WITH MANY OTHER DONORS AND VOLUNTEERS. HELPING CHILDREN WORLDWIDE HAS CLEARLY DEFINED INVOLVEMENT IN THE PROGRAMS AND A REVIEW PROCESS INCLUDING REMOTE VIDEO CONFERENCING AND REGULAR VISITS BY HCW STAFF TO TRAIN PERSONNEL, PROVIDE FEEDBACK AND TO PERFORM AUDIT AND EVALUATIONS. THESE MEASURES ARE AUGMENTED WITH EXTENDED MISSION TRIPS BY VOLUNTEERS, BOARD OFFICERS AND BOARD MEMBERS TO THE LOCATION TO DOCUMENT PROGRESS, PERFORM INVENTORIES AND INTERVIEWS AND TO PROVIDE VERIFICATION AND DIRECT MONITORING OF THE PROGRAM SERVICES PROVIDED.

### PART II, COLUMNS (D) AND (H):

REGION: SUB-SAHARAN AFRICA

- (D) PURPOSE OF GRANT: ASSISTANCE PROVIDED TO FEED, CLOTHE, EDUCATE AND PROVIDE HEALTHCARE TO CHILDREN
- (H) DESCRIPTION OF NON-CASH ASSISTANCE: COMPUTER HARDWARE, SOFTWARE,

EDUCATIONAL TOOLS & OPERATING EXPENSES

Schedule F (Form 990) 2022

# Schedule F (Form 990) 2022 Page 5 Part V | Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. REGION: SUB-SAHARAN AFRICA (H) DESCRIPTION OF NON-CASH ASSISTANCE: SUPPLIES, MEDICATION, COMPUTER **EQUIPMENT & OPERATING EXPENSES** REGION: SUB-SAHARAN AFRICA (D) PURPOSE OF GRANT: PROVIDE VOLUNTEERS AND MAINTAIN MISSIONARY TRAINING CENTRE TO ASSIST WITH HOSPITAL AND CHILD SUPPORT ACTIVITIES (H) DESCRIPTION OF NON-CASH ASSISTANCE: SUPPLIES AND ASSISTANCE WITH TRAINING AND OUTREACH PROJECTS

### **SCHEDULE G** (Form 990)

Department of the Treasury

### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 76-0729857 HELPING CHILDREN WORLDWIDE INC Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2022

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			GOLF TOURNAMENT	GO FOR BO	1	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
ηue			(========	(2:2:::-5/2-2)	(	
Revenue	1	Gross receipts	112,598.	42,456.	17,400.	172,454.
ш	2	Less: Contributions	79,817.	42,456.	17,400.	139,673.
	3	Gross income (line 1 minus line 2)	32,781.			32,781.
	4	Cash prizes				
	5	Noncash prizes	1,231.			1,231.
Direct Expenses	6	Rent/facility costs	15,540.		2,600.	18,140.
rect E	7	Food and beverages	6,340.			6,340.
	8	Entertainment			3,500.	3,500.
	9	Other direct expenses	1,464.	20.	105.	1,589.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			30,800.
Do		Net income summary. Subtract line 10 from li				1,981.
Pa	IT L I	<b>Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$13,000 0111 01111 990-L2, line 0a.		(b) Pull tabs/instant		(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
н	1	Gross revenue				
	•	Cook prime				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct F	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	0	Net garning income summary. Subtract line r	from line 1, column (a)			
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
		the organization licensed to conduct gaming ac				Yes No
b	If "	No," explain:				
	_					
10~	\\\\	ere any of the organization's gaming licenses re	woked suspended or to	rminated during the tax v		Yes No
		Yes," explain:	· · · · · · · · · · · · · · · · · · ·		Gai :	IES NU
		· ' -				

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 HELPING CHILDREN WORLDWIDE INC 76-0	1729857	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	ı The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	s If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	s the organization required under state law to make charitable distributions from the gaming proceeds to		
a	retain the state gaming license?	Yes	☐ No
h	e Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	103	110
L	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III lines 9	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	Tt III, III 103 0, 1	55, 165,
	100, 100, 10, and 170, an applicable. Also provide any additional information. Oce instructions.		

Schedule G	(Form 990)	HELPING	CHILDREN	WORLDWIDE	INC	76-0729857	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (contin	aued)				
		COITE	iueu)				
-							
-							

### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

**Employer identification number** 

#### HELPING CHILDREN WORLDWIDE INC 76-0729857 **Types of Property** Part I (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 74,264.FMV Х 10 Securities - Closely held stock ..... Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies ..... 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 1,961.FMV ( TELEVISION 25 Other Other 26 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 0 \_\_\_\_\_29 for which the organization completed Form 8283, Part V, Donee Acknowledgement 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 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

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

Schedule M (Form 990) 2022

232142 09-09-22 Schedule M (Form 990) 2022

### **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HELPING CHILDREN WORLDWIDE INC

**Employer identification number** 76-0729857

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND SPIRITUAL GROWTH.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
CRC PROGRAMS, 654 CHILDREN AND 566 FAMILIES WERE SUPPORTED DURING 2022.
CRC PROGRAMMING IS FAMILY-CENTERED, AND COMMUNITY BASED, WITH A
PROFESSIONAL CASE MANAGEMENT STAFF, AND OFFERS CLIENTS EDUCATIONAL
SCHOLARSHIPS, ACCESS TO MEDICAL CARE, AND FAMILY STRENGTHENING SERVICES
THROUGH COUNSELING, PARENTING EDUCATION, ECONOMIC SUPPORTS, COMMUNITY
EDUCATION AND TRAINING. DURING 2022, THE CRC HOSTED MULTIPLE
EDUCATIONAL AND TRAINING SEMINARS FOR PROVIDER ORGANIZATIONS FROM WEST
AFRICAN COUNTRIES ON HOW TO REINTEGRATE CHILDREN LIVING WITHOUT
PARENTAL CARE OR ON THE STREET INTO FAMILIES AND HOMES AND TRAVELED
OUTSIDE THE BORDERS OF SIERRA LEONE IN SUPPORT OF COLLABORATIONS. HCW
PROFESSIONAL STAFF TRAVELED WITH CRC PROFESSIONAL STAFF AND PROVIDED
REMOTE SUPPORT AND CURRICULUM FOR SEMINARS. IN ADDITION TO DIRECT
COLLABORATIVE EFFORTS IN PROGRAMS, THE ORGANIZATION SUPPORTS TRAINING
TEAMS TO ASSIST CRC CASE MANAGERS' EFFORTS TO PROVIDE QUALITY CARE THAT
MEETS GLOBAL STANDARDS, DESPITE EXTREME LOW RESOURCE ENVIRONMENTS.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
MERCY'S OUTREACH INTO THE SURROUNDING VILLAGES INCLUDES NUTRITION
CLINICS AND TREATMENT PROVIDED FOR MALNOURISHED INFANTS, PRENATAL CARE
AND EDUCATION, MALARIA TESTING AND TREATMENT, DIARRHETIC DISEASE
DIAGNOSIS AND TREATMENT, AND HIV/AIDS TESTING AND COUNSELING, AS WELL
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization
HELPING CHILDREN WORLDWIDE INC

Employer identification number 76-0729857

AS SUPPORT FOR BASIC HEALTH NEEDS IN CLEAN WATER AND SANITATION.

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

THE MISSIONARY TRAINING CENTRE AND BY CHILD REINTEGRATION CENTRE CASE

MANAGERS AND SOCIAL WORKERS, AND VARIOUS CONTRACTORS IN SIERRA LEONE.

THE ORGANIZATION'S PROFESSIONAL STAFF PROVIDED DIRECT SUPPORT ON THE

GROUND AND VIA REMOTE COLLABORATIONS.

THE ORGANIZATION CONTINUED TO BUILD THE CAPACITY OF THE CRC AND MERCY

STAFF IN 2022, BY BRINGING IN EXPERTS FROM THE UNITED STATES OF AMERICA

AND THE UNITED KINGDOM IN MEDICINE, SURGERY, PHYSICAL REHABILITATION,

AND NURSING CARE, ORGANIZATIONAL LEADERSHIP, CASE MANAGEMENT AND SOCIAL

WORK.

THE ORGANIZATION'S GLOBAL ENGAGEMENT AND EDUCATION PROGRAM IN 2022

INCLUDED BREAKING BREAD SESSIONS AT THE CHURCH OF THE RESURRECTION, AND

AT THE CHRISTIAN ALLIANCE FOR ORPHANS SUMMIT. ADDITIONALLY, THE

ORGANIZATION WAS SELECTED AS A "TRANSITION CHAMPION," OFFERING

TRANSITION SUPPORT TRAINING AND MENTORSHIP TO THE US-BASED PERSONNEL OF

THREE NON-GOVERNMENTAL AGENCIES (TWO IN SIERRA LEONE AND ONE IN THE

USA.) THE ORGANIZATION PUBLISHED TWO ARTICLES ON BEST PRACTICES IN

ORPHAN CARE, WAS COVERED BY A UMC NEWSLETTER OUTLET, AND PARTICIPATED

AS A PODCAST GUEST ON TWO DIFFERENT PODCASTS.

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

FORM 990 IS APPROVED BY THE ENTIRE VOTING BOARD OF DIRECTORS BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

<u>Schedule O (Form 990) 2022</u> Page **2** 

Name of the organization **Employer identification number** 76-0729857 HELPING CHILDREN WORLDWIDE INC FORM 990, PART VI, SECTION B, LINE 12C: ALL DIRECTORS AND OFFICERS ARE REQUIRED TO SIGN A STATEMENT ON AN ANNUAL BASIS INDICATING THAT THE PERSON HAS RECEIVED, READ, UNDERSTANDS AND AGREES WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. AFTER THE DISCLOSURE OF A POTENTIAL CONFLICT OF INTEREST, THE BOARD OF DIRECTORS WILL REVIEW ALL MATERIAL FACTS AND DETERMINE IF A CONFLICT EXISTS AND WHAT STEPS, IF ANY, SHOULD BE TAKEN. ALSO, THE ORGANIZATION PERIODICALLY REVIEWS CURRENT COMPENSATION ARRANGEMENTS AS WELL AS CURRENT BUSINESS RELATIONSHIPS FOR CONFLICTS OF INTEREST. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION OF THE EXECUTIVE DIRECTOR AND OTHER EMPLOYEES BASED ON COMPARABLE SALARY STUDIES. FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, CA, FL, GA, IL, KS, MA, MD, MO, NC, NJ, NY, OH, PA, SC, VA, WA, WV FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REASONABLE REQUEST. THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE.