

Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning **07/01/21**, and ending **06/30/22**

-*4590

CHILDVOICE INTERNATIONAL

Net Asset / Fund Balance at Beginning of Year		<u>417,254</u>
Revenue		
Contributions	<u>1,304,244</u>	
Program service revenue	<u>1,050</u>	
Investment income	<u>8</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue		
Direct expenses		
Net income		
Other income	<u>105,161</u>	
Total revenue		<u>1,410,463</u>
Expenses		
Program services	<u>886,364</u>	
Management and general	<u>153,981</u>	
Fundraising	<u>51,100</u>	
Total expenses		<u>1,091,445</u>
Excess / (deficit)		<u>319,018</u>
Changes		<u>-41,132</u>
Net Asset / Fund Balance at End of Year		<u>695,140</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>1,369,331</u>
Less:	
Unrealized gains	<u>-41,132</u>
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	<u>1,410,463</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>1,091,445</u>
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	<u>1,091,445</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>485,659</u>	<u>710,385</u>	
Liabilities	<u>68,405</u>	<u>15,245</u>	
Net assets	<u>417,254</u>	<u>695,140</u>	<u>277,886</u>

Miscellaneous Information

Amended return _____
Return / extended due date 11/15/22
Failure to file penalty _____

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning 7/01, 2021, and ending 6/30, 2022

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

2021

Department of the Treasury
Internal Revenue Service

Name of filer

CHILDVOICE INTERNATIONAL

EIN or SSN

**** - ***4590**

Name and title of officer or person subject to tax **CONRAD MANDSAGER**

CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-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 for 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-). But, 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.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>1,410,463</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 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. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an 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 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. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize OFFERDAHL EMERSON & COMPANY, LLC to enter my PIN 44590 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date **02/09/23**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **DARIN L. OFFERDAHL** Date **02/09/23**

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">CHILDVOICE INTERNATIONAL</p>		D Employer identification number <p style="text-align: center;">** - *** 4590</p>
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">202 KENT PLACE</p>		E Telephone number <p style="text-align: center;">603-842-0132</p>
	City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">NEWMARKET NH 03857</p>		G Gross receipts \$ <p style="text-align: right;">1,410,463</p>
	F Name and address of principal officer: <p style="text-align: center;">CONRAD MANDSAGER 202 KENT PLACE NEW MARKET NH 03857</p>		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ CHILDVOICE.ORG H(c) Group exemption number ▶			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 2006
			M State of legal domicile: NH

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	12
	4	Number of independent voting members of the governing body (Part VI, line 1b)	12
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5
	6	Total number of volunteers (estimate if necessary)	20
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	741,344
	9	Program service revenue (Part VIII, line 2g)	5,395
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,029
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	103,815
	12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	851,583
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	407,815
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 51,100	
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	544,915
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	952,730	
19	Revenue less expenses. Subtract line 18 from line 12	-101,147	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	485,659
	21	Total liabilities (Part X, line 26)	68,405
	22	Net assets or fund balances. Subtract line 21 from line 20	417,254

Part II Signature Block

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

Sign Here	Signature of officer <p style="text-align: center;">CONRAD MANDSAGER</p>		Date _____	
	Type or print name and title <p style="text-align: center;">CEO</p>			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if PTIN
	DARIN L. OFFERDAHL	DARIN L. OFFERDAHL	04/24/23	self-employed *****
	Firm's name ▶ OFFERDAHL EMERSON & COMPANY, LLC	Firm's EIN ▶ ** - *** 8082		
Firm's address ▶ 166 ROUTE 81 STE 1 KILLINGWORTH, CT 06419-1481		Phone no. 860-663-0110		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part 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:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes 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 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 \$ **886,364** including grants of \$) (Revenue \$ **1,050**)

PARTICIPANTS IN THE PROGRAM MEET REGULARLY WITH A CULTURALLY COMPETENT COUNSELOR WHO IS ABLE TO FACILITATE EMOTIONAL AND SPIRITUAL RECOVERY. PARTICIPANTS WHOSE EVERYDAY LIFE, INCLUDING SCHOOLING, WAS INTERRUPTED BY THE INTRUSION OF VIOLENCE, TAKE PART IN BASIC EDUCATION CLASSES ALIGNED WITH GOVERNMENT MANDATED CURRICULA. THE STUDENTS ALSO CHOOSE FROM SEVERAL CLASS SKILLS THAT CAN PROVIDE A LIVELIHOOD ONCE THEY GRADUATE AND RETURN TO THEIR HOME COMMUNITIES. THE STUDENTS TAKE NATIONAL EXAMS AND RECEIVE CERTIFICATION IN THEIR CHOSEN COURSE WORK. PARTICIPANTS WHO SUFFERED THE LOSS OF PARENTS, RELATIVES, FRIENDS, TEACHERS OR MENTORS, RECEIVE GUIDANCE IN THE SKILLS NEEDED TO NAVIGATE LIFE, INCLUDING RELATIONSHIP BUILDING, PROBLEM SOLVING, PARENTING AND FINANCIAL STEWARDSHIP.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

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

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

4e Total program service expenses **886,364**

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country ▶ SEE SCHEDULE O See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
1b	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 officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website
 Another's website
 Upon request
 Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**

JOHN LAMONTAGNE
NEWMARKET

202 KENT PLACE

NH 03857

603-842-0132

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CONRAD MANDSAGER	40.00									
CEO	0.00	X		X			70,400	0	0	
(2) CONNIE BAHNG	2.00									
DIRECTOR	0.00	X					0	0	0	
(3) WILLIAM BRYON	2.00									
DIRECTOR	0.00	X					0	0	0	
(4) DAVID CLARK	2.00									
DIRECTOR	0.00	X					0	0	0	
(5) RUBEN GONZALES	2.00									
DIRECTOR	0.00	X					0	0	0	
(6) JORDAN HOERL	2.00									
SECRETARY	0.00	X		X			0	0	0	
(7) MARK HOFFSCHNEIDER	2.00									
DIRECTOR	0.00	X					0	0	0	
(8) GARY HOLMES	2.00									
DIRECTOR	0.00	X					0	0	0	
(9) KATIA JOO	2.00									
TREASURER	0.00	X		X			0	0	0	
(10) NATHAN MANDSAGER	2.00									
CHAIRMAN	0.00	X		X			0	0	0	
(11) NEIL MANDSAGER	2.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) GRAEME THOM DIRECTOR	2.00 0.00	X							0	0
1b Subtotal							70,400			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							70,400			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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	(B) Description of services	(C) 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**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,304,244				
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f			1,304,244			
Program Service Revenue	2a SALES	Business Code	1,050			1,050	
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,050			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8	8			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		7a					
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a PPP LOAN FORGIVENESS	Business Code	68,405	68,405			
	b FARM INCOME		37,492	37,492			
	c OTHER INCOME		383	383			
	d All other revenue		-1,119	-1,119			
	e Total. Add lines 11a-11d			105,161			
12 Total revenue. See instructions			1,410,463	105,169	0	1,050	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	70,400	35,400	20,000	15,000
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	298,081	222,537	53,696	21,848
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	12,688	8,247	3,172	1,269
10 Payroll taxes	67,173	60,456	6,717	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	54,394	48,955	5,439	
12 Advertising and promotion	4,704	3,763	941	
13 Office expenses	10,903	9,455	1,448	
14 Information technology				
15 Royalties				
16 Occupancy	26,196	20,957	5,239	
17 Travel	117,566	82,296	35,270	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	113,829	113,829		
23 Insurance	10,496	6,298	2,099	2,099
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FUNDING EXPENSE	153,468	153,468		
b SUPPLIES	90,388	72,310	9,039	9,039
c BANKING FEES	18,447	14,757	1,845	1,845
d CONTRACT LABOR	13,445	13,445		
e All other expenses	29,267	20,191	9,076	
25 Total functional expenses. Add lines 1 through 24e	1,091,445	886,364	153,981	51,100
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	181,516	1	37,316
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	2,350	3	4,643
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	879,236		
	10b	Less: accumulated depreciation	696,913	10c	182,323
	11	Investments—publicly traded securities	28,674	11	481,802
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	5,500	15	4,301
16	Total assets. Add lines 1 through 15 (must equal line 33)	485,659	16	710,385	
Liabilities	17	Accounts payable and accrued expenses		17	15,245
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	68,405	25	
	26	Total liabilities. Add lines 17 through 25	68,405	26	15,245
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	417,254	27	695,140
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	417,254	32	695,140
33	Total liabilities and net assets/fund balances	485,659	33	710,385	

Part 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	1,410,463
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,091,445
3	Revenue less expenses. Subtract line 2 from line 1	3	319,018
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	417,254
5	Net unrealized gains (losses) on investments	5	-41,132
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	695,140

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2021

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization

CHILDVOICE INTERNATIONAL

Employer identification number

**** - ***4590**

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described 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).**
- 7 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the 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.**
 - 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.**
 - 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.**
 - d **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.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,180,331	1,238,895	1,031,251	741,000	1,304,244	5,495,721
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,180,331	1,238,895	1,031,251	741,000	1,304,244	5,495,721
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						5,495,721

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	1,180,331	1,238,895	1,031,251	741,000	1,304,244	5,495,721
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	79	23	84	1,029	8	1,223
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.)	27,372	59,199	83,511	109,554	1,050	280,686
11 Total support. Add lines 7 through 10						5,777,630

12 Gross receipts from related activities, etc. (see instructions) 12 105,169

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	95.12 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	93.08 %

16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test—2021. 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—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		Yes	No
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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 must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2021 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 279,636

SUPPLEMENTAL INFORMATION

SCHEDULE A, PART II, LINE 10 - SALE OF FARM PRODUCE AND HANDCRAFTED PAPER BEADS.

**Schedule B
(Form 990)**

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2021

Name of the organization

Employer identification number

CHILDVOICE INTERNATIONAL

**** - ***4590**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

CHILDVOICE INTERNATIONAL

Employer identification number

**** - ***4590**

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	\$ 97,755	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 65,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 47,183	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

2021

Open to Public Inspection

Name of the organization

CHILDVOICE INTERNATIONAL

Employer identification number

** - ***4590

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 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, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1, Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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? 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.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e 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 (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ %
- b** Permanent endowment ▶ %
- c** Term endowment ▶ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,145		2,145
b Buildings		491,472	360,363	131,109
c Leasehold improvements				
d Equipment		385,619	336,550	49,069
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ **182,323**

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (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. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, 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)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, 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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the 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

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

CHILDVOICE INTERNATIONAL

Employer identification number

**** - ***4590**

Part I 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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA					
(1)	3	55	PROGRAM SERVICES	ASSISTING DISPLACED	886,364
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	3	55			886,364
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	3	55			886,364

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) 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)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 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 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 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 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 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 No

Schedule F (Form 990) 2021

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 3 - ACTIVITIES PER REGION

REGION	EXPENDITURES	INVESTMENTS
SUB-SAHARAN AFRICA	\$ 886,364	\$ 0

PART V - ADDITIONAL INFORMATION

THE CHILDVOICE DIRECTOR OF FINANCE AND ADMINISTRATION REVIEWS ALL EXPENDITURES ON A MONTHLY BASIS AND APPROVES DISBURSEMENT OF FUNDS AS REQUESTED FOR SPECIFIC PURPOSES. FUNDS ARE NOT RELEASED FROM THE BANKS UNTIL THE APPROVAL TO THE RESPECTIVE BANKS. ALL ACTIVITIES ARE MEASURED AND EVALUATED.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2021

**Open to Public
Inspection**

Name of the organization

CHILDVOICE INTERNATIONAL

Employer identification number

**** - ***4590**

FORM 990 - ORGANIZATION'S MISSION

CHILDVOICE INTERNATIONAL (THE "ORGANIZATION") WAS ORGANIZED IN APRIL 2006
AND IS INCORPORATED AS A NON-PROFIT ORGANIZATION IN NEW HAMPSHIRE.

ADDITIONALLY, IN 2006, THE ORGANIZATION REGISTERED AS AN INTERNATIONAL NGO.

CHILDVOICE INTERNATIONAL IS A CHRISTIAN ORGANIZATION SEEKING TO RESTORE THE
VOICES OF CHILDREN SILENCED BY WAR. CHILDVOICE INTERNATIONAL'S PROGRAMS
RECOGNIZE THAT SOMEONE MUST SPEAK FOR THE THOUSANDS OF CHILDREN RENDERED
VOICELESS BY UNSPEAKABLE BRUTALITY AND UNIMAGINABLE INHUMANITY. THE
ORGANIZATION ACTS ON THE CONVICTION THAT CHILDREN BROKEN BY WAR CAN BE
RESTORED IN SAFE COMMUNITIES WITH LOVING CARE, SPIRITUAL AND EMOTIONAL
COUNSELING, AND EFFECTIVE EDUCATION AND VOCATIONAL TRAINING.

LED BY A TEAM OF SEASONED EXPERTS IN IMPROVING OUTCOMES FOR AT-RISK
POPULATIONS IN THE US AND THE DEVELOPING WORLD, THE ORGANIZATION WORKS IN
PARTNERSHIP WITH LOCAL ORGANIZATIONS AND COMMUNITY LEADERS TO ENSURE THAT
PROGRAMS MEET THE NEEDS OF AFFECTED POPULATIONS WITH EFFICIENCY AND
EFFECTIVENESS. THE BENEFICIARIES SERVED BY THE ORGANIZATION INCLUDE FORMER
CHILD SOLDIERS, CHILD MOTHERS, ORPHANS AND PARTIAL ORPHANS, DISPLACED
CHILDREN LIVING IN REFUGEE CAMPS, AND THOSE LEFT DESTITUTE BY EXTREME
POVERTY CAUSED BY WAR AND CONFLICT.

CHILDVOICE INTERNATIONAL IS DEDICATED TO HELPING WAR-AFFECTED ADOLESCENT
GIRLS AND BOYS RESTORE THEIR OWN HEALTH AND HOPE, BUILD THE SKILLS THEY
NEED TO NAVIGATE LIFE'S CHALLENGES AND EARN AN INCOME THAT LIFTS THEM OUT

Name of the organization

Employer identification number

CHILDVOICE INTERNATIONAL

**** - ***4590**

OF POVERTY, AND ULTIMATELY, ACHIEVE THE DREAMS THEY HAVE FOR THEMSELVES AND THEIR FAMILIES.

THE ORGANIZATION'S APPROACH IS TO IMPLEMENT COMPREHENSIVE REHABILITATIVE AND DEVELOPMENTAL SERVICES WHICH ARE CONTEXTUALLY RELEVANT TO THE CULTURES AND COMMUNITIES WHERE PROGRAMS ARE BASED. TO THAT END, ALL OF THE PROGRAMS ARE STAFFED BY INDIGENOUS PROFESSIONALS.

CHILDVOICE INTERNATIONAL'S STRATEGY INCORPORATES BOTH CENTER-BASED AND COMMUNITY-BASED PROGRAMMATIC APPROACHES:

CENTER-BASED PROGRAMS. THE FLAGSHIP PROGRAM IS THE LUKOME CENTER, A NON-TRADITIONAL BOARDING SCHOOL AND VOCATIONAL INSTITUTE ESTABLISHED IN NORTHERN UGANDA IN 2006. THE CENTER IS STAFFED BY INDIGENOUS COUNSELING AND VOCATIONAL TRAINING PROFESSIONALS, AND OFFERS VOCATIONAL TRAINING, PSYCHOSOCIAL COUNSELING, GROUP SUPPORT, LIFE SKILLS TRAINING, PARENTING COACHING, SEXUAL HEALTH EDUCATION, MENSTRUAL HYGIENE AND SANITATION TRAINING, AND MORE. OUR PROGRAMMING THERE IS ATTUNED TO THE NEEDS OF A LIMITED NUMBER OF UGANDAN AND SOUTH SUDANESE ADOLESCENT GIRLS IDENTIFIED AS HIGHLY AT-RISK AND IN NEED OF INTENSIVE SERVICES WITHIN A SECURE AND NURTURING ENVIRONMENT.

COMMUNITY-BASED PROGRAMS. THOUGH LESS INTENSIVE, THE COMMUNITY-BASED APPROACH PROVIDES A RESPONSE WITH GREATER URGENCY AND AT MUCH GREATER SCALE. AND WHILE THE CENTER-BASED PROGRAM HAS FOCUSED ON ADOLESCENT GIRLS AND THEIR CHILDREN, THE COMMUNITY-BASED PROGRAMS HAVE BROADER REACH TO BOTH ADOLESCENT GIRLS AND BOYS.

Name of the organization

Employer identification number

CHILDVOICE INTERNATIONAL

**** - ***4590**

THE ORGANIZATION ALSO SEEKS TO PROVIDE SUSTAINABLE SOLUTIONS TO COMMUNITY NEEDS TO COMPLEMENT THE FOCUSED, LONG-TERM WORK WITH WAR-AFFECTED INDIVIDUALS. IN AREAS RECOVERING FROM WAR, THE WOUNDS RUN DEEP. PROBLEMS INCLUDE WEAKENED OR NON-EXISTENT EDUCATION SYSTEMS, LACK OF HEALTH CARE, LACK OF SANITATION AND CLEAN WATER, AND REDUCED WORK OPPORTUNITIES. THE ORGANIZATION STRIVES TO EMPOWER DEVASTATED COMMUNITIES TO RECOVER FROM THESE DEBILITATING CHALLENGES THROUGH TARGETED INTERVENTIONS THAT INCLUDE:

EDUCATION

HEALTH CARE

WATER AND SANITATION

FOOD SECURITY

INCOME GENERATING PROJECTS

REVITALIZATION OF THE LOCAL ECONOMY

WHAT ALSO SETS CHILDVOICE INTERNATIONAL'S PROGRAMS APART ARE THREE CORE COMPONENTS OF A LONG-TERM, COMPREHENSIVE APPROACH THAT IS CRUCIAL TO MAXIMIZE LONG-TERM SUCCESS:

1. CONFLICT-AFFECTED YOUTH RECEIVE INTERVENTION SERVICES AS SOON AS POSSIBLE.

2. A COMPREHENSIVE APPROACH ADDRESSING BOTH PSYCHOSOCIAL HEALING AND CAPACITY BUILDING (LIFE SKILLS, VOCATIONAL SKILLS, ETC.) NEEDS.

3. A COMMITMENT TO AFTERCARE WHICH PROVIDES LONG-TERM POST-PROGRAM SUPPORT AS BENEFICIARIES NAVIGATE THE PROCESS OF INTEGRATING INTO THEIR COMMUNITIES.

Name of the organization

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CHILDVOICE INTERNATIONAL

-*4590

THE ORGANIZATION OPERATES PROGRAMS IN UGANDA AND NIGERIA AND HAS ITS INTERNATIONAL HEADQUARTERS IN THE UNITED STATES (US), WHERE THEY SOLICIT FUNDS AND PROMOTE THE MISSION TO FUND OPERATIONS IN UGANDA AND NIGERIA. UNFORESEEN POLITICAL, ECONOMIC, OR GOVERNMENTAL CHANGES IN THESE COUNTRIES COULD HAVE AN EFFECT ON THE ORGANIZATION'S FUTURE ACTIVITIES.

FORM 990, PART I, LINE 6

CHILDVOICE BUILDS THERAPEUTIC COMMUNITIES BY CREATING A VILLAGE OF REFUGE FOR CHILDREN AND YOUTH TRAUMATIZED BY CONFLICT. THIS INCLUDES WAR MEMBERS OF DISPLACED FAMILIES. WITHIN THE RESIDENTIAL CENTER, PARTICIPANTS ENGAGE IN A ACTIVITIES DESIGNED TO PROMOTE HEALING.

FORM 990, PART V, LINE 4B - FINANCIAL ACCOUNTS IN FOREIGN COUNTRIES
UGANDA, NIGERIA

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

NATHAN MANDSAGER

CONRAD MANDSAGER

CHAIRMAN

CEO

SON OF CONRAD

NEIL MANDSAGER

CONRAD MANDSAGER

BOARD MEMBER

CEO

BROTHER OF CONRAD

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
BOARD MEMBERS HAVE ACCESS TO THE FORM 990 ON OUR CLOUD NETWORK.

Name of the organization

Employer identification number

CHILDVOICE INTERNATIONAL

** - ***4590

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE BOARD DISCUSSES ANY CONFLICT ISSUES.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

A SUBCOMMITTEE OF THE BOARD REVIEWS THE COMPENSATION OF THE EMPLOYEES AND MAKES RECOMMENDATIONS TO THE BOARD. THE BOARD VOTES ON CHANGES TO EMPLOYEE COMPENSATION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

A SUBCOMMITTEE OF THE BOARD REVIEWS THE COMPENSATION OF THE EMPLOYEES AND MAKES RECOMMENDATIONS TO THE BOARD. THE BOARD VOTES ON CHANGES TO EMPLOYEE COMPENSATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

CHILDVOICE GOVERNING POLICIES ARE MADE AVAILABLE UPON REQUEST.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2021

Attachment Sequence No. **179**

CHILDVOICE INTERNATIONAL

Identifying number
**** - ***4590**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,050,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,620,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12	▶ 13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	113,831

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2021	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	113,831
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

-*4590

Federal Asset Report

FYE: 6/30/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:											
1	Dell Computer	9/21/07	1,288				1,288	3	MO S/L	1,288	0
2	Suzuki Motocycle	4/24/07	3,950				3,950	3	MO S/L	3,950	0
3	Van	2/11/08	16,813				16,813	3	MO S/L	16,813	0
4	Beds	2/08/08	4,032				4,032	3	MO S/L	4,032	0
5	Computer	1/21/10	815				815	3	MO S/L	815	0
6	Computer Deandrea Weeks	1/21/10	1,200				1,200	3	MO S/L	1,200	0
7	Roof Renovations	5/05/10	15,126				15,126	3	MO S/L	15,126	0
8	Honda Generator	9/11/09	2,400				2,400	5	MO S/L	2,400	0
9	Stihl FS550 Cutting Saw	1/15/10	1,827				1,827	5	MO S/L	1,827	0
10	File Cabinet	10/17/10	174				174	3	MO S/L	174	0
11	HP Printer	10/22/10	348				348	3	MO S/L	348	0
12	Bicycle	3/11/11	77				77	3	MO S/L	77	0
13	Double Cab Pickup Truck	4/11/11	18,905				18,905	3	MO S/L	18,905	0
14	Small Equipment	10/26/11	1,577				1,577	3	MO S/L	1,577	0
15	Building/Roof Renovations	4/30/12	21,304				21,304	3	MO S/L	21,304	0
16	Block Machine	3/18/12	23,356				23,356	10	MO S/L	21,604	1,752
17	Latrine	1/31/13	17,937				17,937	7	MO S/L	17,937	0
18	Community Church	4/13/13	34,085				34,085	10	MO S/L	28,120	3,408
19	Food Storage building	1/31/13	6,736				6,736	15	MO S/L	3,780	449
20	Cooking Facility	3/31/13	11,875				11,875	7	MO S/L	11,875	0
21	Thatch huts	4/30/13	62,811				62,811	7	MO S/L	62,811	0
22	Computer	8/15/12	1,300				1,300	3	MO S/L	1,300	0
23	HP Printer	5/31/13	593				593	3	MO S/L	593	0
24	Office Furniture	9/25/12	1,576				1,576	7	MO S/L	1,576	0
25	Office Furniture	10/18/12	3,993				3,993	7	MO S/L	3,993	0
26	Whiteboard	9/13/12	230				230	3	MO S/L	230	0
27	Office Furniture	1/02/14	5,981				5,981	7	MO S/L	5,981	0
28	Small Farm Equipment	1/02/14	2,746				2,746	3	MO S/L	2,746	0
29	Visitor Hygiene Facilities	5/31/14	868				868	7	MO S/L	868	0
30	Thatch Huts	5/31/14	7,986				7,986	7	MO S/L	7,986	0
31	Buildings	10/31/13	28,852				28,852	10	MO S/L	22,120	2,885
32	BUILDINGS	10/31/14	21,884				21,884	7	MO S/L	20,842	1,042
33	MAIZE SHELLER	7/16/14	262				262	3	MO S/L	262	0
34	VISITOR HYGIENE FACILITIES	8/31/14	868				868	3	MO S/L	868	0
35	WEAVING MACHINES	8/31/14	308				308	3	MO S/L	308	0
36	MOTORCYCLES	2/03/15	2,089				2,089	3	MO S/L	2,089	0
37	MAIZE MILL	5/05/15	655				655	3	MO S/L	655	0
38	GRINDING MACHINE ENGINE	5/05/15	851				851	3	MO S/L	851	0
39	Rice Polisher	10/31/15	2,926				2,926	5	MO S/L	2,926	0
40	Printer	12/31/15	1,870				1,870	3	MO S/L	1,870	0
41	CIP	3/31/16	2,405				2,405	5	MO S/L	2,405	0
42	Farm Equipment	4/30/16	8,164				8,164	5	MO S/L	8,164	0
43	3 Pig Barns	2/28/17	10,281				10,281	10	MO S/L	4,455	1,028
44	AQUAPONICS SOLOR PUMP	5/31/17	839				839	3	MO S/L	839	0
45	FARM TRACTOR	7/31/16	11,142				11,142	5	MO S/L	10,956	186
46	TOYOTA LAND ROVER	9/14/16	20,500				20,500	5	MO S/L	19,817	683
47	SWEATER WEAVING MACHINE	10/31/16	265				265	3	MO S/L	265	0
48	LAWN MOWERS	12/31/16	1,042				1,042	3	MO S/L	1,042	0
49	RICE THRESHER	12/31/16	704				704	5	MO S/L	634	70
50	DISC HARROW/SEEDER	4/20/17	8,733				8,733	5	MO S/L	7,278	1,455
51	BRICKS PIG BARN	1/31/17	7,460				7,460	10	MO S/L	3,295	746
52	BRICKS - HUTS	2/28/17	5,465				5,465	10	MO S/L	2,368	547
53	3 PIG BARN CONSTRUCTION	4/20/17	8,372				8,372	10	MO S/L	3,488	838
54	HUT CONSTRUCTION	4/20/17	11,443				11,443	10	MO S/L	4,768	1,144
55	BRICKS - PIG BARN	4/30/17	12,152				12,152	10	MO S/L	5,063	1,216
56	ECD CLASSROOM	6/30/17	6,959				6,959	10	MO S/L	2,784	696
57	HUT CONSTRUCTION	4/20/17	9,672				9,672	10	MO S/L	4,030	967
58	PIG BARN	10/31/17	12,759				12,759	10	MO S/L	4,678	1,276
59	PIG BARN	1/31/18	19,960				19,960	10	MO S/L	6,820	1,996
60	PIG BARN	6/30/18	11,332				11,332	10	MO S/L	3,400	1,133
61	THATCH HUTS	2/28/18	10,005				10,005	7	MO S/L	4,764	1,430
62	CIP - BARN/SHELTERS/SHOP	6/30/18	29,726				29,726	3	MO S/L	8,918	9,908
63	LAWN MOWERS	8/31/17	1,148				1,148	3	MO S/L	1,148	0
64	2 SPRAY PUMPS	9/15/17	1,681				1,681	3	MO S/L	1,681	0
65	AUTO - MECHANIC	9/30/17	5,665				5,665	3	MO S/L	5,665	0
66	COMPUTER	10/31/17	603				603	3	MO S/L	603	0
67	SOLOR POWERED REFRIG	10/31/17	440				440	3	MO S/L	440	0
68	2004 GRAND CHEROKEE	2/15/18	2,106				2,106	3	MO S/L	2,106	0

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Federal Asset Report

FYE: 6/30/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
69	STAFF VAN	2/28/18	14,167			14,167	3 MO S/L	14,167	0
70	PIG FEEDER	2/28/18	1,944			1,944	3 MO S/L	1,944	0
71	COMPUTERS	2/28/18	6,250			6,250	3 MO S/L	6,250	0
72	WATER PUMP	2/28/18	312			312	3 MO S/L	312	0
73	PIG FEEDER	3/31/18	1,218			1,218	3 MO S/L	1,218	0
74	PIG FEEDER	4/30/18	1,247			1,247	3 MO S/L	1,247	0
75	COMPUTERS	4/30/18	1,002			1,002	3 MO S/L	1,002	0
76	OFFICE FURNITURE	4/30/18	488			488	3 MO S/L	488	0
77	July 2018 Equip	7/31/18	32,800			32,800	5 MO S/L	19,133	6,560
78	Toyota Land Cruiser	7/31/18	33,238			33,238	5 MO S/L	19,389	6,648
79	September 2018 Equipment	9/30/18	14,744			14,744	5 MO S/L	8,109	2,949
80	October 2018 Equipment	10/31/18	884			884	3 MO S/L	786	98
81	November 2018 Equipment	11/30/18	1,676			1,676	3 MO S/L	1,443	233
82	December 2018 Equipment	12/31/18	1,709			1,709	3 MO S/L	1,424	285
83	January 2019 Equipment	1/31/19	2,821			2,821	3 MO S/L	2,272	549
84	March 2019	3/31/19	760			760	3 MO S/L	570	190
85	April 2019 Equipment	4/30/19	573			573	3 MO S/L	414	159
86	November 2018 Equipment	11/30/18	6,792			6,792	3 MO S/L	5,849	943
87	September 2018 Equipment	9/30/18	2,463			2,463	3 MO S/L	2,258	205
88	October 2018 Equipment	10/31/18	5,333			5,333	3 MO S/L	4,740	593
89	November 2018 Equipment	11/30/18	311			311	3 MO S/L	268	43
90	December 2018 Equipment	12/31/18	774			774	3 MO S/L	645	129
91	January 2019 Equipment	1/31/19	7,142			7,142	3 MO S/L	5,753	1,389
92	March 2019 Equipment	3/18/19	5,806			5,806	3 MO S/L	4,354	1,452
93	CIP July 2018	7/31/18	3,623			3,623	3 MO S/L	3,522	101
94	CIP August 2018	8/31/18	4,455			4,455	3 MO S/L	4,208	247
95	CIP December 2018	12/31/18	1,918			1,918	3 MO S/L	1,598	320
96	CIP January 2019	1/31/19	2,390			2,390	3 MO S/L	1,925	465
97	June 2019 Vehicle	6/04/19	6,000			6,000	3 MO S/L	4,167	1,833
98	2020 F&F	7/01/19	21,777			21,777	3 MO S/L	14,518	7,259
99	BUILDINGS	7/01/19	31,801			31,801	3 MO S/L	12,720	10,601
100	2021 CIP Additions	6/30/21	24,033			24,033	3 MO S/L	0	8,011
101	2021 Equipment	5/31/21	29,278			29,278	3 MO S/L	488	9,759
102	CIP ADDITIONS	7/01/21	11,598			11,598	3 MO S/L	0	3,866
103	BUILDING CONSTR	7/01/21	24,200			24,200	3 MO S/L	0	8,067
104	FENCING	7/01/21	6,730			6,730	3 MO S/L	0	2,243
105	EQUIPMENT	7/01/21	11,337			11,337	3 MO S/L	0	3,779
106	LANF - NG	7/01/21	2,145			2,145	50 -- Land	0	0
Total Other Depreciation			<u>879,236</u>			<u>879,236</u>		<u>583,082</u>	<u>113,831</u>
Total ACRS and Other Depreciation			<u>879,236</u>			<u>879,236</u>		<u>583,082</u>	<u>113,831</u>
Grand Totals			879,236			879,236		583,082	113,831
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>879,236</u>			<u>879,236</u>		<u>583,082</u>	<u>113,831</u>

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Depreciation Adjustment Report

FYE: 6/30/2022

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

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Future Depreciation Report**FYE: 6/30/23**

FYE: 6/30/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Dell Computer	9/21/07	1,288	0	0
2	Suzuki Motorcycle	4/24/07	3,950	0	0
3	Van	2/11/08	16,813	0	0
4	Beds	2/08/08	4,032	0	0
5	Computer	1/21/10	815	0	0
6	Computer Deandrea Weeks	1/21/10	1,200	0	0
7	Roof Renovations	5/05/10	15,126	0	0
8	Honda Generator	9/11/09	2,400	0	0
9	Stihl FS550 Cutting Saw	1/15/10	1,827	0	0
10	File Cabinet	10/17/10	174	0	0
11	HP Printer	10/22/10	348	0	0
12	Bicycle	3/11/11	77	0	0
13	Double Cab Pickup Truck	4/11/11	18,905	0	0
14	Small Equipment	10/26/11	1,577	0	0
15	Building/Roof Renovations	4/30/12	21,304	0	0
16	Block Machine	3/18/12	23,356	0	0
17	Latrine	1/31/13	17,937	0	0
18	Community Church	4/13/13	34,085	2,557	0
19	Food Storage building	1/31/13	6,736	449	0
20	Cooking Facility	3/31/13	11,875	0	0
21	Thatch huts	4/30/13	62,811	0	0
22	Computer	8/15/12	1,300	0	0
23	HP Printer	5/31/13	593	0	0
24	Office Furniture	9/25/12	1,576	0	0
25	Office Furniture	10/18/12	3,993	0	0
26	Whiteboard	9/13/12	230	0	0
27	Office Furniture	1/02/14	5,981	0	0
28	Small Farm Equipment	1/02/14	2,746	0	0
29	Visitor Hygiene Facilities	5/31/14	868	0	0
30	Thatch Huts	5/31/14	7,986	0	0
31	Buildings	10/31/13	28,852	2,885	0
32	BUILDINGS	10/31/14	21,884	0	0
33	MAIZE SHELLER	7/16/14	262	0	0
34	VISITOR HYGEINE FACILITIES	8/31/14	868	0	0
35	WEAVING MACHINES	8/31/14	308	0	0
36	MOTORCYCLES	2/03/15	2,089	0	0
37	MAIZE MILL	5/05/15	655	0	0
38	GRINDING MACHINE ENGINE	5/05/15	851	0	0
39	Rice Polisher	10/31/15	2,926	0	0
40	Printer	12/31/15	1,870	0	0
41	CIP	3/31/16	2,405	0	0
42	Farm Equipment	4/30/16	8,164	0	0
43	3 Pig Barns	2/28/17	10,281	1,028	0
44	AQUAPONICS SOLOR PUMP	5/31/17	839	0	0
45	FARM TRACTOR	7/31/16	11,142	0	0
46	TOYOTA LAND ROVER	9/14/16	20,500	0	0
47	SWEATER WEAVING MACHINE	10/31/16	265	0	0
48	LAWN MOWERS	12/31/16	1,042	0	0
49	RICE THRESHER	12/31/16	704	0	0
50	DISC HARROW/SEEDER	4/20/17	8,733	0	0
51	BRICKS PIG BARNs	1/31/17	7,460	746	0
52	BRICKS - HUTS	2/28/17	5,465	546	0
53	3 PIG BARNs CONSTRUCTION	4/20/17	8,372	837	0
54	HUT CONSTRUCTION	4/20/17	11,443	1,145	0
55	BRICKS - PIG BARN	4/30/17	12,152	1,215	0
56	ECD CLASSROOM	6/30/17	6,959	695	0
57	HUT CONSTRUCTION	4/20/17	9,672	967	0
58	PIG BARN	10/31/17	12,759	1,276	0
59	PIG BARN	1/31/18	19,960	1,996	0
60	PIG BARN	6/30/18	11,332	1,133	0
61	THATCH HUTS	2/28/18	10,005	1,429	0
62	CIP - BARNs/SHELTERS/SHOP	6/30/18	29,726	9,909	0
63	LAWN MOWERS	8/31/17	1,148	0	0
64	2 SPRAY PUMPS	9/15/17	1,681	0	0
65	AUTO - MECHANIC	9/30/17	5,665	0	0
66	COMPUTER	10/31/17	603	0	0
67	SOLOR POWERED REFRIG	10/31/17	440	0	0

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Future Depreciation Report**FYE: 6/30/23**

FYE: 6/30/2022

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
68	2004 GRAND CHEROKEE	2/15/18	2,106	0	0
69	STAFF VAN	2/28/18	14,167	0	0
70	PIG FEEDER	2/28/18	1,944	0	0
71	COMPUTERS	2/28/18	6,250	0	0
72	WATER PUMP	2/28/18	312	0	0
73	PIG FEEDER	3/31/18	1,218	0	0
74	PIG FEEDER	4/30/18	1,247	0	0
75	COMPUTERS	4/30/18	1,002	0	0
76	OFFICE FURNITURE	4/30/18	488	0	0
77	July 2018 Equip	7/31/18	32,800	6,560	0
78	Toyota Land Cruiser	7/31/18	33,238	6,647	0
79	September 2018 Equipment	9/30/18	14,744	2,949	0
80	October 2018 Equipment	10/31/18	884	0	0
81	November 2018 Equipment	11/30/18	1,676	0	0
82	December 2018 Equipment	12/31/18	1,709	0	0
83	January 2019 Equipment	1/31/19	2,821	0	0
84	March 2019	3/31/19	760	0	0
85	April 2019 Equipment	4/30/19	573	0	0
86	November 2018 Equipment	11/30/18	6,792	0	0
87	September 2018 Equipment	9/30/18	2,463	0	0
88	October 2018 Equipment	10/31/18	5,333	0	0
89	November 2018 Equipment	11/30/18	311	0	0
90	December 2018 Equipment	12/31/18	774	0	0
91	January 2019 Equipment	1/31/19	7,142	0	0
92	March 2019 Equipment	3/18/19	5,806	0	0
93	CIP July 2018	7/31/18	3,623	0	0
94	CIP August 2018	8/31/18	4,455	0	0
95	CIP December 2018	12/31/18	1,918	0	0
96	CIP January 2019	1/31/19	2,390	0	0
97	June 2019 Vehicle	6/04/19	6,000	0	0
98	2020 F&F	7/01/19	21,777	0	0
99	BUILDINGS	7/01/19	31,801	8,480	0
100	2021 CIP Additions	6/30/21	24,033	8,011	0
101	2021 Equipment	5/31/21	29,278	9,760	0
102	CIP ADDITIONS	7/01/21	11,598	3,866	0
103	BUILDING CONSTR	7/01/21	24,200	8,066	0
104	FENCING	7/01/21	6,730	2,244	0
105	EQUIPMENT	7/01/21	11,337	3,779	0
106	LANF - NG	7/01/21	2,145	0	0
	Total Other Depreciation		<u>879,236</u>	<u>89,175</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>879,236</u>	<u>89,175</u>	<u>0</u>
	Grand Totals		<u>879,236</u>	<u>89,175</u>	<u>0</u>

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Federal Statements

FYE: 6/30/2022

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST	\$ <u>8</u>					
TOTAL	\$ <u><u>8</u></u>					

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Federal Statements

FYE: 6/30/2022

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
PROFESSIONAL FEES	\$ 54,394	\$ 48,955	\$ 5,439	\$
TOTAL	\$ 54,394	\$ 48,955	\$ 5,439	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
INTERNET AND WEBSITE	\$ 11,243	\$ 11,243	\$	\$
REPAIRS AND MAINTNANCE	6,594		6,594	
MISCELLANEOUS	5,444	4,356	1,088	
TELEPHONE	3,928	2,946	982	
UTILITIES	2,058	1,646	412	
TOTAL	\$ 29,267	\$ 20,191	\$ 9,076	\$ 0

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Federal Statements

FYE: 6/30/2022

Schedule A, Part II, Line 1(e)

Description	Amount
CONTRIBUTIONS	\$ 1,129,369
GRANTS	174,875
TOTAL	\$ <u>1,304,244</u>

Schedule A, Part II, Line 10(e)

Description	Amount
SALES	\$ 1,050
TOTAL	\$ <u>1,050</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
INTEREST	\$ 8
FX LOSSES	-1,119
FARM INCOME	37,492
OTHER INCOME	383
PPP LOAN FORGIVENESS	68,405
TOTAL	\$ <u>105,169</u>