EXTENDED TO MAY 15, 2023

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

▶ 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

2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, Check if applicable: C Name of organization D Employer identification number Address change CHILD WELLNESS INSTITUTE, INC. Name change 83-4152660 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 103 CHURCH STREET, SUITE 210 732-246-8060 374,269. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return NEW BRUNSWICK, NJ 08901 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: GINA HERNANDEZ for subordinates? Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) (4947(a)(1) or) **◄** (insert no.) If "No," attach a list. See instructions J Website: ► WWW.CHILDWIN.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 2019 M State of legal domicile: NJ Trust Part I Summary Briefly describe the organization's mission or most significant activities: CHILD WELLNESS INSTITUTE'S Governance PURPOSE SHALL BE TO MARKET, SELL, AND ADMINISTER TRAINING AND if the organization discontinued its operations or disposed of more than 25% of its net assets. 21 Number of voting members of the governing body (Part VI, line 1a) 21 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 0 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) Total number of volunteers (estimate if necessary) 50 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 92,813. 187,690. Contributions and grants (Part VIII, line 1h) 8 127,553. 175,704. Program service revenue (Part VIII, line 2g) 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 14,806. -20,753. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 235,172. 342,641 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 83,933. 155,675. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 83,933. 155,675. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 151,239. 186,966. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 29 232,616. 442,549. 20 Total assets (Part X, line 16) 10,906. 33,873. 21 Total liabilities (Part X, line 26) 三年 221,710. 408,676 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Say IIP pany, NJ 07054 Sign ĞINA HERNANDEZ, **EXECUTIVE DIRECTOR** Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 11/21/22 P00053187 MAROUS WHITE MARQUS WHITE self-employed Paid Firm's EIN ▶ 81-2950760 Firm's name SAX LLP Preparer Firm's address 389 INTERPACE PARKWAY; Use Only Phone no. 973-472-6250 PARSIPPANY, NJ 07054 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Pai	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: AT CHILDWIN (CHILD WELLNESS INSTITUTE), OUR FOCUS IS TO BUILD
	RESILIENCE AND SOCIAL-EMOTIONAL HEALTH WITHIN CHILDREN AND FAMILIES.
	WE OFFER ENGAGING, RESEARCH-INFORMED TRAININGS, WORKSHOPS, AND
	CONSULTATION ON TOPICS THAT PROMOTE CHILD AND FAMILY WELLNESS. WE CAN
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ?
	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?
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 \$92,937. including grants of \$) (Revenue \$170,812.)
	PROFESSIONAL TRAINING - PROVIDES HIGH QUALITY TRAINING TO PROFESSIONALS
	AND THE GENERAL PUBLIC TO ENHANCE AND INCREASE THEIR KNOWLEDGE AND
	COMPETENCIES.
4b	(Code:) (Expenses \$
TU	PUBLIC EDUCATION - PROVIDES PUBLIC EDUCATION STATEWIDE THROUGH
	PRESENTATIONS, PARENTING EDUCATION AND RESOURCES TO EQUIP
	· · · · · · · · · · · · · · · · · · ·
	PROFESSIONALS, PARAPROFESSIONALS AND THE PUBLIC WITH THE
	INFORMATION AND SKILLS NEEDED TO SUPPORT FAMILIES AND PROTECT CHILDREN.
4c	(Code:) (Expenses \$
<u>۸</u> ۲	Other program services (Describe on Schedule O.)
+u	Other program services (Describe on Schedule O.)
4.	(Expenses \$ including grants of \$) (Revenue \$) Total program convice expenses \$ 97,829.

Form 990 (2021) CHILD WELLNESS INSTITUTE, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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Form 990 (2021) CHILD WELLNESS INSTITUTE, INC.

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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			3,7
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			₩
00	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		X
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
02	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	L
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	1	<u></u>	
Da	Note: All Form 990 filers are required to complete Schedule 0	38	X	
ra	rt 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		 	L
4.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
		-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
Ü	(gambling) winnings to prize winners?	1c		
	₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩			

Form **990** (2021)

O21) CHILD WELLNESS INSTITUTE, INC.

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

			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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		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 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
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l
	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).			
а	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	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	-
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		1,7
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>1</u> 7g		<u> </u>
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7 <u>9</u> 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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		
а	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		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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					X					
Sec	tion A. Governing Body and Management										
					Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b	21								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any oth	ner								
	officer, director, trustee, or key employee?			2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the										
	and the second of the second o			3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was filed?	?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		5		Х					
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app										
	more members of the governing body?			7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto										
	persons other than the governing body?			7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year										
а	The governing body?			8a	X						
b	Each committee with authority to act on behalf of the governing body?			8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read										
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue Code.)								
		,			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters, affilia	tes,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing	the form?	11a	X						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X						
b	$Were \ of ficers, \ directors, \ or \ trustees, \ and \ key \ employees \ required \ to \ disclose \ annually \ interests \ that \ could \ give \ rise$	to conflicts?		12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe	e								
	on Schedule O how this was done			12c	X						
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?			14	X						
15	Did the process for determining compensation of the following persons include a review and approval	by independ	dent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official			15a		X					
b	Other officers or key employees of the organization			15b		X					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	ent with a									
	taxable entity during the year?			16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its particip	ation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi										
	exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ►NJ										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-T (sec	tion 501(c)(3)s	only) a	availal	ble					
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Other (explain		,								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	of inter	est policy, and	financ	cial						
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and recor	rds 🕨								
	GINA HERNANDEZ - 732-246-8060	0.01									
	103 CHURCH STREET, SUITE 210, NEW BRUNSWICK, NJ 08	901									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

X Check this box if neither the organization ne	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				nne	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	ia a a	recto	r/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		/ee	mpen		1099-NEC)	1039-1420)	and related
	below	dualt	utiona	_	Key employee	st co	Ē	.555 ,		organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			
(1) ROBERT ROTONDI	1.00									
BOARD PRESIDENT		Х		X				0.	0.	0.
(2) HARVEY B. LERMACK	1.00									
BOARD VICE PRESIDENT		Х		Х				0.	0.	0.
(3) STEVEN BERNKNOPF	1.00									
BOARD TREASURER		Х		Х				0.	0.	0.
(4) BARBARA CALI	1.00									
BOARD SECRETARY		Х		X				0.	0.	0.
(5) JUDITH FELDMAN	1.00									
BOARD DEVELOPMENT CHAIR		Х						0.	0.	0.
(6) CATHERINE WELLS, ESQ.	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) NICHOLAS BORRELLI	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) MAURA SOMERS DUGHI, ESQ.	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) HAROLD KAPLAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) DAWN BRINDLE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) CHRISTOPHER FORMICA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) SUSAN STALOFF	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) JOSEPH E. COLFORD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) MONIQUE COLLIER NICKLES, MD	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) MICHAEL TATRO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) ANUPA S. WIJAYA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) JASON D. MCTAGGART	1.00									
BOARD MEMBER		Х						0.	0.	0.

Form **990** (2021)

Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	<u>j Hi</u>	ghes	st C	compensated Employee	s (continued)				
(A)	(B) (C)							(D)	(E)			(F)	
Name and title	(do not cl			Position do not check more than one			one	Reportable	Reportable	•	Es	timate	ed
	hours per	box	, unle	ss per	rson i	is both	n an	compensation	compensation		am	nount	of
	week		Cer ar	ia a a	recio	or/trus	iee)	from	from relate		l .	other	
	(list any hours for	irecto						the	organization			pensa	
	related	ordi	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MI 1099-NEC		l .	om the	
	organizations	ruste	l trusi		99	npen		1099-NEC)	1099-NEO	'	_	anizati d relati	
	below	dual t	Institutional trustee	_	nploy	st cor	<u></u>	10001120)			l .	nizati	
	line)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former						
(18) JODI HUTCHISON-SANFORD	1.00												
BOARD MEMBER		Х						0.		0.			0.
(19) REVEREND DR. DARRELL L. ARMSTRO	1.00												
BOARD MEMBER		Х						0.		0.	<u> </u>		0.
(20) TIM MCLEAN	1.00												
BOARD MEMBER		Х				_		0.		0.	<u> </u>		0.
(21) ROBERT CAMPBELL	1.00												
HONORARY BOARD MEMBER		Х				_		0.		0.			0.
(22) GINA HERNANDEZ	1.00									_			
EXECUTIVE DIRECTOR	35.00			Х		_		0.	151,1	39.	2	3,00	<u> </u>
(23) RONALD SURLAK	1.00			l									
DIRECTOR OF FINANCE	35.00			Х		┝		0.	99,0	56.		3,89	99.
						┝							
_						┢							
4h Cuhtatal	l							0.	250,1	9.5	2	6,90	1/1
1b Subtotal								0.	230,1	0.		0,9	0.
c Total from continuation sheets to Part VI								0.	250,1		2	6,90	
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n							O re					0,5	J I •
compensation from the organization	ot illilited to th	036	11310	u al	JOVE	<i>y</i> wii	016	scerved more triair \$100,	ooo or reportable	5			0
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, trust	ee. k	ev e	lame	ove	e. or	hia	hest compensated emp	lovee on				
line 1a? If "Yes," complete Schedule J for s			-		-		_	· · · · · · · · · · · · · · · · · · ·	-		3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch ı	oers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of com	pensa ¹	tion fro	m	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.				
(A)	- deluces			_				(B)		_	(C		_
Name and business	address	N	ONI	5				Description of s	ervices	\vdash	Comper	isatioi	1
_							\dashv			-			
							\dashv						
2 Total number of independent contractors (in		ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organize	zation >				(,						200	

CHILD WELLNESS INSTITUTE, INC. 83-4152660 Page 9 Form 990 (2021) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 94,349. c Fundraising events 1c d Related organizations 1d 27,000. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 66,341 similar amounts not included above ... 1f 3,313. g Noncash contributions included in lines 1a-1f 187,690. h Total. Add lines 1a-1f **Business Code** 175,704. 175,704. 2 a FEES FROM SERVICE 624100 Program Service Revenue f All other program service revenue 175,704. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) 7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$94,349. ofcontributions reported on line 1c). See 10,875. Part IV, line 18 **b** Less: direct expenses -20,753. -20,753. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities \triangleright 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** 11 a

d All other revenue

e Total. Add lines 11a-11d

12 Total revenue. See instructions

342,641. 175,704.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 69,229. 61,916. 7,313. column (A), amount, list line 11g expenses on Sch O.) 613. 365. 248. Advertising and promotion 12 679. 679. Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 31. 31. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 50,000. 64,355. 14,355. MANAGEMENT FEE 14,229. PROFESSIONAL TRAINING 14,229. $\overline{3,410}$ 3,175. 235. DUES & SUBSCRIPTIONS 2,122. 2,122. FRINGE BENEFITS 1,007.957. 50. All other expenses 155,675. 97,829. 57,846. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2021)
Part X | Balance Sheet

Par	rt X	Balance Sheet				
		Check if Schedule O contains a response or n	ote to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		209,134.	1	396,587.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	22,482.	4	40,667.	
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub				
		controlled entity or family member of any of the		5		
	6	Loans and other receivables from other disqua	lese personsalified persons (as defined			
		under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
Ś	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges		1,000.	9	5,295.
	10a	Land, buildings, and equipment: cost or other	·			
		basis. Complete Part VI of Schedule D	. 10a			
	b	Less: accumulated depreciation	. 10b		10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, lin		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must ed	qual line 33)	232,616.	16	442,549.
	17	Accounts payable and accrued expenses		10,906.	17	33,873.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complet	e Part IV of Schedule D		21	
Se	22	Loans and other payables to any current or fo	rmer officer, director,			
Liabilities		trustee, key employee, creator or founder, sub	ostantial contributor, or 35%			
iab		controlled entity or family member of any of the	ese persons		22	
	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lin	es 17-24). Complete Part X			
				10 006	25	22 072
	26	Total liabilities. Add lines 17 through 25		10,906.	26	33,873.
S		Organizations that follow FASB ASC 958, c	heck here ▶ \[\lambda \]			
JCe		and complete lines 27, 28, 32, and 33.		221 710		100 676
alaı	27	Net assets without donor restrictions		221,710.	27	408,676.
Ä	28	Net assets with donor restrictions			28	
Ë		Organizations that do not follow FASB ASC	958, check here			
or F		and complete lines 29 through 33.				
ts	29	Capital stock or trust principal, or current fund			29	
SSE	30	Paid-in or capital surplus, or land, building, or			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated	r	221,710.	31	100 676
ž	32	Total net assets or fund balances			32	408,676.
	33	Total liabilities and net assets/fund balances		232,616.	33	442,549.

Form **990** (2021)

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

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

Form 990 (2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization CHILD WELLNESS INSTITUTE, 83-4152660 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed n your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	Section A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")			56,830.	92,813.	187,690.	337,333.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3			56,830.	92,813.	187,690.	337,333.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
	Public support. Subtract line 5 from line 4.						337,333.			
Sec	ction B. Total Support									
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
7	Amounts from line 4			56,830.	92,813.	187,690.	337,333.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources									
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on				14,806.		14,806.			
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)			10,288.			10,288.			
11	Total support. Add lines 7 through 10						362,427.			
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	<u>346,007.</u>			
13	First 5 years. If the Form 990 is for the	•		•		. , . ,				
	organization, check this box and stop						<u> </u>			
	ction C. Computation of Publi									
	Public support percentage for 2021 (li					14	<u>%</u>			
15	Public support percentage from 2020					15	. %			
16a	33 1/3% support test - 2021. If the c	-					. \square			
	stop here. The organization qualifies		•							
b	33 1/3% support test - 2020. If the c									
47.	and stop here. The organization quali									
1/a	10% -facts-and-circumstances test	_								
	and if the organization meets the facts					_	. —			
1-	meets the facts-and-circumstances te	-	-		-	70 and line 15 is 1				
a	10% -facts-and-circumstances test	_					10% Of			
	more, and if the organization meets the				-		▶□			
40	organization meets the facts-and-circu									
18	Private foundation. If the organizatio	n dia not check a	box on line 13, 16	a, 100, 1/a, 01 1/b	, cneck this box ai	iu see instructions	······· P			

Schedule A (Form 990) 2021

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	Γ	T	T	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	· ·		· ·	•	. , . , .	
0	check this box and stop here						>
	ction C. Computation of Publi			. (5)		T .= T	
	Public support percentage for 2021 (li	, , , , , , , , , , , , , , , , , , , ,	,	(//		15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves					16	%
	Investment income percentage for 20			ne 13 column (f)\		17	n/
	Investment income percentage for 20					18	<u>%</u>
	33 1/3% support tests - 2021. If the						
198	more than 33 1/3%, check this box ar						. —
L	33 1/3% support tests - 2020. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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

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

	Vaa	No
	Yes	NO
4		
1		
2		
3a		
Oh		
3b		
0-		
3c		
4-		
4a		
4b		
40		
4c		
10		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
40		
10a		
401		
10b		

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or	ne or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	tne 1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	stion 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		163	NO
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	•			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sect	the supported organization(s). stion D. All Type III Supporting Organizations			
	Main 217 iii 1 ypo iii cupporting crgain - utione	1	Voc	No
4	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		Yes	No
	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	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sect	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insti	uctions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	ty (see instruction		
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sche	dule A (Form 990) 2021 CHILD WELLNESS INSTITUT	E, INC		83-4152660 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organia		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
 5	Income tax imposed in prior year	5		

Schedule A (Form 990) 2021

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

instructions).

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

6

Sche	edule A (Form 990) 2021 CHILD WELLNES		83-4152660 Page	, 7	
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _(continued)		
Sect	tion D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1		
2	Amounts paid to perform activity that directly furthers exemple	pt purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3		
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide details in Part VI)	5		
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which t	he organization is responsive			
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2021 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount		10		
		(i)	(ii)	(iii)	
Sect	tion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021	

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 (reason-			
able 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: \$			
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			

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Schedule B (Form 990) (2021)

Employer identification number

83-4152660 CHILD WELLNESS INSTITUTE, INC. Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-FZ 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** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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).

123451 11-11-21

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

Name of organization

Employer identification number

CHILD WELLNESS INSTITUTE, INC.

83-4152660

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		\$ 56,229.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,182.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Name of organization Employer identification number CHILD WELLNESS INSTITUTE, INC. 83-4152660 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (d) (a) (b) (c)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Hamo, addresso, and En 7 1	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		*	Person Payroll Noncash Complete Part II for

Name of organization Employer identification number

CHILD WELLNESS INSTITUTE, INC.

83-4152660

	WEEDINEDS INSTITUTE, INC.	03	1152000
Part II	Noncash Property (see instructions). Use duplicate copies of Part II i	f additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - -	

Schedule B (Form 990) (2021) Page **4**

Name of organization Employer identification number CHILD WELLNESS INSTITUTE, 83-4152660 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. (d) Description of how gift is held from (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

CHILD WELLNESS INSTITUTE, INC. **Employer identification number** 83-4152660

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ui i uiius	o. Accounts. Complete if the	
		(a) Donor advise	d funds	(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the assets he	ld in donor advise	ed funds	
	are the organization's property, subject to the organization's	exclusive legal control?		Yes	No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be u	used only	
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any	y other purpose o	conferring	
	impermissible private benefit?				No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes	s" on Form 990, F	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of	a historically important land area	
	Protection of natural habitat		Preservation of	a certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ition in the form o		
	day of the tax year.			Held at the End of the Tax	Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c	
d	Number of conservation easements included in (c) acquired a	•			
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or to	erminated by the	organization during the tax	
	year ▶				
4	Number of states where property subject to conservation eas	ement is located			
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspect	ion, handling of		
	violations, and enforcement of the conservation easements it	holds?		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, an	d enforcing cons	ervation easements during the year	
	—				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enf	orcing conservat	ion easements during the year	
	> \$				
8	Does each conservation easement reported on line 2(d) above				1
	and section 170(h)(4)(B)(ii)?				No
9	In Part XIII, describe how the organization reports conservation	on easements in its reven	ue and expense	statement and	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial stateme	ents that describes the	
Da	organization's accounting for conservation easements.	Aut Historical Tues		and Cincilan Annata	
Pa	ct III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form		asures, or Oti	ner Similar Assets.	
10			unua atatamant ar	ad balance about works	
ıa	If the organization elected, as permitted under FASB ASC 958				
	of art, historical treasures, or other similar assets held for pub			·	
L	service, provide in Part XIII the text of the footnote to its finan				
b	If the organization elected, as permitted under FASB ASC 958	•			
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in iurth	erance 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 trea			gain, provide	
_	the following amounts required to be reported under FASB A			• •	
a	Revenue included on Form 990, Part VIII, line 1				
h					

	QUILD III	DI INDICA INCETE	TIME TAG		02.4	150660	. 0
	dule D (Form 990) 2021 CHILD WI	ELLNESS INSTIT		r Other Si		152660	
3	Using the organization's acquisition, accession					'	ea)
3	collection items (check all that apply):	on, and other records, check	carry of the following tha	it make signin	ilcarit use of it	.5	
а	Public exhibition	d 🗆	Loan or exchange progr	am			
b	Scholarly research		Other				
c	Preservation for future generations	•	<u> </u>				
4	Provide a description of the organization's co	llections and explain how th	nev further the organization	on's exempt	purpose in Pa	art XIII	
5	During the year, did the organization solicit of						
	to be sold to raise funds rather than to be ma	•	•		-	Yes	No
Pai	t IV Escrow and Custodial Arrang						
	reported an amount on Form 990, Par		· ·		,	, ,	
1a	Is the organization an agent, trustee, custodia	an or other intermediary for	contributions or other as	sets not incl	uded		
	on Form 990, Part X?				[Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the following t	able:				
						Amount	
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		
f	Ending balance						
	Did the organization include an amount on Fo			•	L	Yes	No No
b Pa	If "Yes," explain the arrangement in Part XIII.						
rai	TV Endowment Funds. Complete i			1	Three years bad	ck (e) Four y	pare hack
4.	Danissis a of war halance	(a) Current year (b) F	Prior year (c) Two yea	iis back (u)	Tillee years bac	CK (e) Four y	tais Dack
	Beginning of year balance						
	Contributions						
Q C	Net investment earnings, gains, and losses Grants or scholarships						
	Other expenditures for facilities						
·	and programs						
f	Administrative expenses						
g g	End of year balance						
2	Provide the estimated percentage of the curr	ent vear end balance (line 1	g. column (a)) held as:				
а	Board designated or quasi-endowment	%	<i>5,</i>				
b	Permanent endowment	<u>%</u>					
С	Term endowment	 %					
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.					
За	Are there endowment funds not in the posses	ssion of the organization tha	t are held and administe	red for the o	rganization		
	by:					_ Y	es No
	(i) Unrelated organizations					3a(i)	
	(ii) Related organizations						
b	If "Yes" on line 3a(ii), are the related organiza					3b	
4	Describe in Part XIII the intended uses of the		unds.				
Pai	t VI Land, Buildings, and Equipm Complete if the organization answered		/, line 11a. See Form 990), Part X, line	e 10.		
	Description of property	(a) Cost or other	(b) Cost or other	(c) Accu		(d) Book v	/alue
		basis (investment)	basis (other)	depred		(, ===	
1a	Land						

Schedule D (Form 990) 2021

e Other

c Leasehold improvements

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

Schedule D (Form 990) 2021 CHILD WELLNE	ESS INSTITUTE,	INC.	83-4152660 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. See Form 990, Par	t X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu	ation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1		
(a) Description of investment	(b) Book value	(c) Method of valu	ation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o		1d. See Form 990, Par	
(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	<u>15.)</u>		>
Part X Other Liabilities.	5 000 B 1 N/ II 1		20 5 17 5 25
Complete if the organization answered "Yes" of	n Form 990, Part IV, line 1	1e or 11f. See Form 99	<u> </u>
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.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

		Reconciliation of Revenue per Audited Financial Stater	ments With Reven	ue per Return.	SECCO Tage
		Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	342,641.
2	Amou	ints included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net ur	nrealized gains (losses) on investments	2a		
b		ted services and use of facilities			
С		veries of prior year grants			
d		(Describe in Part XIII.)			
е	Add li	nes 2a through 2d		2e	0.
3	Subtra	act line 2e from line 1		3	342,641.
4	Amou	ints included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	nes 4a and 4b		4c	0.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	342,641.
Pai	t XII	Reconciliation of Expenses per Audited Financial State	-	nses per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 1	12a.		
1	Total	expenses and losses per audited financial statements		1	155,675.
2	Amou	ints included on line 1 but not on Form 990, Part IX, line 25:			
а	Donat	ted services and use of facilities	2a		
b	Prior y	year adjustments	2b		
С	Other	losses	2c		
d	Other	(Describe in Part XIII.)	2d		
е	Add li	nes 2a through 2d		2e	0.
3	Subtra	act line 2e from line 1		3	155,675.
4	Amou	ints included on Form 990, Part IX, line 25, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	nes 4a and 4b		4c	0.
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	155,675.
Pai	t XIII	Supplemental Information.			
Provi	de the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P	Part IV, lines 1b and 2b;	Part V, line 4; Part X, lir	ne 2; Part XI,
lines	2d and	I 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	additional information.		
		_			
PAF	RT X	, LINE 2:			
					• • • • •
CH]	LD	WELLNESS IS EXEMPT FROM FEDERAL INCOM	E TAXES UNDE	ER SECTION 5	01(C)
, , ,					~~
(3)	OF	THE INTERNAL REVENUE CODE. ACCORDING	LY, NO PROVI	SION FOR IN	COME
		a DEEN DEGODDED IN MUE GENERATION O			
T'A2	LES	HAS BEEN RECORDED IN THE STATEMENTS O	F ACTIVITIES	6. CHILD WELL	LNESS
	T 01.7				GTETONG.
F.O.I	тОМ	S THE ACCOUNTING PRONOUNCEMENT DEALIN	G WITH UNCER	CTAIN TAX PO	SITIONS.
~					0001
CHI	.ьр	WELLNESS HAD NO UNRECOGNIZED TAX BENE	FITS AT JUNE	6 30, 2022 A	ND 2021.
T.HF	ERE	WAS NO TAX RELATED INTEREST OR PENALT	TES INCLUDED) IN THE FINA	ANCIAL
am -	. m ====				
o.T.	7.T.E.M	ENTS PRESENTED.			

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number CHILD WELLNESS INSTITUTE, 83-4152660 INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2021

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

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GALA	, , , ,		col. (c))
Φ			(event type)	(event type)	(total number)	. "
Revenue	1	Gross receipts	105,224.			105,224.
	2	Less: Contributions	94,349.			94,349.
	3	Gross income (line 1 minus line 2)	10,875.			10,875.
	4	Cash prizes				
Ø	5	Noncash prizes				
pense	6	Rent/facility costs	12,783.			12,783.
Direct Expenses	7	Food and beverages				
٦	8	Entertainment				
	9	Other direct expenses	18,845.			18,845.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		>	31,628.
_	11	Net income summary. Subtract line 10 from li				-20,753.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	Τ	(I-) Dull taba/inatant		(1) Total manipus (add
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	4	Gross revenue				
	•	aross revenue				
es	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
_	5	Other direct expenses				
	3	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	ı 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming ac				Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·		/ear?	Yes No
Ю	— —	Yes," explain:				

Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021 CHILD WELLNESS INSTITUTE, INC. 83-4	1526	60	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	'es	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Y	es	No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	o An outside facility	13b		
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100		
14	Efficient the marine and address of the person who prepares the organization's gaming/special events books and records.			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. Y	es	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Y	es	No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
<u> </u>	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	t III, line	s 9, 9k	o, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	(Form 990)	CHILD	WELLNESS	INSTITUTE,	INC.	83-4152660	Page 4
Part IV	(Form 990) Supplemental Infor	mation (co	ontinued)	•			J

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

CHILD WELLNESS INSTITUTE, INC.

 $Employer\ identification\ number \\ 83-4152660$

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		_X_
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> </u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> </u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MIS/ compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) GINA HERNANDEZ	(i)	0.	0.	0.	0.	0.		0.
EXECUTIVE DIRECTOR	(ii)	151,139.	0.	0.	4,009.	18,996.	174,144.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i) (ii)							
	[(II)							

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

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

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-FZ

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

CHILD WELLNESS INSTITUTE, INC.

Employer identification number 83-4152660

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EDUCATIONAL PROGRAMS TO THE PUBLIC RELATED TO STRENGTHENING CHILD
HEALTH AND DEVELOPMENT, POSITIVE PARENTING, AND PREVENTING ANY FORM OF
MALTREATMENT.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CUSTOMIZE BOTH ONLINE AND IN-PERSON TRAININGS FOR PROFESSIONALS,
PARENTS, AND CHILDREN OF ALL AGES.
OUR DYNAMIC TRAINERS ARE HIGHLY SKILLED AND PROVIDE PRACTICAL TOOLS
AND STRATEGIES TO HELP YOU WORK MORE EFFECTIVELY WITH CHILDREN AND
FAMILIES. OUR TEAM OF EXPERT TRAINERS CAN COME ON-SITE TO DELIVER A
TRAINING AT YOUR SCHOOL OR ORGANIZATION!
FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS REVIEWED AND APPROVED BY THE AUDIT/FINANCE COMMITTEE AND IS
SENT TO THE BOARD FOR REVIEW AND COMMENT BEFORE SUBMISSION.
FORM 990, PART VI, SECTION B, LINE 12C:
EACH EMPLOYEE AND TRUSTEE PERIODICALLY CERTIFIES THAT THEY HAVE READ AND
UNDERSTOOD THE CONFLICT OF INTEREST POLICY. CERTIFICATION REQUIRES EACH
INDIVIDUAL TO DISCLOSE ANY CONFLICT. IF DURING THE PERIOD, A CONFLICT
ARISES, THE INDIVIDUAL MUST DISCLOSE SUCH CONFLICT IMMEDIATELY.

FORM 990, PART VI, SECTION C, LINE 19:

CERTIFICATIONS ARE REVIEWED BY THE AUDIT COMMITTEE FOR FOLLOWUP.

Schedule O (Form 990) 2021 Page **2**

Name of the organization CHILD WELLNESS INSTITUTE, INC.	Employer identification number 83-4152660				
THE CHILD WELNESS INSTITUTE INC FORM 990 AND THE ANNUAL FI	NANCIAL				
STATEMENTS AND OTHER					
ORGANIZATIONAL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON	REQUEST.				
FORM 990, PART IX, LINE 11G, OTHER FEES:					
CONSULTANTS/PROFESSIONAL FEES:					
PROGRAM SERVICE EXPENSES	61,916.				
MANAGEMENT AND GENERAL EXPENSES	7,313.				
FUNDRAISING EXPENSES	0.				
TOTAL EXPENSES	69,229.				
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	69,229.				
	_				
	_				
	_				
	_				
	_				
	_				

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

CHILD WELLNESS INSTITUTE, INC.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

83-4152660

(a)	(b)	(c)	(d)	(e)		(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	ome End-of-yea		Direct controlling entity		
	-							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organizati	on answered "Yes" on Form 990), Part IV, line 34, I	oecause it had one	or more related tax-ex	empt		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13 trolled tity?	
				501(c)(3))		Yes	No	
PREVENT CHILD ABUSE- NEW JERSEY CHAPTER, INC 22-2314861, 103 CHURCH STREEET, SUITE 210,	_							
NEW BRUNSWICK, NJ 08901	TRAINING AND EDUCTION	NEW JERSEY	501(C)(3)	LINE 7	N/A		Х	
	-							

Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

		,	ı	•			_				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI	General	Percentage ownership
of related organization		(state or foreign			income				amount in box 20 of Schedule K-1 (Form 1065)	nedule partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
		l .					l				

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		Couriery)						Yes	No
	-								

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b	Gift, grant, or capital contribution to related organization(s)				1b		X		
С	Gift, grant, or capital contribution from related organization(s)				1c		X		
d	Loans or loan guarantees to or for related organization(s)				1d		X		
е	Loans or loan guarantees by related organization(s)				1e		X		
f	Dividends from related organization(s)				1f		X		
g	Sale of assets to related organization(s)				1 g		X		
h	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X		
							Х		
k Lease of facilities, equipment, or other assets from related organization(s)									
Performance of services or membership or fundraising solicitations for related organization(s)									
	m Performance of services or membership or fundraising solicitations by related organization(s)								
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
o Sharing of paid employees with related organization(s)									
						x			
p Reimbursement paid to related organization(s) for expenses									
q Reimbursement paid by related organization(s) for expenses									
	Other transfer of cash or property to related organization(s)				1r		X		
	Other transfer of cash or property from related organization(s)				1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on wh	no must complete th	is line, including covered re	elationships and transaction thresholds.					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	volved				
1)]	PREVENT CHILD ABUSE	М	50,000.	COST					
2)									
3)									
4)									
5)									
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6)					D /=		\ 000 <i>i</i>		
3216	3 11-17-21			Schedule	K (For	n 990) 2021		

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	por- ate ions?		Gener mana partn Yes	(kal or Perceiging owne	k) entage ership
	-										
	_							Ochodolo			

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

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

OMB No. 1545-0047

forms list Contract	ic filing (e-file). You can electronically file Form 8868 to ted below with the exception of Form 8870, Information Fs, for which an extension request must be sent to the IRS his form, visit www.irs.gov/e-file-providers/e-file-for-charitation	Return for To In paper	Transfers Associated With Certain Profermat (see instructions). For more d	ersonal Be	nefit		
Autom	atic 6-Month Extension of Time. Only subm	it origina	al (no copies needed).				
All corpo	rations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMICs	s, and trusts		
must use	Form 7004 to request an extension of time to file income	e tax retur	ns.				
Type or	Name of exempt organization or other filer, see instruc	ctions.		Taxpayer	identification numb	er (TIN)	
print						_	
File by the	CHILD WELLNESS INSTITUTE, I				83-415266	0	
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so 103 CHURCH STREET, SUITE 21		ions.				
instructions	City, town or post office, state, and ZIP code. For a foliate NEW BRUNSWICK, NJ 08901	reign addı	ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	a separat	e application for each return)			0 1	
Applicat	ion	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990)-PF	04	Form 5227			10	
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	O-T (trust other than above)	06	Form 8870			12	
Form 990	O-T (corporation)	07					
• The b	GINA HERNANDEZ ooks are in the care of GINA HERNANDEZ 103 CHURCH STRE	EET, S	SUITE 210 - NEW BRU	NSWIC	K, NJ 0890	1	
• If the	none No. ► 732-246-8060 organization does not have an office or place of business is for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box ►	Group Exe		If this is fo	r the whole group, c		
1 re	equest an automatic 6-month extension of time until e organization named above. The extension is for the orga calendar year or	MA: anization's	7 15, 2023 , to file		pt organization retu		
2 If t	he tax year entered in line 1 is for less than 12 months, cl Change in accounting period	neck reasc	on: Initial return	Final retur	n		
3a If t	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less				
<u>an</u>	any nonrefundable credits. See instructions. 3a \$						
b If t	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and				
est	timated tax payments made. Include any prior year overpo	ayment all	owed as a credit.	\$	0.		
с Ва	lance due. Subtract line 3b from line 3a. Include your pa	yment with	n this form, if required, by				
	ng EFTPS (Electronic Federal Tax Payment System). See			3с	\$	0.	
Caution:	If you are going to make an electronic funds withdrawal	(direct deb	oit) with this Form 8868, see Form 84	453-TE and	d Form 8879-TE for p	oayment	

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

Form 8868 (Rev. 1-2022)