EXTENDED TO MAY 15, 2025 Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. 2024 A For the 2023 calendar year, or tax year beginning JUL 1, 2023 and ending JUN 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 210 732-246-8060 248,593. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return 08901 NEW BRUNSWICK, NJ H(a) Is this a group return Applica-tion pending F Name and address of principal officer: GINA HERNANDEZ Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) (527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.CHILDWIN.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association Other L Year of formation: 2019 M State of legal domicile: NJ Part I Summary Briefly describe the organization's mission or most significant activities: CHILD WELLNESS INSTITUTE'S **Activities & 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. 20 3 Number of voting members of the governing body (Part VI, line 1a) 20 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary) 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 0. 7h Prior Year **Current Year** 146,193. 105,963. Contributions and grants (Part VIII, line 1h) 8 92,340. 78,550. Program service revenue (Part VIII, line 2g) 0. 1.637. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -16,330. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 199,940 208,413. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 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. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 130,763. 108,352. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 130,763. 108,352. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 77,650. 91,588. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 608,857. 655,505. Total assets (Part X, line 16) 122,531. 77,591. 21 Total liabilities (Part X, line 26) 三年 486,326. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign GINA HERNANDEZ, EXECUTIVE DIRECTOR Here

Type or print name and title Date PTIN signature Print/Type preparer's name 02/06/25 self-employed P00053187 MAROUS WHITE US WHITE Paid SAX LLP Firm's name Firm's EIN 81-2950760 Preparer Firm's address 389 INTERPACE PARKWAY; STE 3 Use Only Phone no. 973-472-6250 PARSIPPANY, NJ 07054 May the IRS discuss this return with the preparer shown above? See instructions X Yes No

rai	Clatement of Frogram Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
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 FAMI	LIES.
	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	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total ex	penses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 89 , 367 •including grants of \$) (Revenue \$	88,151.)
	PROFESSIONAL TRAINING - PROVIDES HIGH QUALITY TRAINING TO PROFE	SSIONALS
	AND THE GENERAL PUBLIC TO ENHANCE AND INCREASE THEIR KNOWLEDGE	
	COMPETENCIES.	
		-
	4 500	4 100
4b	(Code:) (Expenses \$ 4 , 703 • including grants of \$) (Revenue \$	<u>4,189.</u>)
	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 C	HILDREN.
_		
4c	(Code:) (Expenses \$)
		,
		-1
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 94,070.	_
		Form 990 (2023)

Form 990 (2023) 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			-23
′		7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
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?			٦,
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
D	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	175		
13		15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		-23
16		46		х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	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	ا مر ا	v	
	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,"			3,7
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form		<u> 152660</u>	Р	age 4
Pai	t IV Checklist of Required Schedules (continued)		V	N.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	I .		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			,,
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			,,
	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			\ _{3,7}
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_ A
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			 ₩
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		₩
0.4	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	04	х	
05-	Part V, line 1	۱ ـ ـ	Α.	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization			
36				х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		22
37		37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	31		22
30	Notes All Farm 200 files are reprinted to a secretary Och adult O	38	х	
Pai		30	- 22	
	Check if Schedule O contains a response or note to any line in this Part V			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	3		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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(gambling) winnings to prize winners?

023) CHILD WELLNESS INSTITUTE, INC.

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

					Yes	No				
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a	0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b						
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	Ο.		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a									
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	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 Ad	ccour	its (FBAR).							
5а	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	ction?		5b		X				
С	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	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 contribution	ons o	r 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 \ $	vices _I	provided to the payor?	7a	Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			1						
	to file Form 8282?	1	 I	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e 7f		<u>X</u>				
f	7 7 7 7 1									
g										
h										
8	,									
^	sponsoring organization have excess business holdings at any time during the year?									
9 Sponsoring organizations maintaining donor advised funds.										
a				9a 9b						
b 10	Section 501(c)(7) organizations. Enter:			90						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	100	L							
	Gross income from members or shareholders	11a								
	Gross income from other sources. (Do not net amounts due or paid to other sources against			1						
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1							
	organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand	13c		14a		X				
	4a Did the organization receive any payments for indoor tanning services during the tax year?									
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O									
15										
excess parachute payment(s) during the year?										
40	If "Yes," see the instructions and file Form 4720, Schedule N.		0	10		v				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incoi	me?	16		X				
47	If "Yes," complete Form 4720, Schedule O.	41j.4.!	_							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act that would result in the imposition of an excise tax under section 4951, 4952 or 49532			47						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	155, Complete Form Cooc.									

332005 12-21-23

CHILD WELLNESS INSTITUTE, INC. 83-4152660 Form 990 (2023) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 20 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 20 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b 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 with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h

Section C. Disclosure

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records GINA HERNANDEZ - 732-246-8060

103 CHURCH STREET, , 210, NEW BRUNSWICK, NJ 08903

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	l		((C)		iout	(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				one	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week (list any					1	,	from the	from related organizations	other compensation
	hours for	Individual trustee or director				- -		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related
	below	vidua	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	Hig	Fori			
(1) GINA HERNANDEZ	5.00								4	
EXECUTIVE DIRECTOR	35.00			X				0.	153,926.	24,603.
(2) HARVEY LERMACK	1.00									
PRESIDENT	1.00	Х		X				0.	0.	0.
(3) CHRISTOPHER L. FORMICA	1.00									
VICE PRESIDENT		Х		X				0.	0.	0.
(4) STEVEN BERNKNOPF, CFP, EA	1.00									_
TREASURER		Х		X				0.	0.	0.
(5) WORLUE KOKRO	1.00									_
SECRETARY	1.00	Х		Х				0.	0.	0.
(6) REV. DR. DARRELL L. ARMSTRONG	1.00								_	_
BOARD MEMBER	1.00	Х						0.	0.	0.
(7) JEFFREY CALABRESE	1.00								_	_
BOARD MEMBER	1.00	Х						0.	0.	0.
(8) BARBARA CALI	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(9) PATRICK CHONG, CPA	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(10) JOSEPH E. COLFORD, PHD	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(11) MONIQUE COLLIER-NICKLES, MD	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(12) LUCIEN FOSTER	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(13) ALTISHA GLASTER, MPA, MSW	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(14) ALYCIA M. GUICHARD, ESQ.	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(15) QUINTON ROBINSON, ESQ.	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(16) NATALIA ROTHMAN, DC	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(17) ALLISON SCADUTO, ESQ.	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
332007 12-21-23										Form 990 (2023)

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Form 990 (2023) CHILD WEI	LLNESS I	:NS	TI	ΤU	ΤE	1,	IN	iC.	83-4152	660	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	Hig	ghes	st C	ompensated Employee	s (continued)		
(A)	(B)				C)			(D)	(E)		(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Fst	imated
rame and the	hours per			heck i ss per				compensation	compensation	1	ount of
	week			nd a d				from	from related	1	other
	(list any	ctor						the	organizations	comp	ensation
	hours for	r dire				pg.		organization	(W-2/1099-MISC/	fro	m the
	related	tee o	ustee			eusa		(W-2/1099-MISC/	1099-NEC)	orga	nization
	organizations	altrus	nal tr		oyee	omp.		1099-NEC)		and	related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			orga	nizations
	line)	Pul	ııs	#0	Key	ig E	휸			1	
(18) MAURA SOMERS DUGHI, ESQ.	1.00								•		•
BOARD MEMBER	1.00	Х						0.	0.	-	0.
(19) SUSAN STALOFF	1.00	.,							0		•
BOARD MEMBER	1.00	Х						0.	0.	1	0.
(20) SCOTT STEIN BOARD MEMBER	1.00	х						0.	0.		0.
(21) MICHAEL TATRO	1.00	Δ						0.	0.		<u> </u>
BOARD MEMBER	1.00	Х						0.	0.		0.
(22) NICHOLAS D. BORRELLI	1.00	25						0.	•	1	•
BOARD MEMBER	1.00	Х						0.	0.		0.
24	1.00	-25						•	•		•
		1									
		1									
1b Subtotal								0.	153,926.	24	1,603.
c Total from continuation sheets to Part VI	I, Section A							0.	0.		0.
								0.	153,926.	24	.,603.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable		
compensation from the organization						•		•	•		0
											Yes No
3 Did the organization list any former officer,	director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated empl	oyee on		
line 1a? If "Yes," complete Schedule J for s	uch individual									3	Х
4 For any individual listed on line 1a, is the su	ım of reportabl	e cc	mpe	ensa	tion	and	oth	er compensation from the	ne organization		
and related organizations greater than \$150										4	X
5 Did any person listed on line 1a receive or a	accrue comper	ısati	on fr	om	any	unre	elate	ed organization or individ	lual for services		
rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch ı	oers	on .				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	at received more than \$	100,000 of compensa	ation fro	m
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin	the organization's tax ye	ear.		
(A)				_				(B)		(C	
Name and business	N	ONE	3				Description of s	ervices	Compen	sation	
							_				
							\dashv				
							\dashv				
								ahove) who received mo			

Form **990** (2023)

\$100,000 of compensation from the organization

Form 990 (2023						HI		
Part VIII	Sta	ate	me	ent	of	Rev	ven	ue
						_		

			Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts									
ij g			Membership dues		54,419.				
ts, Ar			Fundraising events		J=,=±J•				
ig ig			Related organizations		11,650.				
ns, Sim			Government grants (contribution		11,050.				
utio er (Ť	All other contributions, gifts, grant		20 004				
현된			similar amounts not included abov		39,894.				
ont od (_	Noncash contributions included in lines 1	a-1f 1g \$		105 062			
<u>0 g</u>		h	Total. Add lines 1a-1f			105,963.			
				~-	Business Code	00 040	00 040		
e S	2	а	FEES FROM SERVI	CE	624100	92,340.	92,340.		
e Ķ		b							
S		С							
am		d							
Program Service Revenue		е							
P		f	All other program service rever	nue					
		g	Total. Add lines 2a-2f			92,340.			
	3		Investment income (including						
						1,637.			1,637.
	4		Income from investment of tax						
	5		Royalties						
	_			(i) Real	(ii) Personal				
	6	а	Gross rents6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
			Gross amount from sales of	(i) Securities	(ii) Other				
	′	a		(i) Geodifice	(ii) Other				
			assets other than inventory 7a						
•		D	Less: cost or other basis						
ň			and sales expenses						
eve		С	Gain or (loss) 7c						
her Revenue			Net gain or (loss)						
Othe	8	а	Gross income from fundraising evincluding \$ 54,4						
			contributions reported on line						
			Part IV, line 18	, I	48,653.				
		b	Less: direct expenses						
			Net income or (loss) from fund			0.			
			Gross income from gaming act						
	•	-	Part IV, line 19	I .	.				
		h	Less: direct expenses						
			Net income or (loss) from gami		<u> </u>				
			Gross sales of inventory, less r						
	10	а	•	I					
			and allowances	I .					
			Less: cost of goods sold						
-		С	Net income or (loss) from sales	s of inventory .					
જ					Business Code				
eor Te	11								
lan en		b							
Miscellaneous Revenue		С							
Mis		d	All other revenue						
$\overline{}$		е	Total. Add lines 11a-11d			100 000	00.010		4
	12		Total revenue. See instructions			199,940.	92,340.	0.	1,637.

Form 990 (2023) CHILD WELLNESS INSTITUTE, INC. Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must compl	lete all columns. All othe	er organizations must com	nolete column (A)	
<u> </u>	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		СХРОПОСО	general expenses	СХРСПОСО
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_					
3	Grants and other assistance to foreign				
Ü	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
J	trustees, and key employees				
6	Compensation not included above to disqualified				
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
3	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
	, , , ,				
a	Management				
b	Legal				
c C	Accounting				
d	Lobbying Professional fundraising services. See Part IV, line 17				
•	Investment management fees				
f g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	62,122.	57,622.	4,500.	
12	Advertising and promotion	601.	601.	1,300.	
13	Office expenses	381.	183.	198.	
14	Information technology	3021		2300	
15	Royalties				
16	Occupancy				
17	Travel	1,779.	1,779.		
18	Payments of travel or entertainment expenses		= 7		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses, Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	MISCELLANEOUS	22,306.	12,722.	9,584.	
b	EDUCATIONAL MATERIAL	12,632.	12,632.	- ,	
c	DUES & SUBSCRIPTIONS	5,327.	5,327.		
d	PROFESSIONAL TRAINING	2,929.	2,929.		
-	All other expenses	275.	275.		
25	Total functional expenses. Add lines 1 through 24e	108,352.	94,070.	14,282.	0.
26	Joint costs. Complete this line only if the organization	,		, = 1	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
				L. L	000

Form 990 (2023)
Part X | Balance Sheet

Par	tΧ	Balance Sheet				
		Check if Schedule O contains a response or note t	o any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		546,945.	1	633,140.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		54,822.	4	22,365.
	5	Loans and other receivables from any current or fo				
		trustee, key employee, creator or founder, substan	tial contributor, or 35%			
		controlled entity or family member of any of these	persons		5	
	6	Loans and other receivables from other disqualified	d persons (as defined			
		under section 4958(f)(1)), and persons described in	n section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges	7,090.	9		
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation		10c		
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		600 055	15	655 505
	16	Total assets. Add lines 1 through 15 (must equal		608,857.	16	655,505.
	17	Accounts payable and accrued expenses		122,531.	17	77,591.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Pa			21	
es	22	Loans and other payables to any current or former				
Liabilities		trustee, key employee, creator or founder, substan	·			
iak		controlled entity or family member of any of these			22	
_	23	Secured mortgages and notes payable to unrelate			23	
	24	Unsecured notes and loans payable to unrelated the			24	
	25	Other liabilities (including federal income tax, paya				
		parties, and other liabilities not included on lines 1			0.5	
	26	of Schedule D Total liabilities. Add lines 17 through 25		122,531.	25 26	77,591.
	20	Organizations that follow FASB ASC 958, check	here X	122,331.	20	11,351
Se		and complete lines 27, 28, 32, and 33.	THEIR LAS			
ü	27			486,326.	27	577,914.
3ala	28				28	01170==1
Jd E		Organizations that do not follow FASB ASC 958				
Ψ		and complete lines 29 through 33.	, oncok nore			
ō	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equi			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco			31	
	32			486,326.	32	577,914.
Z	33			608,857.	33	655,505.

Pa	t XI Reconciliation of Net Assets			•					
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		9,94					
2	Total expenses (must equal Part IX, column (A), line 25)	2		8,3!					
3	Revenue less expenses. Subtract line 2 from line 1	3	9:	1,58	88.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5									
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	57	7,9:	<u>14.</u>				
Pa	t XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990:								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	Separate basis X Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х					
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За	Х					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х					
			Form	990 (2023)				

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SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

ZUZ3

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CHILD WELLNESS INSTITUTE, INC

Employer identification number 83 – 4152660

		Сптп	р меппиеро	TNOITIOIE,	TINC.		0	3-4137000
Pa	ırt I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found						
1		A church, convention of ch					I)(A)(i).	
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)			
3		A hospital or a cooperative				(b)(1)(A)(ii	i).	
4	一	A medical research organization					•	the hospital's name,
-		city, and state:	•				CARA 7	,
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in
Ū		section 170(b)(1)(A)(iv). (C				, 9-		
6		A federal, state, or local gov	•	ental unit described in	section 17	70(h)(1)(A)	(v)	
	X	An organization that norma	· ·				• •	oublic described in
•		section 170(b)(1)(A)(vi). (C	•	itiai part of its support if	om a gove	immema	unit of from the general p	dablic described in
8		A community trust describe		1)(A)(vi) (Complete Part	+ II \			
9	H	•			•	nd in coni	unction with a land grant	collogo
9	ш	An agricultural research org				-	-	-
		or university or a non-land-g	grant college of agrici	ulture (see instructions).	Enter the i	iame, city	, and state of the college	e Or
40		university:	Illy receives (1) more	than 22 1/20/ of its supp	out from o	antribution	as mambarabin foca an	d areas ressints from
10		An organization that norma						
		activities related to its exem		· ·				-
		income and unrelated busin		(less section 511 tax) fro	m busines	ses acqui	red by the organization a	ifter June 30, 1975.
		See section 509(a)(2). (Cor	•					
11	\square	An organization organized a	•	•	•			
12		An organization organized a	•	•	-		•	
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box on
	_	lines 12a through 12d that	describes the type of	supporting organization	n and comp	olete lines	12e, 12f, and 12g.	
а			anization operated, su	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	upporting
		organization. You must o	complete Part IV, Se	ctions A and B.				
b	, L	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by have	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	oorted
		organization(s). You mus	t complete Part IV,	Sections A and C.				
c	: [Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.	
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distri	bution rec	quirement and an attentiv	/eness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a v	vritten determination from	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or						
f	Ente	er the number of supported o						
g	ا Pro	vide the following information	about the supporte	d organization(s).				•
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
				,				
T								

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and		` ,	` ,	, ,	, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	56,830.	92,813.	187,690.	146,193.	105,963.	589,489.
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.	146,193.	105,963.	589,489.
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)						219,573.
6	Public support. Subtract line 5 from line 4.						369,916.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	56,830.	92,813.	187,690.	146,193.	105,963.	589,489.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					1,637.	1,637.
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	-					616,220.
	Gross receipts from related activities,	etc. (see instruction	ns)			12	516,897.
	First 5 years. If the Form 990 is for th			fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	p here					X
Sec	ction C. Computation of Publi	ic Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2023. If the	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qual	lifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test	: - 2023. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ration
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, ched	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	on did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s
						Schedule A	(Form 990) 2023

332022 12-21-23

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

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

Se	ction A. Public Support	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12)	(2) = = 1	(-7	(5) = 5 = 5	χ,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(-, : -	(-,	(-)	(-,	(-,	(-,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975					+	
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	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.)		<u> </u>		1	1	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•	. , . ,	· —
<u>-</u>	check this box and stop here	a Cummant Da					
	ction C. Computation of Publi					T .= T	
	Public support percentage for 2023 (I	, ,,,	•	column (f))		15	<u>%</u>
	Public support percentage from 2022 ction D. Computation of Inves					16	%
	•			ing 10 galuma (f)		17	0/
	Investment income percentage for 20					17	%
	Investment income percentage from						7 is not
198	a 33 1/3% support tests - 2023. If the					- 4.5	
k	more than 33 1/3%, check this box as 33 1/3% support tests - 2022. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	1 7

332023 12-21-23

Schedule A (Form 990) 2023

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
-		
2		
3a		
Ja		
3b		
0-		
3c		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		
ule A (For	m 990)	2023

Par	t 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	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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,			
C1	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	-		
Sact	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Seci	tion b. All Type III Supporting Organizations			l
_	Did the constitution and ideals and of the constitution and the last describe (file constitution)		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	2		
	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

1

2

3

<u>4</u> 5

6

Schedule A	(Form 990)	2023

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

2 Enter 0.85 of line 1.

5

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

1 Adjusted net income for prior year (from Section A, line 8, column A)

3 Minimum asset amount for prior year (from Section B, line 8, column A)

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

emergency temporary reduction (see instructions).

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	1		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity	2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
_4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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 the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount	Г	10	
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
<u>a</u>	From 2018			
<u>b</u>	From 2019			
c	From 2020			
d	From 2021			
<u>e</u>	From 2022			
f	Total of lines 3a through 3e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2023 distributable amount			
<u>i</u>	Carryover from 2018 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
<u> </u>	Applied to 2023 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
d	Excess from 2022			

Schedule A (Form 990) 2023

e Excess from 2023

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

CHILD WELLNESS INSTITUTE, INC.

83-4152660

Organization type (check one):						
Filers of: Section:						
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	nly a section 501(c)(s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
X	•	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
	sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; 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\$					
answer '	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 hat it doesn't meet the filing requirements of Schedule B (Form 990).					

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

Schedule B (Form 990) (2023)

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) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 Х Person **Payroll** 34,364. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for

323452 12-26-23

noncash contributions.)

Schedule B (Form 990) (2023) Page **3**

Name of organization

CHILD WELLNESS INSTITUTE, INC.

83-4152660

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if 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

Employer identification number

Name of organization

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

CHILD WELLNESS INSTITUTE, INC.

Employer identification number 83-4152660

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Siı	nilar Funds o	r Ac	cour	nts. Complete if the
	Giganization anomorou Teo Giri enii eee, i arriv, iir	(a) Donor advi	ised	funds	(b) Fun	ds 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		helo	l in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes'	on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat	L		Preservation of a	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribut	ion in the form of	f a cor	nserva	
	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 on line	2a			2c	
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	minated by the o	organi	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	anc	enforcing conse	rvatio	n ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservation	on eas	sement	ts during the year
_					4) (D) (')		
8	Does each conservation easement reported on line 2d above						□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	lote to the organization	151	nanciai statemei	ונס נוופ	ii uesc	Tibes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Ti	rea	sures, or Oth	er S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement an	d bala	ınce st	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, o	or research in furt	heran	ce of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesc	ribes these items			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue :	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or ı	esearch in furthe	rance	of pul	olic service,
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical trea						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

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

Schedule D (Form 990) 2023

Par	t III Organizations Maintaining Co	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Similar	Assets	(conti	nued)	ago –
3	Using the organization's acquisition, accessio								COITE	iucu)	
Ū	collection items (check all that apply).	ii, and other record	10, 011001	carry or the i	ionowning trial	t make oig	jiiiioaiii a	00 01 110			
а	Public exhibition	•	4	Loan or evo	change progra	am					
_	Scholarly research				nange progra						
b		•	e	Other							
C	Preservation for future generations			مالد د مالد ۴ دا				a in Dant	VIII		
4	Provide a description of the organization's col							e in Part	XIII.		
5	During the year, did the organization solicit or								٦.,		٦
Dai	to be sold to raise funds rather than to be maintained to be sold to raise funds rather than to be maintained to be sold to raise funds rather than to be maintained to be sold to raise funds rather than to be maintained to be sold to raise funds rather than to be maintained to be sold to raise funds rather than to be maintained to be sold to raise funds rather than to be maintained to be sold to raise funds rather than to be maintained to be maintained to be maintained to be maintained to be sold to raise funds rather than to be maintained to be maintained to be sold to raise funds rather than to be maintained to be sold to raise funds rather than to be maintained to be sold to raise funds rather than to be maintained to be sold to be sol								_ Yes		_ No
Pai	TIV Escrow and Custodial Arrang reported an amount on Form 990, Part		ete if the	organization	n answered "	Yes" on F	orm 990,	Part IV, II	ne 9, or		
			al: a.u £a.u								
та	Is the organization an agent, trustee, custodia								٦ ٧		٦
	on Form 990, Part X?							∟	」Yes		_ No
D	If "Yes," explain the arrangement in Part XIII a	ina complete the fo	llowing t	able:					Amour	+	
							 		Amour		
	Beginning balance						1c				
d	Additions during the year										
е	Distributions during the year						1e				
f	Ending balance						1f				
2 a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for (escrow or cu	ustodial acco	unt liabilit	y?	L	Yes	<u> </u>	∐ No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete if								1		
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (d) Three ye	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent vear end balanc	e (line 1d	r column (a)) held as:	I					
a	Board designated or quasi-endowment	one your one balance	% %	y, 001011111 (a,	,,, mora ao.						
h	Permanent endowment	%									
c											
·	The percentages on lines 2a, 2b, and 2c shou	-									
20		•	ation tha	t are held ar	ad administa	rad for the					
Sa	Are there endowment funds not in the posses	ision of the organiza	alion ina	i are rielu ai	iu auministei	red for the	;			Yes	No
	organization by:								0-0	163	140
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
	If "Yes" on line 3a(ii), are the related organizat								_3b		
Day	Describe in Part XIII the intended uses of the ct VI Land, Buildings, and Equipment		wment t	unds.							
Pai			O Dort IV	/ line 11e C	`aa Farm 000	N Dort V II	ina 10				
	Complete if the organization answered							.			
	Description of property	(a) Cost or o		` '	t or other		cumulate	d	(d) Boo	k valu	е
	Land	basis (investi	ineni)	Dasis	(other)	uep	reciation				
_	Land	I									
b	Buildings										
С	Leasehold improvements	l l									
d	Equipment										
	Other										
Total	. Add lines 1a through 1e. (Column (d) must ed	ual Form 990, Part	X. line 1	0c. column	(B))						0.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 CHILD WELLN Part VII Investments - Other Securities	ESS INSTITUTE	,	3-4152660 Page
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			•
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co.	I (B))		
Part X Other Liabilities	(= //		•
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

Schedule D (Form 990) 2023

(5) (6) (7) (8)

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 83-4152660 CHILD WELLNESS INSTITUTE, 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 е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g 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.

332081 09-13-23

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

Schedule G (Form 990) 2023

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 gr	oss income on Form 990-	-EZ, lines 1 and 6b. List e	events with gross receipt	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events
			GALA		NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
ine			(6.16.11.1)[6.5]	(cram type)	(total manner)	
Revenue	1	Gross receipts	103,072.			103,072.
	2	Less: Contributions	54,419.			54,419.
	3	Gross income (line 1 minus line 2)	48,653.			48,653.
	4	Cash prizes				
	5	Noncash prizes				
benses		Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				48,653.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			48,653.
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)			0.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		T		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	_					
_	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	Ŭ	Carlor direct experience	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No No	
	7	Direct expense summary. Add lines 2 through				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming a				Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses re				Yes No

Schedule G (Form 990) 2023

332082 09-13-23

Sch	edule G (Form 990) 2023 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:			
	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. _ Y	'es	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
С	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			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		_	
	retain the state gaming license?	Y	es	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year \$			
Pa	Trivial Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part II.	t III, line	s 9, 9	b, 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)				
		•	•				
				· · · · · · · · · · · · · · · · · · ·			

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.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

CHILD WELLNESS INSTITUTE, INC.

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

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	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		Х
	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:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	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		X
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		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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.

	(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(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.	0.
EXECUTIVE DIRECTOR	(ii)	153,926.	0.	0.	4,491.	20,112.	178,529.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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 Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023
Open to Public Inspection

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. PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FORM 990 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 OUR TEAM OF EXPERT TRAINERS CAN COME ON-SITE TO DELIVER A FAMILIES. 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 THE INDIVIDUAL MUST DISCLOSE SUCH CONFLICT IMMEDIATELY. CERTIFICATIONS ARE REVIEWED BY THE AUDIT COMMITTEE FOR FOLLOWUP.

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

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page **2**

THE CHILD WELNESS INSTITUTE INC FORM 990 AND THE ANNUAL F	INANCIAL
STATEMENTS AND OTHER	
ORGANIZATIONAL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON	REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
TRAINING CONSULTANTS AND OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	57,622.
MANAGEMENT AND GENERAL EXPENSES	4,500.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	62,122.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	62,122.
	_
	_

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. 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

Schedule R (Form 990) 2023

CHILD WELLNESS	INSTITUTE, INC.					83-41526	60	
Part I Identification of Disregarded Entities. Complete	e if the organization answered "Yes	" on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Total inco	me End-of-yea		Direct c	(f) controlling ntity	3
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	or more	related tax-exer	mpt	
(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			i) i12(b)(13) rolled ity?
PREVENT CHILD ABUSE- NEW JERSEY CHAPTER, INC				501(c)(3))			Yes	No
- 22-2314861, 103 CHURCH STREET, SUITE 210, NEW BRUNSWICK, NJ 08901	TRAINING AND EDUCTION	NEW JERSEY	501(C)(3)	LINE 7	N/A			Х

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

		Operated With a service from a service of INV all on Ferry 2000 Peat INV from 201 because 3 bendered as service of the decrease of the decreas
Part III	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
Part III	organizations treated as a partnership during the tax year.	

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h) Disproportionate allocations?						(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets			amount in box		or Percentage ownership				
		country)		sections 512-514)		455015	Yes	No	K-1 (Form 1065)	Yes N	0				

Part IV 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?	
		country)		,				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?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c		X
					1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
	Sale of assets to related organization(s)				1g		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
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
-1	Performance of services or membership or fundraising solicitations for related organ				11		X
n	Performance of services or membership or fundraising solicitations by related organ	ization(s)			1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	X	
0	Sharing of paid employees with related organization(s)				10	X	
р	Reimbursement paid to related organization(s) for expenses				1 p	X	
q	Reimbursement paid by related organization(s) for expenses				1q		X
r	Other transfer of cash or property to related organization(s)				1r		X
s	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 inv	olved		
1) .	PREVENT CHILD ABUSE	М	25,000.	COST			
٥,							
2)							
٥١							
3)							
۸۱							
")							
5)							
<u> </u>							
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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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
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Schedule R (Form 990) 2023

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **Print** 83-4152660 CHILD WELLNESS INSTITUTE, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 103 CHURCH STREET, , 210 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW BRUNSWICK, NJ 08901 Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of GINA HERNANDEZ 103 CHURCH STREET, , 210 - NEW BRUNSWICK, NJ 08901 Telephone No. 732-246-8060 Fax No. 32-246-1776 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
. If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. , 20 25 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ___ calendar year 20 ____ or X tax year beginning _____ JUL 1 __ , 20 <u>23</u> , and ending _____ JUN 30 . If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.