Form 990 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. Go to www.irs.gov/Form990 for instructions and the latest information. 2022 A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023 B check if applicable: C Name of organization D Employer identification number Address Name Doing business as 31-0820393 Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number (614) 224-0222 City or town, state or province, country, and ZIP or foreign postal code aremediated G oross receipts \$ 16,039,346. H(a) Is this a group return spending F Name and address of principal officer: ERIC J. KAROLAK, PHD SAME AS C ABOVE H(a) Is this a group return for subordinates? I Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 J Website: WWW.ACTIONFORCHILDREN.ORG H(b) Are all subordinates included? Yes No		_		** PUBLIC DISCLOSURE COPY Return of Organization Exempt From		ncome Tax	OMB No. 1545-0047
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B Overlap C Name of organization D Employer identification number ACTION FOR CHILDREN 31-0820393 Intervent Doing business as 31-0820393 Number of stores (or P.0. box if mail is not delivered to street address) RoomVaule E Telephone number Provide 78 JEFFERSON AVENUE Columbus (or provide, country, and ZIP or foreign postal code G cosoneques 1 16, 0.39, 346. COLUMBUS, OH 43215 Simite or province, country, and ZIP or foreign postal code Hail is this a group return for a supordinates? Vest X Net X I Tax exempt status; X 5010(0) Simits ACTIONFORCHILDREN.ORG H(D) Are alseptone number H(D) Are alseptone number H(D) Are alseptone number I Briefly describe the organization's mission or most significant activities: REFER TO PAGE 2 Check this box I the organization discontinue its operations or disposed of more than 25% of its net assets. Number of volumembers of the governing body (Part V, line 1a) 3 17 S Total number of number of motious engleven from Form 900, Part U, line 10 4 17 S Contributions and grants (Part VIII, line 1h) 5, 612, 207 15, 285, 472. S Total number of nucleapanderu volum menos for divolusemolypoid in the 118	Depa Interr	nal Reve	of the Treasury enue Service				
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City or town, state or province, country, and ZIP or foreign postal code COLUMBUS, OH 43215 G Gross receipts 5 16,039,346. Presented Province, Partial SAME AS C ABOVE Fare and address of principal officer. ERIC J. KAROLAK, PHD SAME AS C ABOVE Wes Site: Ves X to Modifiates? Ves X to Mitble As a list. See instructions Hitble Area list. See instructions Hitble Area list. See instructions Hit No, "attack a list. See instructions Hit Social address of principal officer. ERIC J. KAROLAK, PHD Area and address of principal officer. ERIC J. KAROLAK, PHD Hitble Area list. See instructions Hit Cocue exemption number 1 Taxexempt status: X form of organization: Taxet area for a list. See instructions Hit G Group exemption number Matter of light Andress of principal Area list. See instructions Hit Cocue exemption number 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) 3 17/ 4 4 10 For or verse (see and the cost and discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) 3 17/ 4 5 1227 6 15, 612, 207. 15, 285, 472. 6 Onthoutions and grants (Part VIII, line 1b) 5, 612, 207. 15, 285, 472. 7 <td< td=""><td></td><td>return</td><td>Number</td><td></td><td>n/suite</td><td></td><td></td></td<>		return	Number		n/suite		
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4, 220. -43, 330. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6, 344, 885. 15, 950, 626. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 287, 363. 7, 934, 174. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4, 152, 284. 5, 077, 350. 16a Professional fundraising fees (Part IX, column (D), line 25) 235, 621. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1, 655, 889. 2, 858, 117. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6, 095, 536. 15, 869, 641. 19 Revenue less expenses. Subtract line 18 from line 12 249, 349. 80, 985. 20 Total assets (Part X, line 16) 1, 771, 244. 4, 194, 040. 21 Total liabilities (Part X, line 26) 1, 771, 244. 4, 194, 040. 22 Net assets or fund balances. Subtract line 21 from line 20 2, 903, 794. 2, 984, 779. Part II </td <td>nue</td> <td>9</td> <td></td> <td></td> <td></td> <td></td> <td></td>	nue	9					
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4, 220. -43, 330. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6, 344, 885. 15, 950, 626. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 287, 363. 7, 934, 174. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4, 152, 284. 5, 077, 350. 16a Professional fundraising fees (Part IX, column (D), line 25) 235, 621. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1, 655, 889. 2, 858, 117. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6, 095, 536. 15, 869, 641. 19 Revenue less expenses. Subtract line 18 from line 12 249, 349. 80, 985. 20 Total assets (Part X, line 16) 1, 771, 244. 4, 194, 040. 21 Total liabilities (Part X, line 26) 1, 771, 244. 4, 194, 040. 22 Net assets or fund balances. Subtract line 21 from line 20 2, 903, 794. 2, 984, 779. Part II </td <td>eve</td> <td>10</td> <td>Investment in</td> <td></td> <td></td> <td>2,642.</td> <td></td>	eve	10	Investment in			2,642.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)6,344,885.15,950,626.13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)287,363.7,934,174.14 Benefits paid to or for members (Part IX, column (A), line 4)0.0.15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)4,152,284.5,077,350.16a Professional fundraising fees (Part IX, column (D), line 25)235,621.0.0.17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)1,655,889.2,858,117.18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)249,349.80,985.19 Revenue less expenses. Subtract line 18 from line 12249,349.80,985.20 Total assets (Part X, line 16)1,771,244.4,194,040.21 Total liabilities (Part X, line 26)1,771,244.4,194,040.22 Net assets or fund balances. Subtract line 21 from line 202,903,794.2,984,779.Part IISignature BlockUnder 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	Ĕ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,220.	-43,336.
14 Benefits paid to or for members (Part IX, column (A), line 4)15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)16a Professional fundraising fees (Part IX, column (A), line 11e)b Total fundraising expenses (Part IX, column (D), line 25)235, 621.17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)19 Revenue less expenses. Subtract line 18 from line 1220 Total assets (Part X, line 16)21 Total liabilities (Part X, line 26)22 Net assets or fund balances. Subtract line 21 from line 2023 Total expenses of fund balances. Subtract line 21 from line 2024 9, 3794.25 Orat 11Signature BlockUnder 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						6,344,885.	
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16a Professional fundraising fees (Part IX, column (A), line 11e) 0.00. b Total fundraising expenses (Part IX, column (D), line 25) 235,621. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,655,889. 2,858,117. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,095,536. 15,869,641. 19 Revenue less expenses. Subtract line 18 from line 12 249,349. 80,985. 20 Total assets (Part X, line 16) 4,675,038. 7,178,819. 21 Total liabilities (Part X, line 26) 1,771,244. 4,194,040. 22 Net assets or fund balances. Subtract line 21 from line 20 2,903,794. 2,984,779. Part II Signature Block		14	Benefits paid	to or for members (Part IX, column (A), line 4)			-
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18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 6,095,536. 15,869,641. 19 Revenue less expenses. Subtract line 18 from line 12 249,349. 80,985. 20 Total assets (Part X, line 16) 4,675,038. 7,178,819. 21 Total liabilities (Part X, line 26) 1,771,244. 4,194,040. 22 Net assets or fund balances. Subtract line 21 from line 20 2,903,794. 2,984,779. Part II Signature Block	ed A	b	Total fundrais	ing expenses (Part IX, column (D), line 25) 235,621.	_		
19 Revenue less expenses. Subtract line 18 from line 12249,349. 80,985.Beginning of Current YearEnd of Year20 Total assets (Part X, line 16)4,675,038. 7,178,819.21 Total liabilities (Part X, line 26)1,771,244. 4,194,040.22 Net assets or fund balances. Subtract line 21 from line 202,903,794. 2,984,779.Part IISignature BlockUnder 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	Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)			
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 4,675,038. 7,178,819. 21 Total liabilities (Part X, line 26) 1,771,244. 4,194,040. 22 Net assets or fund balances. Subtract line 21 from line 20 2,903,794. 2,984,779. 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		18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)			
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		19	Revenue less	expenses. Subtract line 18 from line 12			
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	S OF				Be		
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	sets	20	-			4,675,038.	
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	it As	21					
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	ER	22	Net assets or	fund balances. Subtract line 21 from line 20		2,903,794.	2,984,779.
			-				
							knowledge and belief, it is

Sign	Signature of officer		Date					
Here	ERIC J. KAROLAK, PHD, CEO							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check DTIN					
Paid	KATHY M. MOSELEY	KATHY M. MOSELEY		16760				
Preparer	Firm's name GBQ PARTNERS LLC		Firm's EIN 20-2122	306				
Use Only	Firm's address 230 WEST STREET,	SUITE 700						
	COLUMBUS, OH 4321	5	Phone no. (614) 22	1-1120				
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2022)

	990 (2022) ACTION FOR CHILDREN	31-0820393	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: TO TRANSFORM THE LIVES OF CHILDREN BY SUPPORTING, EMPOWE		
	ADVOCATING FOR THE ADULTS WHO MAKE THE BIGGEST IMPACT ON	CHILDREN S	
	LIVES-THEIR PARENTS, CAREGIVERS AND TEACHERS.		
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	s 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	s 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 othe		
	revenue, if any, for each program service reported.		
40	(Code:) (Expenses \$11,611,414. including grants of \$7,934,174.) (Rever	199	208.)
Ha	EARLY CHILDHOOD COMMUNITY - PROVIDE CHILD CARE CENTERS A		
	CARE HOMES (DIRECTORS, TEACHERS AND FAMILY CHILD CARE PR		
	COACHING, PROFESSIONAL DEVELOPMENT AND TECHNICAL ASSISTA		ORT
	IN OBTAINING, INCREASING OR MAINTAINING STEP UP TO QUALI		
	PROVIDE AID TO FAMILY CHILD CARE HOMES FOR THE PROVISION		
	FOODS THAT CONTRIBUTE TO THE WELLNESS, HEALTHY GROWTH, A	ND DEVELOPME	ENT
	OF YOUNG CHILDREN.		
4b	(Code:) (Expenses \$3 , 622 , 063including grants of \$0) (Rever	aue \$ 480	186.)
	PARENTS, GUARDIANS, AND FAMILIES - PROVIDE PARENTS AND G		
	KNOWLEDGE, SKILLS AND SUPPORT IN CREATING A HEALTHY, MUT		
	RESPECTFUL FAMILY WHILE ALSO PROVIDING LEARNING EXPERIEN)
	INCREASE SCHOOL READINESS OUTCOMES AND ENSURE THAT FAMIL		
	OHIO HAVE INCREASED KNOWLEDGE OF QUALITY INDICATORS AND	ACCESS TO CH	
	CARE AND EARLY EDUCATION PROGRAMS FOR THEIR CHILDREN.		
4c	(Code:) (Expenses \$ 2 , 417 . including grants of \$ 0 .) (Rever	nue \$ 22	488.)
	COMMUNITY - PROVIDE WEB CHECK FINGERPRINTING SERVICES FC		
	A CRIMINAL BACKGROUND CHECK FOR EMPLOYMENT OR OTHER REAS		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 15,235,894.		
		Form	990 (2022)

Form	990	(2022)

 Form 990 (2022)
 ACTION
 FOR
 CHILDREN

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
U	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			
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
			х	
40	If "Yes," complete Schedule D, Part IV	9	~	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			- v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
zua b		20a		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
£ 1	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21	х	
	demosto government on ratin, column (n), me r: IF res. complete Schedule I, Parts I and II	 2 	47	L

Form 990 (2022)

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 Form 990 (2022)
 ACTION
 FOR
 CHILDREN

 Part IV
 Checklist of Required Schedules
 (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	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	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
0 -	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
<u> </u>	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
1 al	Check if Schedule O contains a reasonable or note to any line in this Dart V			
	Check it Schedule O contains a response or note to any line in this Part V		 V	
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 191		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a191Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
b c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c	х	

	n 990 (2022) ACTION FOR CHILDREN 31-0820393				
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return 2a 127				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		├	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	_		v	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X	
b	If "Yes," enter the name of the foreign country				
5-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F -		v	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6a		x	
h	any contributions that were not tax deductible as charitable contributions?	oa		<u> </u>	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).	00		<u> </u>	
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		<u> </u>	
•	to file Form 8282?	7c		x	
d	If "Yes," indicate the number of Forms 8282 filed during the year				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х	
f					
g					
h					
8					
	sponsoring organization have excess business holdings at any time during the year?	8			
9					
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders 11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>	
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans 13b				
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X	
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15					
	excess parachute payment(s) during the year?	15		X	
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		x	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17			
	If "Yes." complete Form 6069.				

Form 990 (2022)

ACTION FOR CHILDREN

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

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

X	

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
_	officer, director, trustee, or key employee?		,	2		х
3	Did the organization delegate control over management duties customarily performed by or under the		supervision	<u> </u>		
-			·	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5						x
6	Did the organization have members or stockholders?			5		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
74	more members of the governing body?			7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			14		
D.				7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			10		
				8a	х	
a h	The governing body? Each committee with authority to act on behalf of the governing body?			8b	X	
b					- 23	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			9		x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		- 23
000	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		Yes	No
10-	Did the experimetion have lead charters, branches, or affiliates?			100	res	No X
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, amiliates,	101		
	and branches to ensure their operations are consistent with the organization's exempt purposes?		- filin - the - ferma 0	10b	х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befor	e filing the form?	11a	Δ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			10-	Х	
12a				12a	X	
b				12b	~	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,			v	
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X X	
14	Did the organization have a written document retention and destruction policy?			14	~	
15	Did the process for determining compensation of the following persons include a review and approva	l by inc	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				v	
	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a			37
	taxable entity during the year?			<u>16a</u>		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's			
<u></u>	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <u>OH</u>					<u> </u>
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	I (section 501(c)(3)	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explained)		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	f interest policy, and	l financ	cial	
	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	l records			
	ERIC KAROLAK - 614-224-0222					
	78 JEFFERSON AVENUE, COLUMBUS, OH 43215					

 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.
• 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.

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.

See the instructions for the order in which to list the persons above.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ERIC J. KAROLAK, PHD CEO	40.00			x				143,040.	0.	127.
(2) LISA COCHRAN PRESIDENT	1.00	x		x				0.	0.	0.
(3) MARY KAY IRWIN	1.00	_								
VICE PRESIDENT (4) MATTHEW SHARP	1.00	Х		X			-	0.	0.	0.
TREASURER		х		х				0.	0.	0.
(5) REBECCA LOVE, PHD SECRETARY	1.00	x		x				0.	0.	0.
(6) ALEX ANTHONY TRUSTEE	1.00	x						0.	0.	0.
(7) DANIEL M. BAUER	1.00	^						0.	0.	0.
TRUSTEE (8) MATTHEW BELL	1.00	Х						0.	0.	0.
TRUSTEE	1.00	x						0.	0.	0.
(9) KAREN BETANCOURT TRUSTEE	1.00	x						0.	0.	0.
(10) LYNN BLASHFORD	1.00	x						0.		
TRUSTEE (11) BECKY CIMINILLO	1.00								0.	0.
TRUSTEE (12) MELISSA HAMMER	1.00	х				-		0.	0.	0.
TRUSTEE		x						0.	0.	0.
(13) ANN LOCKETT TRUSTEE	1.00	x						0.	0.	0.
(14) ERNIE SULLIVAN TRUSTEE	1.00	x						0.	0.	0.
(15) ROBERT E. WHITE II	1.00									
TRUSTEE (16) JEN WHITEHURST	1.00	X				-		0.	0.	0.
TRUSTEE	1 00	х						0.	0.	0.
(17) ROCHELLE WILKERSON TRUSTEE	1.00	x						0.	0.	0.

232007 12-13-22

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

Form	990	(2022)
	000	

Form 990 (2022) ACTION FC	OR CHILD	RE	N						31-082	0393	Pi	age 8
Part VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	t C		, , ,			
(A) Name and title	(B) Average hours per week	box	not c , unles	ss per	ition more rson i) than c s both pr/trus	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate mount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	t org ar	npensa from the ganizat nd relate ganizatio	e ion ed
(18) TAMAR WILLIAMSON	1.00		_	-	-					1		
TRUSTEE		X						0.	0	•		0.
										+		
1b Subtotal c Total from continuation sheets to Part VI								143,040.	0	_	1	<u>27.</u> 0.
d Total (add lines 1b and 1c)								143,040.	0		1	27.
2 Total number of individuals (including but n compensation from the organization	ot limited to the	ose	liste	d ab	ove) wh	o re	eceived more than \$100	000 of reportable			1
3 Did the organization list any former officer,	director, truste	ee, k	key e	empl	oye	e, or	hig	hest compensated emp	loyee on		Yes	No
 line 1a? <i>If "Yes," complete Schedule J for s</i> For any individual listed on line 1a, is the su and related organizations greater than \$150 	im of reportable	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization	3		x x
 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," corr</i> 	accrue compen	Isati	on fr	om	any	unre	late	ed organization or indivi	dual for services	5		X
Section B. Independent Contractors 1 Complete this table for your five highest co	mponsated ind		ndor	at or	ontre	actor	o th	at received more than	100 000 of compone	ation f		
the organization. Report compensation for (A)	•								, 1		C)	
Name and business	address	NC	ONE	2				Description of s	services		ensatio	n
2 Total number of independent contractors (ii	ncludina but na	ot lin	niter	tot	thos	se lis	ted	above) who received m	ore than			
\$100.000 of compensation from the organiz	•			0	(1103 (

	990 t VII	(2022) ACTION F	OR C	HILDREN			31-0820	393 Pa
ai								
		Check if Schedule O contains a	respons	e or note to any lin				
					(A)	(B)	(C)	
					Total revenue	Related or exempt	Unrelated	Revenue excl from tax un
						function revenue	business revenue	sections 512
				205 020				000110110 0 12
ts	1 a	Federated campaigns	1 a	305,838.				
n	b	Membership dues	1b					
and Other Similar Amounts	с	Fundraising events	1c	66,048.				
ΓA		Related organizations	1d					
ila				14,866,183.				
, Li		Government grants (contributions)	1e	11,000,100.				
ž	f	All other contributions, gifts, grants, and						
ŧ		similar amounts not included above \dots	1f	47,403.				
0	g	Noncash contributions included in lines 1a-1f	1g \$					
nc	h	Total. Add lines 1a-1f			15,285,472.			
				Business Code	, , -			
	_					FF1 F2C		
	2 a			900099	551,536.	551,536.		
۵	b	SEMINARS & WORKSHOPS		900099	146,846.	146,846.		
nu	с	FOUNDATIONS		900099	3,500.	3,500.		
Revenue	d							
Re				·				
	е			·				
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			701,882.			
	3	Investment income (including divide						
	-				6,608.			6,
					0,000.			•,•
	4	Income from investment of tax-exem	•					
	5	Royalties						
			i) Real	(ii) Personal				
	6 a	Gross rents 6a						
		Less: rental expenses 6b						
		Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of (i) S	ecurities	ii) Other				
		assets other than inventory 7a						
	h	Less: cost or other basis						
	b							
aniia		and sales expenses 7b						
2	С	Gain or (loss)						
	d	Net gain or (loss)						
	8 a	Gross income from fundraising events (r	not [
į.	0 4							
		including \$ 66,048.						
		contributions reported on line 1c). S						
		Part IV, line 18	[8	a 42,357.				
	b	Less: direct expenses		b 88,720.				
		Net income or (loss) from fundraising			-46,363.			-46,
			· _					,
	э а	Gross income from gaming activities						
		Part IV, line 19		a				
	b	Less: direct expenses	[s	b				
		Net income or (loss) from gaming ac						
		Gross sales of inventory, less return						
	iu d							
		and allowances	·····	0a				
	b	Less: cost of goods sold	1	0b				
		Net income or (loss) from sales of in						
		· · · · · · · · · · · · · · · · · · ·	,	Business Code				
	44 -	OTHER		900099	3,027.			2
P				500033	5,027.			3,
BDI	b	·		.				
ev	с							
Revenue	d	All other revenue						
		Total. Add lines 11a-11d			3,027.			
								20
	12	Total revenue. See instructions			15,950,626.	701,882.	0.	-36,

а

b С d е

25

26

OTHER

All other expenses

line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Joint costs. Complete this line only if the organization

if following SOP 98-2 (ASC 958-720)

PROGRAM SUPPLIES

Form Par	990 (2022) ACTION FOR C			31-0
	on 501(c)(3) and 501(c)(4) organizations must compl		r organizations must cor	molete column (A)
	Check if Schedule O contains a response		-	
Do r	not include amounts reported on lines 6b,	(A)	(B)	(C)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses
1	Grants and other assistance to domestic organizations		I	
	and domestic governments. See Part IV, line 21	2,068,904.	2,068,904.	
2	Grants and other assistance to domestic			
	individuals. See Part IV, line 22	5,865,270.	5,865,270.	
3	Grants and other assistance to foreign			
	organizations, foreign governments, and foreign			
	individuals. See Part IV, lines 15 and 16			
4	Benefits paid to or for members			
5	Compensation of current officers, directors,			
	trustees, and key employees	143,167.		143,167.
6	Compensation not included above to disqualified			
	persons (as defined under section 4958(f)(1)) and			
	persons described in section 4958(c)(3)(B)			
7	Other salaries and wages	4,221,926.	4,074,415.	18,558.
8	Pension plan accruals and contributions (include			
	section 401(k) and 403(b) employer contributions)			
9	Other employee benefits	370,183.	359,941.	666.
0	Payroll taxes	342,074.	320,317.	11,619.
1	Fees for services (nonemployees):			
	Management			
	Legal	24 004	22 400	004
	Accounting	34,004.	32,480.	804.
	Lobbying			
-	Professional fundraising services. See Part IV, line 17			
f	Investment management fees			
g	Other. (If line 11g amount exceeds 10% of line 25,	1 112 7/5	986 101	103 /05
	column (A), amount, list line 11g expenses on Sch 0.)	<u>1,113,745</u> . 567,817.	986,404. 523,956.	<u>103,495.</u> 5,790.
12	Advertising and promotion	103,392.	87,722.	5,970.
3	Office expenses	103,392.	01,122.	5,970.
14 15	Information technology			
15	Royalties	309,514.	291,369.	12,733.
16		119,307.	106,901.	8,715.
17	Travel Payments of travel or entertainment expenses	115,507.	100,901.	0,713.
18	,			
19	for any federal, state, or local public officials Conferences, conventions, and meetings	54,303.	52,919.	1,233.
	Г	961.	52,515.	961.
20 21	Payments to affiliates	JU1 •		
22	Depreciation, depletion, and amortization	49,608.	47,683.	1,203.
23	Insurance	35,271.	33,548.	807.
23 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).			

362,494.

107,701.

15,869,641.

342,913.

15,235,894.

41,152.

(D) Fundraising expenses

128,953.

15,856.

66,549.

398,126.

9,576.

720.

10,138.

23,846. 38,071.

9,700.

5,412.

3,691.

151.

722.

916.

3,725.

235,621.

N	FOR	CHILDREN	
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		Check if Schedule O contains a response or note	e to anv	line in this Part X			
			s to any		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			3,057,385.	1	4,650,207.
	2	Savings and temporary cash investments	260,639.	2	396,383.		
	3	Pledges and grants receivable, net	-	3			
	4	Accounts receivable, net			974,431.	4	1,676,535.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disqualif	ied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	in secti	ion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			101,716.	9	34,658.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		1,290,080.			
	b	Less: accumulated depreciation	10b	961,711.	280,867.	10c	328,369.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets		14	00.00		
	15	Other assets. See Part IV, line 11			0.	15	92,667.
	16	Total assets. Add lines 1 through 15 (must equa			4,675,038.	16	7,178,819.
	17	Accounts payable and accrued expenses			398,712.	17	502,813.
	18	Grants payable			1,331,894.	18	3,506,837.
	19	Deferred revenue			1,331,094.	19	3,500,057.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or form trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela		F		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines					
		of Schedule D			40,638.	25	184,390.
	26	Total liabilities. Add lines 17 through 25			1,771,244.	26	4,194,040.
		Organizations that follow FASB ASC 958, che	ck here	X			
sec		and complete lines 27, 28, 32, and 33.					
lano	27	Net assets without donor restrictions			2,897,748.	27	2,978,733. 6,046.
Ba	28	Net assets with donor restrictions			6,046.	28	6,046.
pur		Organizations that do not follow FASB ASC 9	58, cheo	ck here			
ц Т		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
ssei	30	Paid-in or capital surplus, or land, building, or eq				30	
ťΑ	31	Retained earnings, endowment, accumulated inc				31	
Ne	32	Total net assets or fund balances			2,903,794.	32	2,984,779.
	33	Total liabilities and net assets/fund balances			4,675,038.	33	7,178,819.

7,178,819. Form **990** (2022)

Form 990 (2022)
Part X Balance Sheet ACTION

Form	990 (2022) ACTION FOR CHILDREN	31-0	0820393	Pa	_{ge} 12
	rt 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	15,950),6	26.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,869	9,6	41.
3	Revenue less expenses. Subtract line 2 from line 1	3			85.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,903	3,7	94.
5	Net unrealized gains (losses) on investments	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	2,984	1,7	79.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	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 requi	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	Х	

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

2022	-
Open to Public Inspection	

OMB No. 1545-0047

Nan	ne of	f the organization							identification number			
_			ON FOR CHI						1-0820393			
Ра	rt I	Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The	orga	anization is not a private found	dation because it is: (For lines 1 through 12, c	heck only (one box.)						
1		A church, convention of ch	nurches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).					
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4							•	(iii). Enter	the hospital's name.			
7	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:											
-		An organization operated f	for the honofit of a co		l or operat		vorpmontolu	ait describ	ad in			
5		- • ·		lege of university owned	or operation	eu by a gu	veninentai ui	III describe				
		section 170(b)(1)(A)(iv).										
6		A federal, state, or local go	overnment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X	An organization that norma	ally receives a substa	ntial part of its support fr	rom a gove	ernmental	unit or from th	ne general j	oublic described in			
		section 170(b)(1)(A)(vi). (0	Complete Part II.)									
8		A community trust describ	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9		An agricultural research or	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college			
		or university or a non-land-	arant college of agric	ulture (see instructions).	Enter the r	name. citv	. and state of	the colleae	eor			
		university:										
10		An organization that norma	ally receives (1) more	than 33 1/3% of its supr	ort from c	ontributior	ns membersh	in fees and	d aross receipts from			
	L	activities related to its exer										
		income and unrelated busi							-			
						ses acqui	red by the org	anization a	anter Julie 30, 1973.			
		See section 509(a)(2). (Co			(at.) C a a		O(-)(4)					
11		An organization organized	-	•	•							
12		An organization organized	-	-	-			•				
		more publicly supported o	-						Check the box on			
	_	lines 12a through 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.				
а		Type I. A supporting org	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving			
		the supported organizati	ion(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or trustee	es of the su	upporting			
		organization. You must	complete Part IV, Se	ections A and B.								
b		Type II. A supporting or	ganization supervised	or controlled in connect	tion with its	s supporte	ed organizatio	n(s), by hav	ving			
		control or management of	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported			
		organization(s). You mu	st complete Part IV,	Sections A and C.								
с		Type III functionally inte	egrated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,			
		its supported organization						, 0	,			
d	Г	Type III non-functional		-				ted organiz	zation(s)			
		that is not functionally in						-				
			0	e ,	•		•	anallentin	1611633			
	Г	requirement (see instruc		-								
е		Check this box if the org					туре і, туре	li, Type III				
_	_	functionally integrated, c		hally integrated supporting	ng organiz	ation.						
		nter the number of supported	-									
g	Pro	ovide the following information (i) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the oroa	anization listed	(v) Amount of	monoton	(vi) Amount of other			
		organization	(11) EIN	(described on lines 1-10	in your governi	ng document?	support (see ir		support (see instructions)			
		organization		above (see instructions))	Yes	No	support (see ii	istructions)	support (see instructions)			
_												
Tota	al											

Schedule A (Form 990) 2022 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3137229.	3972851.	3809965.	5612207.	15285472.	31817724.
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	3137229.	3972851.	3809965.	5612207.	15285472.	31817724.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						31817724.
Sec	ction B. Total Support	•			-	-	-
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	3137229.	3972851.	3809965.	5612207.	15285472.	31817724.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots				2,642.	6,608.	9,250.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)				4,220.	3,027.	
11	Total support. Add lines 7 through 10						31834221.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 1	,470,055.
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	i01(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publi		-				
	Public support percentage for 2022 (I					14	99.95 %
	Public support percentage from 2021					15	99.94 %
1 6a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual		• •				
17a	10% -facts-and-circumstances test	t - 2022. 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	zation
	meets the facts-and-circumstances te	•	•		•		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu		•				
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2022

ACTION FOR CHILDREN

Schedule A	(Form	aan	2022
Schedule A		990	2022

ACTION FOR CHILDREN

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		-	-	_	_		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 20	022	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions,							
	merchandise sold or services per-							
	formed, or facilities furnished in							
	any activity that is related to the organization's tax-exempt purpose							
2	Gross receipts from activities that							
5	are not an unrelated trade or bus-							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
k	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the							
	amount on line 13 for the year							
c	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Se	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 20	022	(f) Total
	Amounts from line 6							
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties, and income from similar sources							
ł	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							
12	regularly carried on Other income. Do not include gain							
12	or loss from the sale of capital							
	assets (Explain in Part VI.)							
	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, ⁻	fourth, or fifth tax	year as a section 5	601(c)(3) or	ganizatio	on,
0	check this box and stop here						<u></u>	
	ction C. Computation of Publi		•			<u> </u>		
15	Public support percentage for 2022 (I			column (f))		15		%
<u>16</u>	Public support percentage from 2021					16		%
	ction D. Computation of Inves					 		
17	Investment income percentage for 20					17		%
18	Investment income percentage from					18		%
19a	a 33 1/3% support tests - 2022. If the	organization did n	ot check the box o	on line 14, and line	e 15 is more than 3	33 1/3%, ar	nd line 17	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ition		
k	33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33	; 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organ	nization	
20								

1

Yes

No

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.)

Schedule A	(Form 990) 2022	ACTION	FOR	CHILDREN
Part IV	Supporting Organi	izations (cont	tinued)	

1

2

Yes No

			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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,					
	directors, or trustees at all times during the tax year? 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.					
2	Did the organization operate for the benefit of any supported organization other than the supported					
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in					

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	1	1	1	Check the box next to the metho	od that the organization use	d to satisfy the Integral Par	t Test during the year	r (see instructior
--------------------------------------------------------------------------------------------------------------------------------	---	---	---	---------------------------------	------------------------------	-------------------------------	------------------------	--------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗌	The organization supported a governmental entity	Describe in Part VI how	you supported a g	governmental entity	(see instruction <u>s).</u>
-----	--------------------------------------------------	-------------------------	-------------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

No

Yes

•	All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through F	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount				Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2022

Schedule A	(Form 990	2022	ACTION	FOR	CHILDREN

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a gualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions 4

	dule A (Form 990) 2022 ACTION FOR CH	IILDREN		31	1-0820393 _{Pag}
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ued)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	3	
	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	I	1	10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				

, explain in y Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022 ACTION FOR CHILDRE	N 31-0820393 Page	8
Part VI	Supplemental Information. Provide the explanations re Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 1 ⁻⁷ line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, an (See instructions.)	a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,	

Schedule B

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

31-0820393

ACTION FOR CHILDRE	ACTION	FOR	CHILDREN
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Drganization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	\fbox 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

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

General Rule

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

Special Rules

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

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

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

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

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

		\$4,151,564.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$555,155.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 3 </u>		\$ <u>2,449,611.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>4</u>		\$ <u>7,351,216.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-15-22		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

ACTION FOR CHILDREN

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

(b)

Name, address, and ZIP + 4

Name of organization

Part I

(a)

No.

Employer identification number

(d)

Type of contribution

31-0820393

(c)

Total contributions

Name of organization

ACTION FOR CHILDREN

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II 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.	(b)	♥ (c) FMV (or estimate)	(d)
from Part I –	Description of noncash property given	(See instructions.)	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
_		\$	

31-0820393

Employer identification number

Name of o	rganization		Employer identification number
астто	N FOR CHILDREN		31-0820393
Part III	Exclusively religious, charitable, etc., contribute) through (e) and the following line er charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ft
	Transferee's name, address, a 	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
·	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	ft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

		Supplement	- Einonoial G	Statamanta		OMB No. 15	45-0047
		Supplementa Complete if the orga	nization answered "Ye			201)))
(Forr	n 990)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 1			202	22
	ment of the Treasury I Revenue Service	A Go to www.irs.gov/Form99	ttach to Form 990. 0 for instructions and	the latest information.		Open to Inspection	
	e of the organization				Emp	loyer identification	number
Dec		ACTION FOR CHILDREN				31-08203	
Pa	-	ered "Yes" on Form 990, Part IV, lin		Similar Funds of Ad	coun	tS. Complete if th	е
	organization answ	eled Tes OffForm 990, Fait IV, in	(a) Donor advis	sed funds		ds and other accou	nte
4	Total number at and of ve						113
1 2		ear butions to (during year)					
3		s from (during year)					
4		f year					
5		m all donors and donor advisors in v		neld in donor advised fund	ds		
	-	perty, subject to the organization's	-			Yes	No No
6		m all grantees, donors, and donor a					
	for charitable purposes a	nd not for the benefit of the donor o	r donor advisor, or for a	any other purpose conferr	ing		
_	impermissible private ben						No
Pa	t II Conservation	Easements. Complete if the org	ganization answered "Y	es" on Form 990, Part IV,	line 7.		
1		n easements held by the organization	, in the second s				
		d for public use (for example, recrea	tion or education)	Preservation of a histo	-	-	
	Protection of natura		L	Preservation of a certing	fied his	toric structure	
•	Preservation of ope	•		he diam in the former of a se			
2	day of the tax year.	h 2d if the organization held a qualif	led conservation contri	button in the form of a co		Held at the End of the	
а	Total number of conserva	tion easements			2a		
b					2b		
	-	easements on a certified historic stru			2c		
		easements included in (c) acquired a					
	historic structure listed in		.		2d		
3	Number of conservation e	easements modified, transferred, rel	eased, extinguished, or	r terminated by the organi	zation o	during the tax	
	year	_					
4		property subject to conservation eas					
5		ve a written policy regarding the per		ction, handling of			
-	,	ent of the conservation easements it					No
6	Staff and volunteer hours	devoted to monitoring, inspecting,	handling of violations,	and enforcing conservatio	n easer	ments during the ye	ar
7		med in monitoring, increating, hand	lling of violations, and a	nforcing concernation of		a during the year	
7	Amount of expenses incu	rred in monitoring, inspecting, hand	ling of violations, and e	enforcing conservation eas	sements	s during the year	
8	Does each conservation e	easement reported on line 2(d) abov	e satisfy the requireme	nts of section 170(h)(4)(B)	(i)		
-)?	•			Yes	No
9		the organization reports conservation					
	balance sheet, and includ	le, if applicable, the text of the footn	ote to the organization	's financial statements that	at descr	ribes the	
	organization's accounting	for conservation easements.					
Pa		Maintaining Collections of		easures, or Other S	imilar	Assets.	
		ganization answered "Yes" on Form					
1 a	U	d, as permitted under FASB ASC 95	· ·				
		, or other similar assets held for put	,		nce of p	ublic	
		II the text of the footnote to its finar			- I- ·		
b	-	d, as permitted under FASB ASC 95					
		r other similar assets held for public	exhibition, education,	or research in furtherance	e or pub	nic service,	
		Form 990, Part VIII, line 1			đ	2	
		Form 990, Part VIII, line 1				×	
2		ed or held works of art, historical treated				۲	
_	•	quired to be reported under FASB A		• •			

а	Revenue included on Form 990, Part VIII, line 1	\$_
b	Assets included in Form 990, Part X	\$

 b
 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2022

232051 09-01-22

Part.IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets [continued] 3 Using the organization accussion, and other records, check any of the following that make significant use of its contaction terms (check all that apply): a a Poble cohlotion d Loan or exchange program b Scholarly research e Other c Provide acciption of the organization solicitor receive donations of art, historical resaures, or other similar assets to be solic or that we generation is collections and explain how they further the organization solection? Yes No Part.V Escholarly research e Other Yes No Part.V Escholarly research e Other organization and the organization answered Yes* on Form 900, Part V, line 9, or reported an anount on Form 900, Part X, line 21, for secrew or custodial account liability? Yes No b If 'Yes," explain the arrangement in Part XIII check here If the explanation inside and arring the year 1d 1d 1d C bit reganization include an amount on Form 900, Part X, line 21, for secrew or custodial account liability? Yes No b If 'Yes," explain the arrangement in Part XIII check here If the explanation has been provided on Part XII Provide acolare manout on form 900, Part X, line 21, for secrew or	Sche		FOR CHILDRE						20393	Pag	_{ge} 2
collection lame (check all that apply): a Delta exhibition d Loan or exchange program b Scholarly research e Other c Provide a decription of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 5 9 During the year, did the organization solitor or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rainfandiced as part of the organization answered "Yes" on Form 900, Part X, Jine 21. 1a Is the organization angent, trustee, custodial or orther intermediary for contributions or other assets not included on form 900, Part X, Jine 21. Is the organization angent, trustee, custodial or other intermediary for contributions or other assets not included on form 900, Part X, Jine 21. Is the organization include an amount on Form 900, Part X, Jine 21. for escrew or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII Provide the estimated and the organization and exempt Yes" on Form 900, Part X, Jine 21. for escrew or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here If the explanation has been provided on Part XIII Provide the estimated and the organization include an anount on Form 900, Part X, Jine 21. for yoss 0.84. (d) Three years back (e) Four years back Ine years back Ine years back </th <th>Par</th> <th>t III Organizations Maintaining C</th> <th>ollections of Art</th> <th>t, Historical Tre</th> <th>asures, or</th> <th>^r Othe</th> <th>r Sim</th> <th>ilar Asset</th> <th>s (continu</th> <th>ed)</th> <th></th>	Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or	^r Othe	r Sim	ilar Asset	s (continu	ed)	
a Public schibtion d Lean or exchange program b Scholary research e Other	3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that	make s	ignifica	ant use of its			
b Scholary research e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Duing the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to to sele to raise funds attributed than organization answered 'Yes' on Form 990, Part IV, line 9, or reported an anound to Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. In a set of additions during the year Is a set of additions during the year Is a set of additions during the year Is a set of addition or other assets not include an amount on Form 990, Part X, line 21, for secrew or custodial account liability? Is a set of addition or other assets not include an amount on Form 990, Part X, line 21. Is a set organization include an amount on Form 990, Part X, line 21. Is a second addition or other assets not include an amount on Form 990, Part X, line 21. Is addition of the organization answered 'Yes' on Form 990, Part X, line 10. Is addition of the organization answered 'Yes' on Form 990, Part X, line 10. Is addition of the organizatio		collection items (check all that apply):									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization soliot or receive donations of art, historical treasures, or other similar assets 1 Description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 1 Description of the organization soliot or receive donations of art, historical treasures, or other similar assets 1 Description of non-990, Part X, line 21. 1 Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1 Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Deting balance 4 Endowment Funds. Complete if the organization include on Part XIII. 2 Deting organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Deting organization include an amount on Form 990, Part X, line 21, for escrow and CUSP way as back (o) Fore year balance 3 Deting organization include an amount on Form 990, Part X, line 21, for escrow and CUSP way as back (o) Fore year balance 4 Pert V Endowment Funds. <td< th=""><th>а</th><th>Public exhibition</th><th>d</th><th>Loan or exc</th><th>hange progra</th><th>ım</th><th></th><th></th><th></th><th></th><th></th></td<>	а	Public exhibition	d	Loan or exc	hange progra	ım					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Is a list endomized for the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization narwered "Yes" on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization narwered "Yes" on Form 990, Part X, line 10. Is degrining of year balance Say, 764, 64, 413, 55, 088, (0) Titree years back (0) Form years back (0) Titree	b	Scholarly research	е	Other							
5 During the year, did the organization solicit or receive donations of art, historical ressures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization assets Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization assets Image: Complete if the organization and source of the organization and the	с	Preservation for future generations									
tops rold to raise funds: rather than to be maintained as part of the organization's collection? Yes Ne Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes X No b if 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount In In Amount In	4	Provide a description of the organization's co	llections and explair	how they further th	e organizatio	n's exer	mpt pu	rpose in Part	XIII.		
Part W Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part K, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other infermediary for contributions or other assets not included on Form 990, Part X (III and complete the following table: Ves X No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount d additions during the year e e additions during the year e 	5	During the year, did the organization solicit of	r receive donations o	of art, historical treas	sures, or othe	r similar	r asset	S			
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21,											No
1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7 Ves X No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Amount c Beginning balance Image: table of the second secon	Par			ete if the organizatio	n answered "	Yes" or	n Form	990, Part IV,	line 9, or		
on Form 990, Part X? Yes X b If 'Yes,' explain the arrangement in Part XII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d d Additions during the year 1d d Distributions during the year 1d e Distributions during the year 1d e Distributions Complete if the organization nawered 'Yes' on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. 1d e Other expenditures for facilities and programs 275. 275. 275. e Other expenditures for facilities and programs 275. 275. 275. 3d g End of year balance 59. 764. 64.813. 3d.3d 3d.		reported an amount on Form 990, Par	t X, line 21.								
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1d a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes X b If "yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes X No b If "yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes X No b If "yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes X No b If Quartert year (b) Prior year (c) Throe years back (d) Three years back (e) Four years back 1a Beginning of year balance 59, 764. 64, 813. 55, 088. (e) Four years back c Orther expenditures for facilities 10. 10.0 (f) Three years back (e) Four years back c Orther expenditures for facilities 275. 275. 275. 275. 275. </th <th>1a</th> <th>Is the organization an agent, trustee, custodia</th> <th>an or other intermedi</th> <th>iary for contributions</th> <th>s or other ass</th> <th>ets not</th> <th>includ</th> <th>ed</th> <th>_</th> <th></th> <th></th>	1a	Is the organization an agent, trustee, custodia	an or other intermedi	iary for contributions	s or other ass	ets not	includ	ed	_		
c Beginning balance Amount 1c 1c 4 Additions during the year 1c e Distributions during the year 1e 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves X 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves X No Part V Endowment Funds. Complete if the organization answered "Ves" on Form 990, Part XIII. (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 59, 764, 64, 813, 55, 088, b								L	Yes	X	No
c Beginning balance 1c d Additions during the year 1d Distributions during the year 1e f Ending balance 1f 2a Distributions during the year 1f 2a Distributions during the year 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes X b If 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part X' Endowment Funds. Complete if the organization answered "Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance 59, 764. 64, 813. 55, 088. b Contributions 3, 637. -4, 774. 10, 000. defects c Not investment earnings, gains, and losses 3, 637. -4, 774. 10, 000. defects c Other expenditures for facilities 3, 637. -4, 774. 10, 000. defects c Other expenditures for facilities 3, 637. -4, 774. 10, 000. defects f Administrative expenses 275. 275. 275. 100. <th>b</th> <th>If "Yes," explain the arrangement in Part XIII a</th> <th>and complete the fol</th> <th>lowing table:</th> <th></th> <th></th> <th>_</th> <th></th> <th></th> <th></th> <th></th>	b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:			_				
d Additions during the year 1d e Distributions during the year 1e 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 2 Ontributions (a) Current year (b) Prior year (c) Two years back (d) Four years back (e) Four years back 4 Grants or scholarships (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back g End of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 2 Provide the estimated percentage of the current year end balance (line 1g, column (ai) held as: a Board designated or quasi-endowment 100 % b Permanent endowment % 100 % 3a Are there endowment funds not in the possession of the organization that are held and administered for the organizations 3a(i) X 3a(i) X (i) Unrelated organizations									Amount		
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f Ending balance If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes X Part V Endowment Funds. Complete if the organization has been provided on Part IV, line 10. Image: Second								ld			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes X No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Complete if the organization answered "Yes" on Form 990, Part Y, line 10. 1a Beginning of year balance 59, 764, 64, 813, 55, 088, 64, 813, 55, 088, 64, 813, 55, 088, 64, 813, 55, 088, 64, 813, 55, 088, 64, 813, 55, 088, 64, 813, 55, 088, 64, 813, 55, 088, 64, 813, 55, 088, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 64, 813, 74, 84, 84, 84, 84, 84, 84, 84, 84, 84, 8	е										
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Grants or scholarships	d		3 637	1 771	1.0	000					
e Other expenditures for facilities and programs 275. 275. 275. 275. 275. 275. 275. 275.	C		5,057.	-4,//4.	10	,000.					
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The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiii) Related organizations (iiiiiiii) Related organizations (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	u o										
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organization by: Yes No (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value 0 Description of property (a) Cost or other basis (other) depreciation (d) Book value 1a Land 594,337. 406,168. 188,169. 4 Equipment 568,445. 477,586. 90,859. e Other 127,298. 77,957. 49,341.	20		•	tion that are hold ar	d administor	od for th	20				
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(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 9a(ii) X Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 594, 337. 406, 168. 188, 169. c Leasehold improvements 594, 337. 406, 168. 188, 169. d Equipment 568, 445. 477, 586. 90, 859. e Other 127, 298. 77, 957. 49, 341.		c									
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land											x
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	b										
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	4										
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land	Par										
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements 594,337. 406,168. 188,169. d Equipment 568,445. 477,586. 90,859. e Other 127,298. 77,957. 49,341.		Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990	, Part X,	line 10).			
b Buildings 594,337. 406,168. 188,169. c Leasehold improvements 568,445. 477,586. 90,859. e Other 127,298. 77,957. 49,341.		Description of property		· · · ·		• • •			(d) Book	value	
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c Leasehold improvements 594,337. 406,168. 188,169. d Equipment 568,445. 477,586. 90,859. e Other 127,298. 77,957. 49,341.											
d Equipment 568,445. 477,586. 90,859. e Other 127,298. 77,957. 49,341.							406	,168.	188	,16	9.
e Other									90	,85	59.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)									49	,34	1.
	Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part J	X, column (B), line 1	0c.)				328	,36	9.

Schedule D (Form 990) 2022

	(Form 990) 2022			CHILDREN
Part VII	Investments	s - Other Securit	ies.	

31-0820393 Page 3

(a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives	(c) Method of valuation: Cost or end-of-year market value
2) Closely held equity interests	
3) Other	
(A) (B) (C) (D) (E) (E)	
(B) (C) (D) (E)	
(C) (D) (E)	
(D) (E)	
(E)	
(G)	
(H)	
iotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	
Part VIII Investments - Program Related.	
Complete if the organization answered "Yes" on Form 990, Part IV,	line 11c. See Form 990. Part X. line 13.
(a) Description of investment (b) Book value	(c) Method of valuation: Cost or end-of-year market value
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	
Part IX Other Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV,	line 11d. See Form 990, Part X, line 15.
(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(9)	
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV,	
I. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITIES	92,667
(3) FINANCE LEASE LIABILITIES	91,723
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Sche	edule D (Form 990) 2022 ACTION FOR CHILDREN			31-	0820393 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With I			
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	16,039,346.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	16,039,346.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-88,720.		
с	Add lines 4a and 4b			4c	-88,720.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	15,950,626.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		-	
1	Total expenses and losses per audited financial statements			1	15,958,361.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	88,720.		
е	Add lines 2a through 2d			2e	88,720.
3	Subtract line 2e from line 1			3	15,869,641.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)		5	15,869,641.
De	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

IN NOVEMBER, 1997, THE BOARD OF TRUSTEES OF ACTION FOR CHILDREN CREATED
THE ACTION FOR CHILDREN SEVEN GENERATIONS ENDOWMENT FUND OF THE COLUMBUS
FOUNDATION. THE BOARD OF TRUSTEES OF ACTION FOR CHILDREN RESERVES THE
RIGHT TO SUGGEST TO THE TRUSTEES OF THE COLUMBUS FOUNDATION, AS TO THE
DISTRIBUTION OF THIS FUND. UNTIL FURTHER DIRECTION OF THE BORAD OF
TRUSTEES OF ACTION FOR CHILDREN, THE BOARD SUGGESTS THAT ALL INCOME FROM
THIS FUND IS TO BE REINVESTED INTO FUND PRINCIPAL.

PART X, LINE 2:

ACTION FOR CHILDREN (AFC) PERFORMS AN ANNUAL ASSESSMENT FOR ANY

UNCERTAINTY IN INCOME TAX POSITIONS WHICH INCLUDES AN ANALYSIS OF WHETHER

Schedule D (Form 990) 2022	ACTION FOR CHILI	DREN	31-03	820393 Page 5
Part XIII Supplemental In	formation (continued)			
THERE ARE ANY TAX	POSITIONS ACTION F	OR CHILDREN '	TAKES WITH REGARD	ТО
UNRELATED BUSINES	S INCOME, RELATED D	EDUCTIONS AP	PLIED, OR OTHER AG	CTIVITIES
THAT MAY JEOPARDI	ZE THEIR TAX EXEMPT	STATUS AND	THUS WOULD MEET TH	HE
DEFINITION OF AN U	UNCERTAIN TAX POSIT	ION. NO TAX	LIABILITY ACCRUAL	WAS
RECORDED RELATING	TO MATERIAL UNCERT	AIN POSITION	S TAKEN AS MANAGEN	MENT
BELIEVES THERE AR	E NONE.			

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE RECLASSED TO PART VIII -88,720.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE RECLASSED TO PART VIII

88,720.

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19 ,	or if the	2022
Department of the Treasury		Attach to Form 990 c	or Forr	n 990	·EZ.			Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instruc	ctions	and th	ne latest information	n.		Inspection
Name of the organization		FOR CHILDREN					Employer i 31-082	dentification number 0393
		Complete if the organization answe	ered "Y	es" or	ı Form 990, Part IV, I	ine 1	7. Form 990-	EZ filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations vlicitations on have a written o red in Form 990, Pa) highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover iising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Y	ies 🗌 No be
(i) Name and addres or entity (fund		(ii) Activity	fùndi have c	ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paic or retained by fundraiser ted in col. (i)	
			Yes	No				
Total			<u></u>					
3 List all states in white or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is e	exempt from	registration

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

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.

			(a) Event #1 SPECIAL EVENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	108,405.			108,405.
	2	Less: Contributions	66,048.			66,048.
	3	Gross income (line 1 minus line 2)	42,357.			42,357.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	176.			176.
rect Ex	7	Food and beverages				
ā	8	Entertainment	88,544.			88,544.
	•	Other direct evenence				
	9 10	Other direct expenses Direct expense summary, Add lines 4 through	a			88,720.
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li	1 9 in column (d) ne 3, column (d)			<u>88,720</u> -46,363
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a	1 9 in column (d) ne 3, column (d)			88,720
Pa	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li	1 9 in column (d) ne 3, column (d)			-46,363
Pa	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a	I 9 in column (d) ne 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	-46,363
Panene	10 <u>11</u> rt I	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	I 9 in column (d) ne 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	-46,363
Panene	10 <u>11</u> rt I	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	I 9 in column (d) ne 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	88,720. -46,363.
	10 11 rt I 2 3	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	I 9 in column (d) ne 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	-46,363.
Pa Bevenue	10 11 rt I 2 3	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from line Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	I 9 in column (d) ne 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	reported more than	-46,363
aniavan	10 <u>11</u> rt I 2 3 4	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from line Gaming. Complete if the organization and \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	I 9 in column (d) ne 3, column (d) answered "Yes" on Form	990, Part IV, line 19, or (b) Pull tabs/instant	(c) Other gaming	-46,363
Panevenue	10 11 rt I 2 3 4 5	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	9 in column (d) <u>ne 3, column (d)</u> answered "Yes" on Form (a) Bingo (a) Bingo (b) Bingo (c) Bingo	990, Part IV, line 19, or (b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	-46,363

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? ______ Yes _____ b If "No," explain: ______

232082 10-27-22

Yes

No

No

edule G (Form 990) 2022	ACTION FOR	CHILDREN	31-0820393 Page 3
Does the organization conduct gar	ning activities with no	nmembers?	Yes No
Is the organization a grantor, bene	ficiary or trustee of a t	rust, or a member of a partnership or other entity formed	
			Yes No
Enter the name and address of the	person who prepares	s the organization's gaming/special events books and recor	us:
Name			
Address			
Does the organization have a cont	ract with a third party	from whom the organization receives gaming revenue? \dots	Yes No
	-		nount
In res, entername and address of	of the third party.		
Name			
Address			
Gaming manager information:			
Name			
Gaming manager compensation	¢		
Carning manager compensation	Ψ		
Description of services provided			
		_	
Director/officer	Employee	Independent contractor	
Manalatan diatrikutianan			
•	state law to make cha	ritable distributions from the gaming proceeds to	
and a state state of a state of the state of			Yes No
• •			
organization's own exempt activitie	es during the tax year	\$	
rt IV Supplemental Inform	nation. Provide the	explanations required by Part I, line 2b, columns (iii) and (v)	; and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as	applicable. Also provid	de any additional information. See instructions.	
	Is the organization a grantor, bener to administer charitable gaming? Indicate the percentage of gaming The organization's facility An outside facility Enter the name and address of the Name Address Does the organization have a contra- If "Yes," enter the amount of gamin of gaming revenue retained by the If "Yes," enter name and address of Name Address Gaming manager information: Name Gaming manager compensation Description of services provided Director/officer Mandatory distributions: Is the organization required under retain the state gaming license? Enter the amount of distributions re organization's own exempt activitie Supplemental Inform	Does the organization conduct gaming activities with no Is the organization a grantor, beneficiary or trustee of a t to administer charitable gaming?	Does the organization conduct gaming activities with nonmembers? 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? Indicate the percentage of gaming activity conducted in: The organization's facility An outside facility Image: Construct the percentage of gaming activity conducted in: The organization's facility Image: Construct the percentage of gaming activity conducted in: The organization's facility Image: Construct the percentage of gaming activity conducted in: An outside facility Image: Construct the percentage of gaming activity conducted in: Name

Tartiv	(continuea)		

SCHEDULE I (Form 990)	Gov	rants and Oth vernments, an	nd Individual	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury	Comple	te il the organization	Attach to Form		t iv, line 21 or 22.		Open to Public
Internal Revenue Service		Go to www.irs	.gov/Form990 for	the latest information	ation.		Inspection
Name of the organization ACTION FO	R CHILDREN	I					Employer identification number $31 - 0820393$
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?				•		
Part II Grants and Other Assistance to recipient that received more than S	-				anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
21ST CENTURY EDU-CARE CENTER 1673 KARL CT COLUMBUS, OH 43229	84-4146770		16,000.	0.			INCENTIVES
ALICE JEFFERSON 6959 LAUREL BOAT LANE CANAL WINCHESTER, OH 43110	31-1702098		6,750.	0.			INCENTIVES
AMOR BEBE LEARNING ACADEMY 3624 GENDER RD CANAL WINCHESTER, OH 43110	84-2616744		22,000.	0.			INCENTIVES
ARTISSEIA WILLIAMS 3222 STIRLING BRIDGE CANAL WINCHESTER, OH 43110	29-4601487		5,500.	0.			INCENTIVES
BABS AND BABIES CHILD ACADEMY (BARBARA BURDEN) - 1137 LINWOOD AVE - COLUMBUS, OH 43206	45-2749954		6,750.	0.			INCENTIVES
BRANDI WALKER 4999 HARBOR BLVD COLUMBUS, OH 43232	26-9788786		5,750.	0.			INCENTIVES
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 	v v		e line 1 table			1	0.

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

Schedule I (Form 990) 2022

ACTION FOR CHILDREN

Schedule I (Form 990) ACTION FO							1-0820393 Ра
Part II Continuation of Grants and Other A		nestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIGHT FUTURES LEARNING CENTER							
91 LANCASTER AVENUE							
EYNOLDSBURG, OH 43068	85-3100014		23,750.	0.			INCENTIVES
·							
HILD ZONE							
2415 DEEWOOD DR							
COLUMBUS, OH 43229	47-2146684		5,750.	0.			INCENTIVES
WAREN KIDA III							
CHOSEN KIDS III							
314 NOE BIXBY RD	25 2400042		F 750	0			
OLUMBUS, OH 43232	35-2489943		5,750.	0.			INCENTIVES
HOSEN KIDS LEARNING CENTER							
545 PETZINGER RD #G							
OLUMBUS, OH 43209	35-2489943		7,000.	0.			INCENTIVES
COLOR OF LOVE CHILDCARE PLACE							
NITORYIA GOFF) - 6158 NORTHGAP DR							
COLUMBUS, OH 43229	86-3969810		9,250.	0.			INCENTIVES
OLUMBUS ADVANCED LEARNING ACADEMY							
NC 3992 ALUM CREEK DRIVE -							
OLUMBUS, OH 43207	61-1651497		5,500.	0.			INCENTIVES
OLUMBUS EARLY LEARNING CENTERS -							
ASTSIDE - 240 N CHAMPION AVE -	21 4250610		0 500	_			
OLUMBUS, OH 43203	31-4379619		9,500.	0.			INCENTIVES
OLUMBUS IMAGINE DAYCARE							
137 JAKE PL							
OLUMBUS, OH 43219	46-4218561		7,500.	0.			INCENTIVES
,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
COLUMBUS MONTESSORI CENTER							
79 S. JAMES RD							
OLUMBUS, OH 43227	31-1105385		15,250.	0.			INCENTIVES

Schedule I (Form 990)

ACTION FOR CHILDREN

	R CHILDREN						1-0820393 Pag
Part II Continuation of Grants and Other	Assistance to Don	nestic Organization	s and Domestic Go	vernments (Sch	edule I (Form 990), Pa I	art II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMINITARY MONTECCOPT COLIMPIIC							
COMMUNITY MONTESSORI COLUMBUS							
COLUMBUS, OH 43229	83-3932205		22,000.	0.			INCENTIVES
	00 0001100						
CONNECTED PATHWAYS EARLY LEARNING							
ENTERS - 4242 STELTZER RD -							
COLUMBUS, OH 43230	26-2002480		6,750.	0.			INCENTIVES
COOKIE'S CHILDCARE							
5425 S SUNBURY RD							
ESTERVILLE, OH 43081	87-4246390		6,750.	0.			INCENTIVES
REATIVE CHILD CARE - SOUTHEAST							
2525 PETZINGER RD							
COLUMBUS, OH 43209	31-0795403		17,000.	0.			INCENTIVES
CRISTIAN TIBURCIO							
5779 RAYBEAR DR							
CANAL WINCHESTER, OH 43110	81-3837030		5,750.	0.			INCENTIVES
				••			
DAVINA WHITESIDE							
10 N ROOSEVELT AVE							
COLUMBUS, OH 43209	38-4806860		5,750.	٥.			INCENTIVES
DERIEH FAMILY HOME CHILD CARE							
61 LEESBURG CT W							
COLUMBUS, OH 43228	87-3818409		5,750.	0.			INCENTIVES
DIANE BURTON-HORTON							
2761 FLEET RD				^			
COLUMBUS, OH 43232	38-3955661		5,750.	0.			INCENTIVES
INKINS, APRIL 758 FOX WORTH DR							
	27-9729428		6 750	0.			INCENTIVES
COLUMBUS, OH 43231	2/-9/29428		6,750.	0.			LNCENTIVES

Schedule I (Form 990)

ACTION FOR CHILDREN Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIONNE SHAW							
5213 HONEY TREE LOOP W							
COLUMBUS, OH 43229	29-2707538		8,000.	0.			INCENTIVES
ERICA DUKES							
1307 BOXWOOD DR							
COLUMBUS, OH 43229	81-0786373		6,750.	0.			INCENTIVES
FIRST STEPS ACHIEVEMENT CENTER							
8375 LUCERNE DRIVE							
REYNOLDSBURG, OH 43068	82-3899212		5,750.	0.			INCENTIVES
FUTURE SCHOLARS EARLY LEARNING							
CENTER - 905 E LONG ST - COLUMBUS,	21 4270504		14 500	0			
OH 43205	31-4379594		14,500.	0.			INCENTIVES
GIFTED HANDS WHERE IT ALL BEGINS							
2199 LILACWOOD AVE							
COLUMBUS, OH 43229	22-3935621		7,000.	0.			INCENTIVES
GINGER'S LITTLE LAMB- PATTY EAKIN							
GINGER S LITTLE LAMB- PATTY EARIN 271 TALLMAN STREET							
GROVEPORT, OH 43125	31-1307995		16,750.	0.			INCENTIVES
	51 1507555		10,750.				
GUARDIAN ANGEL CHILDCARE AND							
LEARNING CENTER - 3972 BEECHBANK							
RD - WHITEHALL, OH 43213	82-2136242		6,750.	0.			INCENTIVES
HARMON, LORRIE							
3927 CHICKORY AVE							
GAHANNA, OH 43230	08-4547310		7,000.	0.			INCENTIVES
HELPFUL HANDS LEARNING CENTER							
1271 MORSE RD							
COLUMBUS, OH 43229	85-1800443		6,750.	Ο.			INCENTIVES

Schedule I (Form 990) ACTION FOR CHILDREN

Schedule I (Form 990) ACTION FO				(O-1-			DI-0020393 Pa
Part II Continuation of Grants and Other A	Assistance to Don	nestic Organizations	s and Domestic Go	vernments (Sche	edule I (Form 990), Pa	Int II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HONEY'S HAVEN LEARNING CENTER							
3140 HOUSTON DRIVE							
COLUMBUS, OH 43207	82-3939257		5,750.	0.			INCENTIVES
IT TAKES A VILLAGE EARLY EDUCATION							
CENTER - 9670 SCHOOLHOUSE RD -							
CANAL WINCHESTER, OH 43110	83-1863918		12,500.	0.			INCENTIVES
JANEQUA REDMAN							
6500 CHELSEA GLEN DR							
CANAL WINCHESTER, OH 43110	81-4345196		5,750.	0.			INCENTIVES
JNJS KIDDIE COVE ACADEMY							
4293 BEECHLAWN ROAD	05 2010150		E 550				
COLUMBUS, OH 43213	85-3819150		5,750.	0.			INCENTIVES
JODY'S DAYCARE							
1827 HAMPSTEAD DR.							
COLUMBUS, OH 43229	85-3589522		5,750.	0.			INCENTIVES
				.			
JONNEKA MEEK							
1396 WEYBRIDGE RD							
COLUMBUS, OH 43220	27-7903545		8,000.	0.			INCENTIVES
JORDAN, TYINA							
1046 BRICE RD.							
REYNOLDSBURG, OH 43068	47-3342846		7,000.	0.			INCENTIVES
JOYFUL BEGINNINGS CHILDREN'S							
LEARNING ACADEMY - 1825 WOODLAND							
AVE - COLUMBUS, OH 43219	77-0703818		5,750.	0.			INCENTIVES
JUST WRIGHT 4 KIDS LEARNING							
ACADEMY - 4117 DUNDEE AVE APT A -							
COLUMBUS, OH 43227	27-1048424		6,750.	0.			INCENTIVES
5010mb05, 011 43227	21 1040424		0,730.	U.			FUCTULITY DO

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KAREN TRAYLOR							
1178 BERKELEY RD							
COLUMBUS, OH 43206	47-4073601		5,250.	0.			INCENTIVES
			,				
KATHY GOOLSBY							
2356 LAURELWOOD DR							
COLUMBUS, OH 43229	23-4980202		11,500.	0.			INCENTIVES
KATHY RODGERS							
3200 PELDEN COURT							
COLUMBUS, OH 43231	31-4766839		5,250.	0.			INCENTIVES
KIDDIE ACADEMY OF REYNOLDSBURG							
6411 E MAIN ST							
REYNOLDSBURG, OH 43068	45-1534885		14,500.	0.			INCENTIVES
KIDDIE KARE							
4085 VENTURE PLACE							
GROVEPORT, OH 43125	36-4838101		7,750.	٥.			INCENTIVES
KINDERCARE LEARNING CENTER -							
WINDERLY LANE - 1829 WINDERLY LANE							
- PICKERINGTON, OH 43147	47-4478313		6,000.	0.			INCENTIVES
LIFE OF GRACE FAMILY CHILD CARE							
SERVICES LLC - 2976 HAUCK DR -	04 1005650						
GROVE CITY, OH 43123	84-1937659		5,750.	0.			INCENTIVES
LITTLE BUCKEYE LEARNING CENTER -							
DELAWARE - 664 W CENTRAL AVE -	30-1211664		10 000	0.			INCENTIVES
DELAWARE, OH 43015	30-1211004		10,000.	0.			TINCENTIAED
LITTLE BUCKEYES LEARNING CENTER -							
DUBLIN GRANVILLE - 921 E DUBLIN							
GRANVILLE RD - COLUMBUS, OH 43229	30-1211664		13,500.	0.			INCENTIVES
STURTTEDE NE COLORDOS, ON 43223	30 1211004		13,500.	υ.		1	L

ACTION FOR CHILDREN

	OR CHILDREN						1-0820393 Pag
Part II Continuation of Grants and Other	Assistance to Don	nestic Organizations	s and Domestic Go	vernments (Scho	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITTLE DISCIPLES LEARNING CENTER 4099 KARL RD							
COLUMBUS, OH 43224	26-0270662		5,250.	0.			INCENTIVES
COLOMBOS, ON 43224	20-0270002		5,250.	0.			INCENTIVES
LITTLE EXPLORERS CHILDCARE							
3851 HIGHLAND BLUFF DR							
GROVEPORT, OH 43125	29-7132733		6,750.	0.			INCENTIVES
·····			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
LITTLE GENIUS EARLY LEARNING							
CENTER - 1814 PARSONS AVE -							
COLUMBUS, OH 43207	85-1137961		7,250.	0.			INCENTIVES
· · · · ·							
JITTLE LIONS LEARNING CENTER							
2149 CLEVELAND AVE							
COLUMBUS, OH 43211	87-2657223		14,500.	0.			INCENTIVES
LITTLE MIRACLES EDC							
4445 REINBEAU DR							
COLUMBUS, OH 43232	20-2450653		8,750.	0.			INCENTIVES
LITTLE ONES LEARNING CENTER							
L930 SCHROCK RD			10.050				
OLUMBUS, OH 43229	82-2458300		18,250.	0.			INCENTIVES
OTS OF LOVE LEARNING CENTER							
.726 HANFORD ST, APT C	83-2856384		10 750	0			INCENTIVES
COLUMBUS, OH 43206	03-2050304		10,750.	0.			INCENTIVES
IARIA ZACARIAS							
666 OLD TREE PLACE							
COLUMBUS, OH 43228	09-7544168		5,750.	0.			INCENTIVES
	05 ,544100		5,750.	0.			
IARISOL YORRO							
76 OLD RANCH CT							
GALLOWAY, OH 43119	07-5789704		5,750.	0.			INCENTIVES

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARYS LITTLE LAMB CHILD							
INTERACTIVE LEARNING ACADEMY -							
1800 PARSONS AVE - COLUMBUS, OH							
43207	80-0436668		11,500.	0.			INCENTIVES
MICHELLE SCOTT							
1309 LEE AVE							
COLUMBUS, OH 43219	81-2902420		8,000.	0.			INCENTIVES
MICHELLE'S ACADEMY							
7810 GRAPHICS WAY							
LEWIS CENTER, OH 43035	26-2869038		7,000.	0.			INCENTIVES
MISS BZZ CHILDCARE							
1210 OAKWOOD AVE							
COLUMBUS, OH 43206	84-2681910		5,750.	0.			INCENTIVES
,			,				
MOMMY AND ME CHILDCARE AND							
ENRICHMENT CENTER - 6200B BUSCH							
BLVD - COLUMBUS, OH 43229	81-3962137		22,000.	0.			INCENTIVES
MORNING STAR LEARNING ACADEMY LLC							
1586 E DUBLIN GRANVILLE RD							
COLUMBUS, OH 43229	85-1177229		10,500.	0.			INCENTIVES
MORNING STARS LEARNING CENTER							
1218 E 19TH ST							
COLUMBUS, OH 43211	27-5789793		14,750.	0.			INCENTIVES
	27 5705795		±=,,50.	0.			TROPATION
MS. B'S CHILDCARE (BELINDA							
STEVENS) - 1716 SANDHURST RD -							
COLUMBUS, OH 43229	28-0689770		7,750.	0.			INCENTIVES
MS. DEES SUGAR BABIES LLC							
5033 REFUGEE RD							
COLUMBUS, OH 43242	88-2050298		5,750.	Ο.			INCENTIVES

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUDDY PUDDLE PRESCHOOL							
2222 HILLIARD ROME RD							
HILLIARD, OH 43026	04-8623570		12,750.	0.			INCENTIVES
MY LITTLE WORLD ACADEMY							
1405 MOLER RD							
COLUMBUS, OH 43207	81-3137961		43,750.	0.			INCENTIVES
MY LITTLE WORLD ACADEMY LLC							
1712 RIVERBIRCH DR							
COLUMBUS, OH 43229	81-3137961		5,750.	0.			INCENTIVES
MY PLACE CHILD CARE LLC							
1335 E MAIN ST							
NEWARK, OH 43055	90-0622323		37,500.	0.			INCENTIVES
NADJA'S DAYCARE							
4531 HARTWELL RD	00 0000100		6 550	•			
COLUMBUS, OH 43224	82-3022136		6,750.	0.			INCENTIVES
NANNY MAWS PLAYHOUSE AND LEARNING							
PLACE - 3879 S HIGH ST - COLUMBUS,							
OH 43232	86-3868788		7,000.	0.			INCENTIVES
			.,				
NICOLELEIGHLEARNINGCENTER							
3342 FAYCREST RD							
COLUMBUS, OH 43232	87-1685425		8,000.	0.			INCENTIVES
			, ,				
NITORIYA GOFF							
6158 NORTHGAP DR							
COLUMBUS, OH 43229	28-4869773		7,250.	0.			INCENTIVES
NO PLACE LIKE HOME OF COLUMBUS							
5599 CHATTERTON RD							
COLUMBUS, OH 43232	42-1749096		13,000.	0.			INCENTIVES

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEARLILY MONTESSORI							
211 BRADENTON AVE							
DUBLIN, OH 43017	20-8809393		15,000.	0.			INCENTIVES
PERRY'S PLACE OF CARE - JALISA							
PERRY - 1318 WOODNELL AVE -							
COLUMBUS, OH 43219	30-1968130		5,500.	0.			INCENTIVES
PLAY TO LEARN DAY CARE CENTER,							
INC 26 S GRENER AVE - COLUMBUS,							
OH 43228	31-1578729		21,000.	0.			INCENTIVES
POOH BEARS LEARNING CENTER							
1509 YATES DR							
COLUMBUS, OH 43207	29-7926859		5,750.	0.			INCENTIVES
	23 7320033		5,750.				
PRAIRIE LINCOLN ELEMENTARY YMCA							
AFTER SCHOOL PROGRAM - 4900							
AMESBURY WAY - COLUMBUS, OH 43229	31-4379594		10,000.	0.			INCENTIVES
,			, ,				
PRIMA 1 DAYCARE AND LEARNING							
CENTER - 2045 AGLER RD - COLUMBUS,							
OH 43224	81-3011878		14,500.	0.			INCENTIVES
PUDDIES PLAY HOUSE 2 LEARNING							
CENTER LLC - 3413 E MAIN ST -							
COLUMBUS, OH 43213	87-0987061		7,000.	0.			INCENTIVES
RAINBOW CHILD CARE, TOO!							
5599 HILLIARD ROME OFFICE PARK				_			
HILLIARD, OH 43026	20-1422440		6,500.	0.			INCENTIVES
RAINBOW CHILDCARE INC.							
3511 KARIKAL DR							
WESTERVILLE, OH 43081	81-3948464		6,750.	0.			INCENTIVES
HOTHKATHHH, OH #2001	01 5940404		0,750.	<u> </u>			

ACTION FOR CHILDREN

Schedule I (Form 990) ACTION FO							1-0820393 Pag
Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Don (b) EIN	(c) IRC section if applicable	s and Domestic Go (d) Amount of cash grant	vernments (Sche (e) Amount of noncash assistance	edule I (Form 990), Pa (f) Method of valuation (book, FMV, appraisal, other)	rt II.) (g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAINBOW2 CHILDCARE INC							
4164 CAMELLIA CT							
VESTERVILLE, OH 43081	92-0464776		5,500.	0.			INCENTIVES
RHONDA WEST							
958 E MOUND ST							
COLUMBUS, OH 43209	31-1694150		5,750.	0.			INCENTIVES
RODRIGUEZ CHILDCARE							
2929 SULLIVANT AVE							
COLUMBUS, OH 43204	83-3785778		14,500.	0.			INCENTIVES
COLOMBOS, ON 45204	03 3703770		14,500.	0.			INCENTIVES
RONDA BROWN							
5518 AQUA ST							
COLUMBUS, OH 43229	42-1640211		5,750.	0.			INCENTIVES
,			,				
SONDA MOORE (VICTORIA'S LESSONS)							
3577 LIV MOOR DR							
COLUMBUS, OH 43227	83-3590009		6,750.	0.			INCENTIVES
STAR KIDS DAYCARE							
4311 VALLEY QUAIL BLVD S							
TESTERVILLE, OH 43081	87-2774143		5,750.	0.			INCENTIVES
START 2 FINISH LEARNING ACADEMY							
227 FAIRWAY BLVD							
THITEHALL, OH 43213	90-0643823		13,500.	0.			INCENTIVES
THEDETHIC CHONE ACADEMY DAVCARE							
TEPPING STONE ACADEMY DAYCARE							
(TRACY ATTIKPLE) - 3826 MOUNT HOOD	60 0072000		0.050	•			TNOFNETUPO
CT - GAHANNA, OH 43230	69-9073229		8,250.	0.			INCENTIVES
STEPPING STONE CHILD CARE							
2132 STRINGTOWN RD							
GROVE CITY, OH 43123	84-4419654		7,250.	0.			INCENTIVES

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNSHINE KIDS LEARNING CENTER							
957 MT VERNON AVE							
COLUMBUS, OH 43203	84-3522267		7,000.	0.			INCENTIVES
,			,				
TEACH & LEARN CHILDCARE							
2696 S HAMILTON RD							
COLUMBUS, OH 43232	46-1408946		15,750.	0.			INCENTIVES
TEENY TOTS CHILD CARE LLC							
3420 BEXVIE AVE UNIT D							
COLUMBUS, OH 43227	82-4474290		5,750.	0.			INCENTIVES
TENDER YEARS LEARNING CENTER							
1344 S OHIO AVE							
COLUMBUS, OH 43206	31-1596526		5,500.	0.			INCENTIVES
THE GODDARD SCHOOL OF REYNOLDSBURG							
40 CHRIS PERRY LN							
COLUMBUS, OH 43213	87-1943494		14,500.	0.			INCENTIVES
THE NEST SCHOOLS WESTERVILLE							
DEMPSEY - 840 DEMPSEY RD -	85-4020677		28 500	0.			INCENTIVES
WESTERVILLE, OH 43081	05-4020077		38,500.	0.			INCENTIVES
THELMA SCHOENBERGER							
998 CONESTOGA DR							
COLUMBUS, OH 43213	17-3463647		5,750.	0.			INCENTIVES
	1, 2402041		5,750.	0.			11.01111110
UNITEE CHILD CARE INC.							
2121 JOYCE AVE							
COLUMBUS, OH 43219	30-0605195		6,250.	٥.			INCENTIVES
, ••• •••••							
VICTORIA HALL							
1280 FAHLANDER DR N							
COLUMBUS, OH 43229	27-2686230		6,750.	0.			INCENTIVES

ACTION FOR CHILDREN

chedule I (Form 990) ACTION FO	R CHILDREN Assistance to Dom		and Domestic Go	vernments (Sche	edule I (Form 990), Pa		1-0820393 F
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAISS LEARNING CENTER LLC							
2200 E DUBLIN GRANVILLE RD							
COLUMBUS, OH 43229	38-3780893		7,000.	0.			INCENTIVES
WASHINGTON, RHONDA R							
3118 QUINBY DR							
COLUMBUS, OH 43232	13-4313897		7,000.	0.			INCENTIVES
			, ,			1	
WHERE THE WILD KIDS GROW LEARNING							
CENTER - 2800 GROSSE PT -							
COLUMBUS, OH 43232	90-0924469		8,250.	0.			INCENTIVES
YMCA CHERRY CREEK HEAD START							
600 FOX RIDGE ST							
COLUMBUS, OH 43228	31-4379594		12,500.	0.			INCENTIVES
			,	- •			
YMCA HILLIARD							
4515 COSGRAY RD							
HILLIARD, OH 43026	31-4379594		12,500.	0.			INCENTIVES
YMCA HILLTOP BRANCH							
2879 VALLEYVIEW DR	31-4379594		E E00	0.			TNODNETVER
COLUMBUS, OH 43204	31-4379594		5,500.	0.			INCENTIVES
YVONNE IVEY							
1034 ACTON RD							
COLUMBUS, OH 43224	80-0943357		10,750.	0.			INCENTIVES

Schedule I (Form 990) 2022

ACTION FOR CHILDREN

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
RISE SCHOLARSHIPS	225	5,459,768.	0.		
RENT ASSISTANCE	101	405,502.	0.		
Part IV Supplemental Information. Provide the information red	quired in Part I. lin	e 2: Part III. column	(b): and any other ac	ditional information.	

PART I, LINE 2:

ERA- THE INDIVIDUALS QUALIFY AS LOW INCOME STAFF OR OWNERS OF CHILD CARE

LOCAL PROVIDERS. IF THEIR INCOME QUALIFIES FOR THE PROGRAM, THE AWARD

(RENT) IS PAID DIRECTLY TO LANDLORDS. THIS WAY WE KNOW THE FUNDS WENT TO

PAY THE RENT IT WAS MEANT FOR.

RISE- THE PARENTS OF CHILDREN QUALIFY AS LOW INCOME ACCORDING TO THE

GUIDELINES OF THE RISE PROGRAM. IF THEY QUALIFY, THE MONTHLY AMOUNT OF

SCHOLARSHIP IS AWARDED TO THE PARENTS, BUT PAID DIRECTLY TO THE CHILD CARE

	ON FOR CHILDREN	31-0820393 Page 2
Part IV Supplemental Information		
PROVIDER OF THE CHILD. J	T IS PAID ON A MONTHLY BASIS AN	ND WE HAVE MONTHLY

DOCUMENTS SHOWING THE CHILD IS ENROLLED AND CONTINUING THE CHILD CARE.

FOR INCENTIVE PAYMENTS- THE CHILD CARE PROVIDER HAS COMPLETED AN

APPLICATION, AND ON-SITE INSPECTION. THIS COULD INCLUDE INCREASING STEP UP

TO QUALITY STAR LEVELS, ADDING CLASSROOMS, EXTENDING HOURS, ETC.

DOCUMENTATION OF THESE GOALS ARE SUBMITTED AND REVIEWED. THEN THE AWARD IS

PAID TO THE PROVIDERS WHEN APPROVED. THERE IS NO FURTHER MONITORING ON HOW

THEY SPENT THE FUNDS.

EMPOWER INCENTIVES AND PAYMENTS ARE SIMILAR TO RISE.

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.



Employer identification number 31 - 0820393

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

ACTION FOR CHILDREN

THE FORM 990 WAS PROVIDED TO EACH OF THE BOARD MEMBERS FOR THEIR REVIEW

BEFORE FILING THE TAX RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES

COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY SENDING OUT AN ANNUAL

FORM INQUIRING ABOUT ANY CONFLICT OF INTERESTS. THE BOARD FOLLOWS UP ON ANY

CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE BOARD REVIEWS THE CEO'S COMPENSATION AND THE CEO REVIEWS ALL OTHER

EMPLOYEE'S COMPENSATION. THERE IS NO OTHER PAID POSITION HELD BY ANY

MEMBER OF THE BOARD.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY

AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED.