		F	UBLIC DISCLOSURE COPY - STATE REGIST			562			
Forr	9	90	Return of Organization Exempt Fro Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod			ons)	OMB No. 1545-0047		
-	Department of the Treasury								
Depa Interr	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.								
AF	or the	e 2021 calend	lar year, or tax year beginning $ m JUL1$, 2021 and endi	ing J	UN 30, 2022	2			
B c a	heck if pplicabl	le: C Name o	forganization		D Employer identif	ficati	on number		
	Addre		ES FOR CHILDREN						
	Name chang	pe Doing b	usiness as		95-37860)47			
	Initial return Final return	Number	and street (or P.O. box if mail is not delivered to street address) Roor MEADOW LARK DRIVE	m/suite	E Telephone numb (858) 56	59-			
	termir ated	City or 1	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		12,167,223.		
	Amen		DIEGO, CA 92123		H(a) Is this a group	returr			
	Applic tion	^{ca-} F Name a	nd address of principal officer: ANDREA PAYNE MOSER		for subordinate	s?	Yes X No		
	pendi	ng			H(b) Are all subordinates	include	ed? Yes No		
		empt status:		527	If "No," attach	a list.	See instructions		
			SPEAKUPNOW.ORG		H(c) Group exempti				
				L Year o	f formation: 1982	M Sta	ate of legal domicile: CA		
Pa	art I	Summary							
Governance	1	Briefly describ	be the organization's mission or most significant activities: WE RECE ERS TO ADVOCATE FOR ABUSED CHILDREN	RUIT IN	, TRAIN, AN FOSTER CARE	ND E.	SUPERVISE		
nai	2		x ► if the organization discontinued its operations or disposed of				 S.		
Ievo	 3 Number of voting members of the governing body (Part VI, line 1a) 3 								
	 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 						28 28		
Activities &					92				
itie			of individuals employed in calendar year 2021 (Part V, line 2a) of volunteers (estimate if necessary)						
cti			d business revenue from Part VIII, column (C), line 12			_	0.		
A			business taxable income from Form 990-T, Part I, line 11			_	0.		
				<u> </u>	Prior Year		Current Year		
•	8	Contributions	and grants (Part VIII, line 1h)		8,584,085		11,903,713.		
Revenue			ice revenue (Part VIII, line 2g)		0.		0.		
eve		•	come (Part VIII, column (A), lines 3, 4, and 7d)		24,125		19,460.		
ŭ			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-61,915		-201,193.		
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,546,295		11,721,980.		
			milar amounts paid (Part IX, column (A), lines 1-3)		78,888		94,212.		
			to or for members (Part IX, column (A), line 4)		0.		0.		
s		-			4,848,834		5,315,687.		
Expenses	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ►917 , 431 .		0.		0.		
bei	b	Total fundrais	ing expenses (Part IX, column (D), line 25) 917, 431.	•					
ŵ	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)	_	1,195,173		1,226,494.		
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,122,895		6,636,393.		
			expenses. Subtract line 18 from line 12		2,423,400		5,085,587.		
or					jinning of Current Year		End of Year		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		8,260,929	•	12,075,772.		
ASS J Ba			s (Part X, line 26)		2,136,880		930,416.		
			fund balances. Subtract line 21 from line 20		6,124,049		11,145,356.		
	art II				· · ·				
Und	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules and	l stateme	ents, and to the best of r	ny kno	owledge and belief, it is		

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer ANDREA PAYNE MOSER, TR Type or print name and title	EASURER	Date								
	Print/Type preparer's name	Preparer's signature									
Paid	RICHARD HOTZ		05/22/23 ^{if} P00452784								
Preparer	Firm's name 🕨 CONSIDINE & CONS		Firm's EIN ▶ 95-2694444								
Use Only	Firm's address 👞 8989 RIO SAN DIE	GO DRIVE, SUITE 250									
	SAN DIEGO, CA 92108-1604 Phone no.619.231.3										
May the I	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🔀 Yes 🗌 No										
132001 12-0	132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)										

orm	1990 (2021) VOICES FOR CHILDREN	95-3786047	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		X
1	Briefly describe the organization's mission:		
	VOICES FOR CHILDREN TRANSFORMS THE LIVES OF ABUSED CHIL		
	PROVIDING THEM WITH COURT APPOINTED SPECIAL ADVOCATES (CASAS).	
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	XNo
	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	XNo
	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	s measured by expense	S.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 5,184,091. including grants of \$ 94,212.) (Reven		
	VOICES FOR CHILDREN (VFC) RECRUITS, TRAINS, AND MANAGES		
	VOLUNTEERS ANNUALLY TO SERVE AS COURT APPOINTED SPECIAL		
	(CASAS) AND IS THE ONLY NONPROFIT ORGANIZATION DESIGNAT		'A'I'E
	OF CALIFORNIA AND THE SUPERIOR COURTS OF SAN DIEGO AND		
	COUNTIES TO PROVIDE THESE CASA SERVICES. VFC WAS FOUND		
	SAN DIEGO COUNTY, AND SINCE 2015, HAS ALSO OPERATED THE FOR RIVERSIDE COUNTY. CASA VOLUNTEERS PLAY AN IMPORTAN		
	FOR RIVERSIDE COUNT: CASA VOLUNTEERS FLAT AN IMPORTAN FOSTER CARE SYSTEM, BUILDING TRUSTING RELATIONSHIPS WIT		
	INTERFACING WITH THE PROFESSIONALS IN ORDER TO IDENTIFY		
	BEST INTERESTS OF CHILDREN IN FOSTER CARE WHO HAVE EXPE		
	NEGLECT, OR ABANDONMENT. CURRENTLY ALL OF THE NEARLY 5		-
	SAN DIEGO COUNTY FOSTER CARE RECEIVE ASSESSMENT SERVICE		
4b	(Code:) (Expenses \$ including grants of \$) (Reven	-	
1c	(Code:) (Expenses \$ including grants of \$) (Reven	.ue \$	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 5,184,091.		
			990 (2021
32002	2 12-09-21 SEE SCHEDULE O FOR CONTINUATION(S)	
~ ~	3	=	~~ 1 1 1
00	522 757767 VOIC91123663 2021.05080 VOICES FOR CHILDREN	VOI	C9111

Form 990 (2021)

Part IV Checklist of Required Schedules

VOICES FOR CHILDREN

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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			v
_	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,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		37	
	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	10-	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	<u>л</u>	
D	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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	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? <i>If</i> "Yes," <i>complete Schedule G, Part I</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? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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132003 12-09-21

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	330	(2021)	

 Form 990 (2021)
 VOICES
 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		X
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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?			
	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			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
De	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 15			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		x	
	(gambling) winnings to prize winners?	1c	 990	(0004)
132004	4 12-09-21 5	Form	390	(2021)

021)	VOICES	FOR	CHILDREN	
Statements	Regarding C	ther II	RS Filings and	Tax Compliance (continued)

Form 990 (2021)

					Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		0.0					
	filed for the calendar year ending with or within the year covered by this return	2a	92	2b	X			
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction	s				v		
				3a		X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			x		
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	unt)?	4a				
D	If "Yes," enter the name of the foreign country							
Fa	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			Ea		Х		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction tax shelter ta			5a 5b		X		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50 50				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
Ua	any contributions that were not tax deductible as charitable contributions?			6a		x		
h	If "Yes," did the organization include with every solicitation an express statement that such contribut			- Uu				
	were not tax deductible?		•	6b				
7	Organizations that may receive deductible contributions under section 170(c).							
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices	provided to the pavor?	7a		Х		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w							
	to file Form 8282?		•	7c		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontra	ct?	7e				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?		7f				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe	orm 8	899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation	file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by tl	ne					
	sponsoring organization have excess business holdings at any time during the year?							
9	Sponsoring organizations maintaining donor advised funds.							
а				9a				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b				
10	Section 501(c)(7) organizations. Enter:	۱	1					
	Initiation fees and capital contributions included on Part VIII, line 12	10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:		1					
		11a						
α	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	446						
100	,	1041	2	120				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041	1	12a				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	I					
	Is the organization licensed to issue qualified health plans in more than one state?			13a				
-	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
-	organization is licensed to issue qualified health plans	13b						
с	Enter the amount of reserves on hand	13c						
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eratio	n or					
	excess parachute payment(s) during the year?			15		X		
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?								
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	any						
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? \ldots			17				
	If "Yes," complete Form 6069.							
132005	6			Form	9 90	(2021)		

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Form 990	(2021)
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VOICES FOR CHILDREN

X

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.

1a Enter the number of voting members of the governing body at the end of the tax year 1a 28 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 0. 1b 28 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 4 Did the organization become aware during the year of a significant diversion of the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 6 7a Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7a 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 9 Is there ary officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the	200	Check if Schedule O contains a response or note to any line in this Part VI						Σ
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exempt status with respect to such arrangements? 16b Section C. Disclosure 17 17 List the states with which a copy of this Form 990 is required to be filed ▶CA 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) of public inspection. Indicate how you made these available. Check all that apply. IX Own website Another's website IX Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finance statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ JAMES SCOFFIN CFO - (858) 569 - 2019 2851 MEADOW LARK DRIVE, SAN DIEGO, CA 92123	b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	uate it	s participa	ation			
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 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and finance statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ► JAMES SCOFFIN CPA CFO - (858) 569-2019 2851 MEADOW LARK DRIVE, SAN DIEGO, CA 92123 								
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20 State the name, address, and telephone number of the person who possesses the organization's books and records ►	19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	confli	ct of inter	est policy, a	nd fina	ncial	
JAMES SCOFFIN CPA CFO - (858) 569-2019 2851 MEADOW LARK DRIVE, SAN DIEGO, CA 92123								
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Part VII	II Compensation of Officers, Directors, Trustees, Key Er	mployees, H	lighest C	ompensated
	Employees, and Independent Contractors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

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

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

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 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)		(C)				(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one) than	one	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an officer and a director/trustee)			is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer ar	10 a 0 1	recto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		ploy6	t con	_	1099-NEC)		and related organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KELLY DOUGLAS	50.00	=			\leq	Ξē	Œ			
PREISDENT/CEO		1		x				242,368.	0.	0.
(2) REBECCA RADER	40.00									
OFFICER		1		x				147,693.	0.	0.
(3) JESSICA MUNOZ	40.00									
EXECUTIVE DIRECTOR		1		x				124,617.	0.	0.
(4) STEPHEN MOORE	40.00							-		
CHIEF PROGRAM OFFICER		1		X				120,220.	0.	0.
(5) JAMES SCOFFIN	20.00									
CFO				X				80,674.	0.	0.
(6) ANNEELISE GOETZ, ESQ	1.00									
CHAIR		X		X				0.	0.	0.
(7) ANNETTE BRADBURY	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(8) GEORGE LAI	1.00									
SECRETARY		Х		Х				0.	0.	0.
(9) ANDREA PAYNE MOSER	1.00									
TREASURER		Х		Х				0.	0.	0.
(10) LUISA AYALA	1.00									
MEMBER		Х						0.	0.	0.
(11) MARY BENIRSCHKE	1.00									
MEMBER		Х						0.	0.	0.
(12) RYAN BLAIR	1.00									
MEMBER		Х						0.	0.	0.
(13) ANDY CHRISTOPHER	1.00								_	_
MEMBER		Х						0.	0.	0.
(14) PATTY COHEN	1.00									
MEMBER		Х						0.	0.	0.
(15) SERGIO DEL PRADO	1.00									
MEMBER		Х						0.	0.	0.
(16) P. RANDOLPH FINCH, JR., ESQ	1.00								_	_
MEMBER		х						0.	0.	0.
(17) JENNY LI-HOCHBERG	1.00									
MEMBER		Х						0.	0.	0.
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Part VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C		es (continued)				
(A)	(B)	(C)						(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one box, unless person is both an						Reportable	Reportable			mate	
	hours per week					is bot or/trus		compensation	compensation			bunt	of
	(list any	or					Ĺ	from the	from related organizations		comp	ther	tion
	hours for	direct				P		organization	(W-2/1099-MISC			m th	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	, 	orga		
	organizations	trust	ial tru		yee	ompe		1099-NEC)	,		and	relat	ed
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgar	izati	ons
(10) MUE HON GUGAN D. HUGHENOD (DEM	1.00	ц Ц	lns	æ	Key	E Lic	ß			\rightarrow			
(18) THE HON. SUSAN D. HUGUENOR (RET MEMBER	1.00	x						0.		0.			0.
(19) ERBIN KEITH, ESQ	1.00	11			\vdash				`	<u> </u>			<u> </u>
MEMBER		x						0.		0.			Ο.
(20) MIA KELLY, ESQ	1.00												
MEMBER 2		x						0.		0.			Ο.
(21) RICHARD KINTZ, ESQ	1.00												
MEMBER		x						0.		0.			Ο.
(22) JENNY MCKENNA	1.00												
MEMBER		X						0.		0.			Ο.
(23) KATHERINE NICOLETTI	1.00												
MEMBER		X						0.		0.			0.
(24) HOLLIS R. PETERSON, ESQ	1.00												
MEMBER		Х						0.		0.			0.
(25) NANCY R. PFEIFFER	1.00												•
MEMBER	1 0 0	X						0.		0.			0.
(26) KRISTI PFISTER	1.00												~
MEMBER		X						0.		0.			0.
1b Subtotal								715,572.		0.			0.
c Total from continuation sheets to Part VI										0. 0.			0.
d Total (add lines 1b and 1c)								715,572.		J•			0.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) wł	no r	eceived more than \$100	0,000 of reportable				4
compensation from the organization												/es	4 No
3 Did the organization list any former officer,	director truct	~~ I			love		r bio	sheet componented omr				163	NO
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	,				,		- C	, i i	,		3		х
4 For any individual listed on line 1a, is the su											3		
and related organizations greater than \$150								-	the organization		4	x	
5 Did any person listed on line 1a receive or a									idual for services	·· -	-		
rendered to the organization? If "Yes," com	-				-			-			5		х
Section B. Independent Contractors					1								
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of comp	ensat	tion fro	om	
the organization. Report compensation for	the calendar y	ear	endi	ng v	with	or w	rithir	n the organization's tax	year.				
(A)				_				(B)		~	(C)		
Name and business	address	N	ONI	3			_	Description of s	services	Co	mpens	satio	n
							\neg						
2 Total number of independent contractors (i		not li	mite	d to	tho	se li	stec	d above) who received m	nore than				
\$100,000 of compensation from the organi		ידח	TTT	<u>, m.</u>			777			_		00	
SEE PART VII, SECTION	N A CON	1 1 1	N U Z	л т .	τUI		<u>эп</u> .	613		F	orm 9	9 U (2	2021)
132008 12-09-21													

Part VII Section A. Officers, Directors, Tru (A) Name and title	stees, Key Er (B) Average hours per week (list any hours for related organizations below line)	stee or director	neck	(C Posi	C) ition			Compensated Employ (D) Reportable compensation	(E) Reportable	(F) Estimated	
Name and title	Average hours per week (list any hours for related organizations below		neck	Pos	ition		Iv)	Reportable	Reportable	Estimated	
	hours per week (list any hours for related organizations below		neck				IV)				
	per week (list any hours for related organizations below			all t	that	app	lv)	componention			
	week (list any hours for related organizations below	trustee or director	tee				.,,		compensation	amount of	
	(list any hours for related organizations below	trustee or director	tee					from	from related	other	
	hours for related organizations below	trustee or directo	tee			loyee		the	organizations	compensation	
	related organizations below	trustee or d	tee			emp		organization	(W-2/1099-MISC)	from the	
	organizations below	truste				sated		(W-2/1099-MISC)		organization and related	
	below	+	l trus		/ee	npen				organizations	
		dual	utiona	_	mplo	st co	S.			organizationo	
		Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(27) PENNY E. ROBBINS	1.00										
MEMBER		Х						0.	0.	0.	
(28) MONIQUE RODRIGUEZ	1.00										
MEMBER		Х						0.	0.	0.	
(29) LAURA ROOS	1.00										
MEMBER		Х						0.	0.	0.	
(30) LAUREE SAHBA	1.00										
MEMBER		Х						Ο.	Ο.	0.	
(31) KATIE SULLIVAN	1.00										
MEMBER		Х						0.	Ο.	0.	
(32) TED TCHANG	1.00										
MEMBER		Х						0.	0.	0.	
(33) LISE N. WILSON, ESQ	1.00										
MEMBER		Х						Ο.	Ο.	0.	
Total to Part VII, Section A, line 1c											

			Check if Schedule O c	ontai	ns a resp	onse	or note to any lin	e in this Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
nts nts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b									
۲, G			Fundraising events				2,466,580.				
ar /			Related organizations								
s, o			Government grants (contri				2,953,410.				
S, G			All other contributions, gifts, g				, ,				
her		•	similar amounts not included				6,483,723.				
Ē		а	Noncash contributions included in			\$	663,865.				
Cor			Total. Add lines 1a-1f					11,903,713.			
							Business Code				
Ð	2	а									
Program Service Revenue	-	b									
Sei		c									
an Sve		d									
Bas		e									
Pro			All other program service r	ovon							
		'n	Total. Add lines 2a-2f								
	3	9	Investment income (includ								
	ľ		other similar amounts)					20,735.			20,735.
	4		Income from investment o					,			,
	5		Royalties			-					
	"				(i) Rea		(ii) Personal				
	6	-	Gross rents	6a	() 1100						
	0		Less: rental expenses	6b							
			Rental income or (loss)	6c							
			Net rental income or (loss)								
	7		Gross amount from sales of		(i) Secur		(ii) Other				
	'	d	assets other than inventory	7a	(1) 00001	100					
		h	Less: cost or other basis	14							
ē		D		7b	1	275.					
Other Revenue		-		70 7c	-	275.					
sev.			· · · · · · · · · · · · · · · · · · ·		,			-1,275.			-1,275.
ъ			Net gain or (loss) Gross income from fundraisin			· · · · · · · · · · · · · · · · · · ·	>	1,275.			1,273.
Ę	ð	a	including \$ 2,4	-	•						
Ŭ											
			contributions reported on				242,775.				
		h	Part IV, line 18			8a 8b					
			Less: direct expenses Net income or (loss) from f					-201,193.			-201,193.
			Gross income from gaming					201,193.			201,193.
	5	a	Part IV, line 19								
		h	Less: direct expenses								
			Net income or (loss) from g								
	10		Gross sales of inventory, le	-	-	<u> </u>					
	10	a	and allowances			10a					
		h	Less: cost of goods sold								
		U	Net income or (loss) from s	Sales		лу	Business Code				
snc	44	а					Eddiness Odde				
nec	''										
ella ver		b									
Miscellaneous Revenue		с с	All other revenue								
Σ			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					11,721,980.	0.	0,	-181,733.
13200								,,,, 500,	I		Form 990 (2021)

11

19400522 757767 VOIC91123663 2021.05080 VOICES FOR CHILDREN

VOIC9111

Form 990 (2021) Part VIII

VOICES FOR CHILDREN Statement of Revenue

VOICES FOR CHILDREN

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a respons Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1 Grants and other assistance to domestic organizations		expenses	general expenses	expenses
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	94,212.	94,212.		
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	763,004.	392,717.	125,415.	244,872
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	3,903,422.	3,205,732.	257,586.	440,104
8 Pension plan accruals and contributions (include		-		
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	298,759.	232,242.	27,756.	38,761
10 Payroll taxes	350,502.	274,089.	26,721.	49,692
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	27,100.	9,309.	13,955.	3,836
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,821.		1,821.	
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A), amount, list line 11g expenses on Sch 0.)	25,528.	8,769.	13,145.	3,614
12 Advertising and promotion	204,404.	204,404.		
13 Office expenses	32,319.	29,378.	2,521.	420
14 Information technology				
15 Royalties				
16 Occupancy	396,804.	312,789.	30,825.	53,190
17 Travel				
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	63,765.	50,227.	4,967.	8,571
23 Insurance	57,527.	57,527.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column (A),				
amount, list line 24e expenses on Schedule 0.)		101 005		
a MILEAGE & MEALS	111,440.	104,207.	4,164.	3,069
b DUES & SUBSCRIPTIONS	94,920.	53,333.	15,010.	26,577
c TELEPHONE	62,030.	51,412.	4,446.	6,172
d EQUIPMENT & MAINTENACE	38,689.	37,571.	136.	982
e All other expenses	110,147.	66,173.	6,403.	37,571
25 Total functional expenses. Add lines 1 through 24e	6,636,393.	5,184,091.	534,871.	917,431
26 Joint costs . Complete this line only if the organization				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here Figure 1 if following SOP 98-2 (ASC 958-720)				Form 990 (202

Form **990** (2021)

13 19400522 757767 VOIC91123663 2021.05080 VOICES FOR CHILDREN

VOICES FOR CHILDREN

10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 838, 501. 10b 10c 838, 501. 11 Investments - publicly traded securities. 111 10b 612, 512. 151, 794. 10c 225, 989. 11 Investments - other securities. See Part IV, line 11 348, 231. 13 296, 234. 13 Investments - orgameriated. See Part IV, line 11 300, 225. 15 29, 025. 16 Total assets. Add lines 1 through 15 (must equal line 33) 8, 260, 929. 16 12, 075, 772. 17 Accounts payable and accrued expenses 620, 869. 17 506, 122. 18 Grants payable and accrued expenses 620, 054. 19 372, 922. 18 Grants payable and accrued expenses 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 20 22 Loas and other payable to unrelated third parties 22 23 24 24 24 Unsecured notes and loars payable to unrelated third parties 24 24 24 25 Other liabilities (includin	I GI		Buidhee Oneet					
Beginning of year End of year 1 Cash - non-interest-bearing 1,990, 869, 369, 369, 369, 369, 020, 2 5,509, 075. 2 Savings and temporary cash investments 1,951, 170, 3 3,871, 355. 4 Accounts receivable, net 1,951, 170, 3 3,871, 355. 4 Accounts receivable, net 1,951, 170, 3 3,871, 355. 5 Loans and other receivables from other disqualified persons (as defined under section 4980(0)(8)) 6 6 6 Loans and other receivables from other disqualified persons (as defined under section 4980(0)(8)) 6 6 10 and or seceivables from other disqualified persons (as defined under section 4980(0)(8)) 6 121, 380. 9 153, 225. 10 Lass and deferred charges 121, 380. 9 153, 225. 15 29, 025. 329, 023. 11 Investments - publicly traded securities 10 348, 231. 13 296, 234. 11 Investments - publicly traded securities 12 9, 025. 15 29, 025. 11 Investments - publicly traded securities 104 348, 231. <th></th> <th></th> <th>Check if Schedule O contains a response or no</th> <th>te to an</th> <th>y line in this Part X</th> <th></th> <th></th> <th></th>			Check if Schedule O contains a response or no	te to an	y line in this Part X			
2 Savings and temporary cash investments 3, 698, 020. 2 5, 509, 075. 3 Pledges and grants receivable, net 1, 951, 170. 3 3, 871, 355. 4 Accounts receivable, net 1, 951, 170. 3 3, 871, 355. 4 Accounts receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%, controlled entity or family member of any of these persons (as defined under section 4958(r)(1)), and persons described in section 4958(r)(3)(8) 6 6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(r)(3)(8) 7 7 7 Notes and loans receivable, net 8 9 121, 380. 9 153, 225. 10a B38, 501. 10a 838, 501. 10c 225, 989. 11 12 11 12 11 12 11 12 11 12 13 296, 234. 11 13 348, 231. 13 296, 234. 14 13 14 12.075, 772. 17 Accounts payable and accrued expenses 620, 869. 17 506,						Beginning of year		End of year
get Savings and temporary cash investments 3,698,020. 2 5,509,075. 4 Accounts receivable, net 1,951,170. 4 5 Laars and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or tanily member of any of these persons 5 5 6 Laars and other receivables from other disqualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(r)(3)(5) 6 6 7 Notes and loans receivable, net 8 9 121,380. 9 153,225. 10a Ladra sector Adspective part VI of Schedule D 10a 838,501. 10a 225,989. 11 Investments - publicly traded securities 11 348,231. 13 296,234. 12 Investments - publicly traded securities 11 348,231. 13 296,234. 13 Investments - publicly traded securities 11 348,231. 13 296,234. 14 Intragible assets 620,054. 12,075,7722. 15 12,075,7722. 17 Accounts payable and account depender or former officer, director, trustee, key employee, creator or funder, substantial contributor, or 35%,		1	Cash - non-interest-bearing			1,960,109.	1	
a Piedges and grants receivable, net 1,951,170.3 3,871,355. 4 Accounts receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Laans and other receivables from other disqualified persons (as defined under section 4580(f)), and persons described in section 4958(c)(3(B) 6 7 Notes and loans receivable, net 7 8 Frequencies 121, 380.9 9 Prejad expenses and deterred charges 121, 380.9 10 Lans, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 10a 11 Investments - other sourcites. See Part IV, line 11 348, 231.1 12 Investments - other sourcites. See Part IV, line 11 348, 231.1 13 296, 234.4 14 Intragible assets 11 112.0,757,772.7 17 Accounts payable and accrued expenses 620, 869.17 506, 122.2 17 Accounts payable and accrued expenses 620, 869.17 506, 122.2 10 Grants payable 18 12, 075, 772.7 17 Accounts payable and accrued e		2				3,698,020.	2	5,509,075.
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St Lears and other receivables from any current of former officer, director, trustes, key employes, creator of rounder, substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 4586(r)(3)(b) 5 6 Lears and other receivables from other disqualified persons (as defined under section 4586(r)(3)(b) 6 7 Notes and lears receivable, net 7 8 motories for sale or use. 8 9 Prepaid expenses and deferred charges 121,380. 9 153,225. 10 Land, buildings, and equipment: cost or other 10b 612,512. 151,794. 10c 225,989. 11 Investments - publicy fraded securities 11 12 121,380. 9 122,325. 15 10 Lears accurrities. See Part IV, line 11 348,231. 13 296,234. 14 12 11 Investments - program-related. See Part IV, line 11 30,225. 16 12,075,772. 16 Tota assets. Add inset 1 through 15 fmust equal line 33) 8,260,929. 17 506,122. 12 Cortar assets add account liability. Complete Part IV of Schedule D 20 20 20 22 Lears and other payables to related third parties 23 22 23 24 20 </th <th></th> <td>4</td> <td></td> <td></td> <td></td> <td></td> <td>4</td> <td></td>		4					4	
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8 inventories for sale or use 8 9 Prepaid expenses and deferred charges 121,380. 9 19 Lad, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 838,501. b Less: accumulated depreciation 10a 612,512. 151,794. 10c 225,989. 11 investments - publicly traded securities. 111 12 111 12 13 investments - program-related. See Part IV, line 11 348,231. 13 296,234. 14 intrangible assets. 14 14 29,025. 16 12,075,772. 16 Total assets. Add lines 1 through 15 (must equal line 33) 8,260,929. 16 12,075,772. 17 Accounts payable and accrued expenses 620,869,17 506,122. 20 21 Escrow or outsodil abcount liability. Complete Part IV of Schedule D 21 21 22 22 Loans and other payables to any current or former officer, director, truste, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 23 Secured motrgages and othere payables to unrelated third parties 23	ts	7	Notes and loans receivable, net		7			
9 Prepade expenses and otherred charges 111, 500, 9 133, 225, 225, 289, 211, 100, 612, 512, 151, 794, 10c, 225, 989, 111 11 Investments - other securities, See Part IV, line 11 111 12 12 Investments - other securities, See Part IV, line 11 348, 231, 13 296, 234, 14 14 Intangible assets 14 30, 225, 15 29, 025, 15 15 Other assets, See Part IV, line 11 348, 231, 13 296, 234, 14 16 Total assets, Add lines 1 through 15 (must equal line 33) 8, 260, 929, 16 12, 075, 772, 772, 60, 122, 15 16 Total assets, Add lines 1 through 15 (must equal line 33) 8, 260, 929, 16 12, 075, 772, 922, 18 17 Accounts payable and accrued expenses 620, 869, 17 506, 122, 126, 129, 222, 20, 18 18 Grants payable 920 12, 075, 772, 22, 22, 20, 234, 18 20 21 Escrow or custodial account liability. Complete Part V of Schedule D 21 21 22 Loans and other payable to unrelated third parties 22 23 23 Secured mortages and notes payable to u	ese.	8					8	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 838, 501. 0 0 b Less: accumulated depreciation 10b 612, 512. 151, 794. 10c 225, 989. 11 Investments - publicly traded securities. 11 12 11 12 Investments - other securities. See Part IV, line 11 348, 231. 13 296, 234. 14 Intagible assets. 14 12 29, 025. 15 29, 025. 16 Total assets. Add lines 1 through 15 (must equal line 33) 8, 260, 929. 16 12, 075, 772. 17 Accounts payable and accrued expenses 620, 869. 17 506, 122. 18 Grants payable action or folice, fictore, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 21 Escrew or custodial account liability. Complete Part V of Schedule D 24 24 22 Loas and other payable to unrelated third parties 23 23 23 Secured mortagaes and notes payable to unrelated third parties 24 24 24 Unsecured notes and loans payable to unr	Ä	9				121,380.	9	153,225.
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33 Total liabilities and net assets/fund balances	alan	27	Net assets without donor restrictions			5,704,697.	27	8,138,288.
33 Total liabilities and net assets/fund balances	ЯВ	28	Net assets with donor restrictions	419,352.	28	3,007,068.		
33 Total liabilities and net assets/fund balances	nuc		Organizations that do not follow FASB ASC 9	958, che	eck here 🕨 📃			
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33 Total liabilities and net assets/fund balances	ts o	29	Capital stock or trust principal, or current funds				29	
33 Total liabilities and net assets/fund balances	sse	30	Paid-in or capital surplus, or land, building, or each	quipmer	nt fund		30	
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	Ne	32	Total net assets or fund balances			6,124,049.		
		33	Total liabilities and net assets/fund balances .			8,260,929.	33	<u>12,075,772.</u>

Form 990 (2021)

VOIC9111

	1990 (2021) VOICES FOR CHILDREN	95-3	786047	Pag	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
			11 001		~ ~		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,721				
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,636				
3	Revenue less expenses. Subtract line 2 from line 1	3	5,085	-			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,124				
5	Net unrealized gains (losses) on investments	5	-64	1,2	80.		
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,		11 145				
	column (B))	10	11,145	5,3	56.		
Ра	rt XII Financial Statements and Reporting				37		
	Check if Schedule O contains a response or note to any line in this Part XII				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 Schedul		2a		X		
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis			v			
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 separat	e 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	-					
	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 Scl						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		3 a	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X			

Form **990** (2021)

Form 990 (2021

SCHEDULE A

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.

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the	organization
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nan	ie oi	une		CES FOR CHI						5-3786047		
Ра	rt I				(All organizations must c	omolete ti	nis nart) S	ee instruction		5-5700047		
					(For lines 1 through 12, c				13.			
1	l gai	1			on of churches described							
2		1						I)(A)(I).				
2		1			Attach Schedule E (Form		V6V4VAV;;	::)				
3 1		1			anization described in se njunction with a hospital				Viii) Entor	the beenital's name		
4			-	nzation operated in co	injunction with a nospital	uescribed	I III Sectio		(III). Enter	the hospital's hame,		
5		1	ty, and state:	l for the banafit of a ac		d or opera	tod by a a	overnmentel	unit dooorik	ad in		
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
6												
7	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
'			ection 170(b)(1)(A)(vi).		initial part of its support i	ion a gov	enninentai		uie general	public described in		
8		1			(1)(A)(vi). (Complete Parl	• 11 \						
9	\square	1			in section 170(b)(1)(A)(ad in coniu	inction with a	land-grant	college		
5					culture (see instructions).							
			niversity:	d-grain college of agric			name, ong	, and state o	in the colleg	60		
10		1	-	mally receives (1) more	than 33 1/3% of its sup	port from	contributio	ns momhors	thin face a	ad aross receipts from		
10					ct to certain exceptions;							
					e (less section 511 tax) fro							
			ee section 509(a)(2). (C				3303 2040		Iganization			
11		1			ively to test for public sa	fetv See	section 50)9(a)(4).				
12		1	0 0	•	ively for the benefit of, to				arry out the	e purposes of one or		
					ed in section 509(a)(1) o	-			-			
				-	of supporting organizatio							
а			-	• •	supervised, or controlled		-		-	aivina		
					gularly appoint or elect a	•	-		• • •			
			organization. You mus									
b			-	-	d or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	ving		
				•	anization vested in the s			-		-		
			organization(s). You m	ust complete Part IV,	Sections A and C.							
с			Type III functionally in	ntegrated. A supportin	g organization operated	in connec	tion with, a	and functiona	ally integrate	ed with,		
			its supported organizat	tion(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.				
d			Type III non-functiona	ally integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	orted organi	zation(s)		
			that is not functionally	integrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness		
			requirement (see instru	ictions). You must cor	nplete Part IV, Sections	A and D,	and Part	V .				
е			Check this box if the or	rganization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	e II, Type III			
			functionally integrated,	or Type III non-functio	nally integrated support	ing organi:	zation.					
f	Ent	ter tl	he number of supporte	d organizations								
g			e the following informat			(iv) to the error	nization listed					
		(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	nization listed ng document?	(v) Amount o support (see ii	-	(vi) Amount of other		
			organization		above (see instructions))	Yes	No	support (see ii	istructions)	support (see instructions)		
Tete	.1											
Tota	1											

Schedule A (Form 990) 2021

VOICES FOR CHILDREN

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,722,433.	4,410,663.	5,396,585.	8,584,085.	8,563,081.	31,676,847.
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 \dots						
4	Total. Add lines 1 through 3	4,722,433.	4,410,663.	5,396,585.	8,584,085.	8,563,081.	31,676,847.
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)						3,901,973.
6	Public support. Subtract line 5 from line 4.						27,774,874.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	4,722,433.	4,410,663.	5,396,585.	8,584,085.	8,563,081.	31,676,847.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	13,031.	21,140.	20,322.	24,535.	20,735.	99,763.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						31,776,610.
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	ourth, or fifth tax y	/ear as a section 5	501(c)(3)	
	organization, check this box and stop						>
	ction C. Computation of Publ						
14	Public support percentage for 2021 (line 6, column (f), d	ivided by line 11, c	olumn (f))		14	87.41 %
	Public support percentage from 2020					15	93.48 %
16 a	33 1/3% support test - 2021. If the o	organization did no	t check the box on	line 13, and line 1	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				X
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on li	ne 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 tes	t - 2021. If the org	anization did not cl	neck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop her	e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	on qualifies as a pu	blicly supported o	organization		▶□
k	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not cl	neck a box on line	13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circun	nstances test, cheo	ck this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qua	alifies as a publicly	v supported organ	ization	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instruction	s ►
						Schedule A	Form 990) 2021

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

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

Section A. Public Support					-	
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third	, fourth, or fifth tax	vyear as a section	501(c)(3) orga	anization,
check this box and stop here	-			•		
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2021 (ine 8, column (f), (divided by line 13,	, column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inve						
17 Investment income percentage for 20		•)	17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2021. If the					33 1/3%, and	line 17 is not
more than 33 1/3%, check this box a	-					
b 33 1/3% support tests - 2020. If the						/3%, and
line 18 is not more than 33 1/3%, che	•					
20 Private foundation. If the organization			•		•	
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			17			· · · · · · · · · · · · · · · · · · ·

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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| 10b | Schedule A (Form 990) 2021

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Part IV	Supporting	rganizations _{(con}	tinued)	
Schedule A	(Form 990) 202	VOICES	FOR	CHILDREN

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.
 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 Supp	orung Org	anizations		

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 yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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*.

Yes No
Yes No
Yes
No

Schedule A (Form 990) 2021

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VOICES FOR CHILDREN Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

instructions).

1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	ion 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 exem					
	organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns 3			
4	Amounts paid to acquire exempt-use assets		4			
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)	5			
6	Other distributions (describe in Part VI). See instructions.	·	6			
7	Total annual distributions. Add lines 1 through 6.		7			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e			
	(provide details in Part VI). See instructions.	C I	8			
9	Distributable amount for 2021 from Section C, line 6		9			
10	Line 8 amount divided by line 9 amount		10			
		(i)	(ii)	(iii)		
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
а	From 2016					
b	From 2017					
с	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, <i>explain in</i> Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
•	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
•	and 4c.					
8	Breakdown of line 7:					
-	Excess from 2017					
	Excess from 2018					
-	Excess from 2019					
	Excess from 2020					
	Excess from 2020					
-						

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VOICES FOR CHILDREN

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Identification of Excess Contributions Included on Part II, Line 5

95-3786047

2021

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ANONYMOUS	1,025,000.	389,468
GEORGE LAI	1,283,569.	648,037
DAVID J. DUNN	3,500,000.	2,864,468
otal Excess Contributions to Schedule A, Part II, Line 5		3,901,973

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2021

Employer identification number

95-3786047

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

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Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 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.

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.

Schedule	В	(Form	990)	(2021))
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Name of organization

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VOICES FOR CHILDREN

95-3786047

Part I	Contributors (see instructions). Use duplicate copies of Part I	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$847,404.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$355,969.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>3,500,000.</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
4		\$598,922.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	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.)
123452 11-11		24	Schedule B (Form 990) (2021)

Schedule B (Form 990) (2	021)	
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Name of organization

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Employer identification number

95-3786047

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom 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. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of or	ganization			Employer identification number
VOICES	5 FOR CHILDREN			95-3786047
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line entr charitable, etc., contributions of \$1,000 or le	 For organizations 	that total more than \$1,000 for the ye
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of gift		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
Part I				
-		(e) Transfer of gift		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee
(a) No.				
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift		
-	Transferee's name, address, a		Relationship of tra	Insferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Doc	cription of how gift is held
Part I		(c) Use of gift		
		(e) Transfer of gift		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee
23454 11-11-	-21	26		Schedule B (Form 990) (202

SCHEDULI	ΕD
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Department of the Treasury

Internal Revenue Service

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

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



Name of the organization

Employer identification number

	VOICES FOR CHILDRE	N		95-3786047
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other S	imilar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advised	l funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		ld in donor advised fur	nds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for an	y other purpose confe	rring
	impermissible private benefit?			Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes	" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribu	ution in the form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
с	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on	a historic structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re			nization during the tax
	year 🕨			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspect	ion, handling of	
	violations, and enforcement of the conservation easements	it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, an	d enforcing conservati	ion easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and en	forcing conservation ea	asements during the year
	►\$			
8	Does each conservation easement reported on line 2(d) abor	ve satisfy the requirement	ts of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes 📖 No
9	In Part XIII, describe how the organization reports conservat	ion easements in its rever	nue and expense state	ment and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's	financial statements the	hat describes the
	organization's accounting for conservation easements.			
Par		-	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pu			ance of public
	service, provide in Part XIII the text of the footnote to its fina			
b	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	c exhibition, education, or	research in furtheranc	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical tre			, provide
	the following amounts required to be reported under FASB A			
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2021
132051	10-28-21	27		
		27		

Sche	dule D (Form 990) 2021 VOICES F(OR CHILDRE	EN					95-37	8604	7 _{Pa}	age 2
Par	t III Organizations Maintaining Co	llections of Ar	t, Histoi	rical Tr	easures, o	or Othe	er Simi	lar Asse	ts(conti	nued)	
3	Using the organization's acquisition, accession	, and other records	s, check a	ny of the	following that	at make s	ignifican	t use of its			
	collection items (check all that apply):										
а	Public exhibition	d		an or exc	hange progra	am					
b	Scholarly research	е	U Otł	ner							
с	Preservation for future generations										
4	Provide a description of the organization's colle	ections and explain	how they	further t	he organizati	ion's exer	npt purp	oose in Par	t XIII.		
5	During the year, did the organization solicit or r								-		-
	to be sold to raise funds rather than to be main								Yes		No
Par	t IV Escrow and Custodial Arrange		te if the or	ganizatio	n answered	"Yes" on	Form 99	0, Part IV,	line 9, o	r	
	reported an amount on Form 990, Part >										
1a	Is the organization an agent, trustee, custodian		-						٦		٦
	on Form 990, Part X?							····· ∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII an	d complete the foll	owing tab	le:				1	A.m.o.un	+	
									Amoun	L	
	Beginning balance										
	Additions during the year										
	Distributions during the year						<u>1e</u> 1f				
t 20	Ending balance Did the organization include an amount on Forr							I	Yes		No
	If "Yes," explain the arrangement in Part XIII. C						• • • • • •	L			
Par											_
		a) Current year	(b) Prio		(c) Two year			years back	(e) Fou	r years	back
1a	Beginning of year balance	365,782.		62,500.	16	2,500.		162,500.	. ,	100	000.
	Contributions	,		, 15,308.		<u> </u>		,			500.
	Net investment earnings, gains, and losses	-47,070.		, 89,458.				5,127.		,	
	Grants or scholarships										
	Other expenditures for facilities										
	and programs							4,374.			
f	Administrative expenses	1,821.		1,484.				753.			
	End of year balance	316,891.	3	65,782.	16	2,500.		162,500.		162,	500.
2	Provide the estimated percentage of the currer		e (line 1g, o	column (a	a)) held as:						
	J I F	38.3854	%								
b	Permanent endowment 61.6150	%									
С	Term endowment %										
	The percentages on lines 2a, 2b, and 2c should	l equal 100%.									
3a	Are there endowment funds not in the possess	ion of the organiza	tion that a	re held a	nd administe	ered for th	ne organ	ization	1		
	by:									Yes	No
	(i) Unrelated organizations										X
	(ii) Related organizations										Х
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the ort VILand, Buildings, and Equipme	0	wment fun	ds.							
Fai	t VI Land, Buildings, and Equipme Complete if the organization answered "		Dort IV li	no 110 S	Soo Earm 000	D Dort V	lino 10				
								a d			
	Description of property	(a) Cost or ot basis (investm		. ,	or other (other)	• • •	cumulat preciatior		(d) Boo	k valu	е
10	Land		enty	04313		uep	reciation				
	Land										
	Buildings Leasehold improvements										
	Equipment										
	Other			8.3	8,501.	6	512,5	12.	22	5,9	89.
	Add lines 1a through 1e. (Column (d) must equ		(. column				,			<u>5,9</u>	
			,	,	/			Schedule			

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
btal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (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 Soc Form 000 Part X line 15	
-	Description	11d. See Form 390, Fart A, line 13.	(b) Book value
(u)	Description		
	•		
(1)	-		
(2)			
(2)	·		
(2) (3)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9)	ne 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	,	11e or 11f. See Form 990. Part X. line 2	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes"	,	▶ 11e or 11f. See Form 990, Part X, line 2	5.
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	,	11e or 11f. See Form 990, Part X, line 2	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	,	11e or 11f. See Form 990, Part X, line 2	5. (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT	,	▶ 11e or 11f. See Form 990, Part X, line 2	5. (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	,	11e or 11f. See Form 990, Part X, line 2	5. (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT	,		5.
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3)	,		5. (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4)	,	▶ 11e or 11f. See Form 990, Part X, line 2	5. (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5)	,	▶ 11e or 11f. See Form 990, Part X, line 2	5. (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6) (7)	,	11e or 11f. See Form 990, Part X, line 2	5. (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6)	,	11e or 11f. See Form 990, Part X, line 2	5. (b) Book value

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

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 VOICES FOR CHILDREN			95-	3786047 _F	->age 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With				<u> </u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.				
1	Total revenue, gains, and other support per audited financial statements			1	11,939,1	163.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	-64,280.			
b	Donated services and use of facilities	. 2b	29,007.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	. 2d	254,277.			
е	Add lines 2a through 2d			2e	219,0	
3	Subtract line 2e from line 1			3	11,720,1	159.
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	1,821.			
b	Other (Describe in Part XIII.)	. 4b				
С	Add lines 4a and 4b			4c		321.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	11,721,9	980.
				_		
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		h Expenses per	Retu		
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.	· · ·		irn.	
Pa 1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	a.	· · ·	Retu 1		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a.			irn.	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 2a	· · ·		irn.	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	a. 2a 2b			irn.	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	a. 2a 2b 2c	29,007.		irn.	
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 	29,007. 254,277.		ırn. 6,917,8	356.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	a. 2a 2b 2c 2d	29,007. 254,277.	1 2e	rn. <u>6,917,8</u> 283,2	<u>356.</u> 284.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 2a 2b 2c 2d	29,007. 254,277.	1	ırn. 6,917,8	<u>356.</u> 284.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	a. 2a 2b 2c 2d	29,007. 254,277.	1 2e	rn. <u>6,917,8</u> 283,2	<u>356.</u> 284.
1 2 a b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	a. 	29,007. 254,277.	1 2e	rn. <u>6,917,8</u> 283,2	<u>356.</u> 284.
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	a. 	29,007. 254,277.	1 2e	rn. 6,917,8 283,2 6,634,5	<u>284.</u> 572.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	a. 2a 2b 2c 2d 2d 4a 4b	29,007. 254,277. 1,821.	1 2e 3 4c	rn. 6,917,8 283,2 6,634,5	284. 572.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	a. 2a 2b 2c 2d 2d 4a 4b	29,007. 254,277. 1,821.	1 2e 3	rn. 6,917,8 283,2 6,634,5	284. 572.

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 X, LINE 2:

THE ORGANIZATION FOLLOWS ACCOUNTING STANDARDS WHICH PROVIDE ACCOUNTING AND
DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN ENTITY IN ITS TAX RETURNS
THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITION AND
BELIEVES THAT ALL OF THE POSITIONS TAKEN IN ITS EXEMPT ORGANIZATION TAX
RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. AS OF
JUNE 30, 2022 AND 2021, THE ORGANIZATION HAS NOT ACCRUED INTEREST OR
PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. THE ORGANIZATION FILES TAX
RETURNS IN THE U.S. FEDERAL JURISDICTION AND THE STATE OF CALIFORNIA.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

132054 10-28-21

Schedule D (Form 990) 2021 VOICES FOR CHILDREN Part XIII Supplemental Information (continued)	95-3786047 Page 5
SPECIAL EVENT DIRECT BENEFIT TO DONORS	-189,691.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	254,277.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES	443,968.
SPECIAL EVENT DIRECT BENEFIT TO DONORS	-189,691.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	254,277.
	Schedule D (Form 990) 2021
¹³²⁰⁵⁵ ¹⁰⁻²⁸⁻²¹ 31 400522 757767 VOIC91123663 2021.05080 VOICES FOR CHI	LDREN VOIC9111

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities (Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the								OMB No. 1545-0047			
(10111330)	ornine	ZUZ I									
Department of the Treasury Internal Revenue Service	► Go	► Attach to Form 990 to www.irs.gov/Form990 for instru				ion.		Open to Public Inspection			
Name of the organization	Employer ide 95-3786	identification number 86047									
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not											
 Indicate whether the a Mail solicitate b Internet and c Phone solicitate d In-person social 2 a Did the organization 	ions email solicitations tations licitations on have a written c	sed funds through any of the followir $\mathbf{e} \square$ Solicitat	tion of tion of fundra (inclue	non-g gover lising ding o	overnment grants nment grants events fficers, directors, tru:	stees	, or Ye	s 🗌 No			
• • •	highest paid indiv	viduals or entities (fundraisers) pursu			-		undraiser is to	be			
(i) Name and addres or entity (fund	s of individual	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts to from activity		Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization			
			Yes	No							
or licensing.	ich the organizatio	on is registered or licensed to solicit o	Contric		s or has been notified		exempt from i	egistration			
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for Form	990 or	990-1	EZ.		Schedul	e G (Form 990) 2021			

132081 10-21-21

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-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

			(a) Event #1 STARRY STARRY NIGHT	(b) Event #2 UPLIFTING VOICES	(c) Other events	(d) Total events (add col. (a) through	
D			(event type)	(event type)	(total number)	col. (c))	
	1	Gross receipts	2,124,095.	375,855.	209,405.	2,709,355	
2	2	Less: Contributions	1,934,295.	354,215.	178,070.	2,466,580	
:	3	Gross income (line 1 minus line 2)	189,800.	21,640.	31,335.	242,775	
4	4	Cash prizes	2,776.			2,776	
	5	Noncash prizes					
	6	Rent/facility costs	266,281.	11,084.	35,500.	312,865	
	7	Food and beverages		10,424.		10,424	
- 8		Entertainment Other direct expenses		31,342.	11,026.	117,903	
9	9						
1	0	Direct expense summary. Add lines 4 through	9 in column (d)			443,968	
1	0 1	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li	n 9 in column (d) ne 3, column (d)			443,968	
1	0 1	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a	n 9 in column (d) ne 3, column (d)			443,968	
1 1 Part	0 1	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li	n 9 in column (d) ne 3, column (d)				
1 1 Part	10 1 1	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.	n 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	443,968 -201,193 (d) Total gaming (add	
	10 11 1	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li II Gaming. Complete if the organization a	n 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	443,968 -201,193 (d) Total gaming (add	
	10 11 1 1 2	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.	n 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	443,968 -201,193 (d) Total gaming (add	
	10 11 1 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	n 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	443,968 -201,193 (d) Total gaming (add	
	10 1 1 2 3 4	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	n 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	443,968 -201,193 (d) Total gaming (add	
	10 1 1 1 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	n 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	443,968 -201,193 (d) Total gaming (add	
	10 11 1 2 3 4 5 6	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	n 9 in column (d) ne 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo Yes% No	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	443,968 -201,193 (d) Total gaming (add	

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

	a Is the organization licensed to conduct gaming activities in each of these states?											X No
b If "No	," explain	ORGANIZA	ATION	FILED	Α	NON-PROFIT	RAFFLE	REPORT	WITH	THE	OFFI	CE
OF	THE .	ATTORNEY	GENEF	RAL.								

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes X No b If "Yes," explain: _____

132082 10-21-21

Sch	edule G (Form 990) 2021	VOICES	FOR	CHI	LDREN	<u> 95 </u> 3	3786047	Page 3
11	Does the organization conduct g	aming activities v	with no	onmemb	bers?		Yes	X No
					r a member of a partnership or other entity forme			
	to administer charitable gaming?						Yes	X No
13	Indicate the percentage of gamir							
а	The organization's facility						13a	%
b	An outside facility						13b	%
					rganization's gaming/special events books and re			
	Name							
	Address 🕨							
15a					hom the organization receives gaming revenue?		Yes	X No
h	If "Yes " enter the amount of gar	nina revenue rec	eived h	ov the o	organization \blacktriangleright \$ and the a	mount		
~	of gaming revenue retained by th					anount		
с	If "Yes," enter name and address							
			-					
	Name							
	Address ►							
16	Gaming manager information:							
	Name 🕨							
	Gaming manager compensation	▶ \$						
	Description of services provided	▶						
	Director/officer	Employee		Г	Independent contractor			
				L				
17	Mandatory distributions:							
а	Is the organization required under	r state law to ma	ake cha	aritable	distributions from the gaming proceeds to			_
	retain the state gaming license?						Yes	LX No
b	Enter the amount of distributions	required under	state la	aw to be	e distributed to other exempt organizations or sp	ent in the		
_	organization's own exempt activ							
Pa				•	ations required by Part I, line 2b, columns (iii) and	l (v); and Pa	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, a	s applicable. Also	o provi	de any	additional information. See instructions.			
1320	33 10-21-21					Sched	ule G (Form	990) 2021
					34	Conou		

132084 11-18-21		Schedule G (Form 990)
	35	

SCHEDULE I Grants and Other Assistance to Organizations, (Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								OMB No. 1545-0047			
	of the Treasury enue Service			► Go to www.ir	Attach to For s.gov/Form990 fo		nation.		Open to Public Inspection		
Name of	VOICES FOR CHILDREN								Employer identification number $95 - 3786047$		
Part I	General In	formation on Grants a	nd Assistance								
	-	ation maintain records ward the grants or assi		-							
1		IV the organization's pro		¥¥¥							
Part II		d Other Assistance to nat received more than	-				anization answered "Y	′es" on Form 990, Par	t IV, line 21, for any		
1 (a)		dress of organization vernment	(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		
2 Ent	ter total numb	er of section 501(c)(3) a	nd government or	ganizations listed in th	ne line 1 table	•		•	>		
3 Ent	ter total numb	er of other organization	s listed in the line ⁻	1 table							
LHA FO											

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
CHILDREN'S ASSISTANCE DONATIONS	1100	65,382.	28,830.		TOYS, GIFT CARDS, BACKPACKS AND OTHER ITEMS FOR FOSTER CHILDREN.

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

	HEDULE J Compensation Information	L	OMB No. 1					
(Fo	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		20	21				
	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.							
Department of the Treasury Internal Revenue Service Open Instructions and the latest information Inst								
_	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Employer identific							
VOICES FOR CHILDREN 95-378604								
Pa	rt I Questions Regarding Compensation	55 5	10004	,				
				Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 9	990.		100				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or charter travel	nal use						
	Travel for companions							
Tax indemnification and gross-up payments								
	Discretionary spending account Personal services (such as maid, chauffeur	r, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b					
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,								
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's							
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	on to						
	establish compensation of the CEO/Executive Director, but explain in Part III.							
	Compensation committee							
	Independent compensation consultant							
	X Form 990 of other organizations X Approval by the board or compensation complexity	ommittee						
4	During the year, did any person listed on Form 000, Dart VII, Section A, line 1a, with respect to the filing							
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:							
а			4a		x			
	 a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental pongualified retirement plan? 							
	 b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? 							
c Participate in or receive payment from an equity-based compensation arrangement?								
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n						
	contingent on the revenues of:							
а	The organization?		5a		Х			
	Any related organization?				Х			
	If "Yes" on line 5a or 5b, describe in Part III.							
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n						
	contingent on the net earnings of:							
	The organization?				X			
	Any related organization?				X			
	If "Yes" on line 6a or 6b, describe in Part III.							
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				37			
	not described on lines 5 and 6? If "Yes," describe in Part III		7		X			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				37			
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in							
	Regulations section 53.4958-6(c)?							
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedu	ile J (Forn	n 990)) 2021			

132111 11-02-21

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95-3786047

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KELLY DOUGLAS	(i)	242,368.	0.	0.	0.	0.	242,368.	0.
PREISDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

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

Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 202

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Open to Public . Inspection

	_
Name of the organizatio	n

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

Employer identification number
95-3786047

|--|

(a) Check if applicable Number of contributions or ferm set ontribution mounts reported on mounts reported on mount	Par	rt I Types of Property							
applicable contributions or tems contributions amounts reported on form 990, Part VIII, line 1g noncash contribution amounts 1 Art - Historical treasures									
1 Art - Works of art									
2 Art - Historical treasures			applicable			noncash contribu	tion amou	ints	
2 Art - Historical treasures	1	Art - Works of art							
3 Art - Fractional interests	2								
4 Books and publications	3								
5 Clothing and household goods	4								
6 Cars and other vehicles	5								
7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities - Partnership, LLC, or 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures									
8 Intellectual property X 16 635,035. 9 Securities - Nublicly traded X 16 635,035. 10 Securities - Nublicly traded X 16 635,035. 11 Securities - Partnership, LLC, or trust interests Image: Cose of the second sec	7								
9 Securities - Publicly traded X 16 635,035. 10 Securities - Closely held stock									
10 Securities - Closely held stock 11 Securities - Partnership, LLC, or 12 Securities - Miscellaneous 13 Qualified conservation contribution - 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (SUPPLIES) 26 X 27 7,723. Yes No Yes No			Х	16	635,035.				
11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► (SUPPLIES) 26 X 27 7,723. Yes No Yes No									
trust interests 12 Securities · Miscellaneous 13 Qualified conservation contribution · Historic structures 14 Qualified conservation contribution · Other 15 Real estate · Residential 16 17 Real estate · Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 21 Taxidermy 23 Scientific specimens 24 Archeological artifacts 25 Other ► (SUPPLIES) X 14 21 Taxidermy 24 Archeological artifacts 25 Other ► (SUPPLIES) X 14 21 Scientific specimens 23 Cother ► (SUPPLIES) X 14 21 23 Cother ► (C) 24 Archeological artifacts 25 26 Cother ► (C) 28 29		F							
12 Securities · Miscellaneous 13 Qualified conservation contribution · Historic structures		- · · · ·							
13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► (SUPPLIES) 26 Other ► (SUPPLIES) 27 Other ► (SUPPLIES) 28 Other ► (C) 29 Yes No	12								
Historic structures									
14 Qualified conservation contribution · Other									
15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► (SUPPLIES) 26 Other ► (EVENT TICKETS) 27 Other ► (EVENT TICKETS) 28 Other ► (C) 29 Yes	14								
16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► (SUPPLIES)) 26 X 27 7,723. 27 Other ► (29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29									
17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (SUPPLIES) 26 Other ▶ (EVENT TICKETS) 27 Other ▶ (EVENT TICKETS) 28 Other ▶ (29 Yes No	16								
18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (SUPPLIES) 26 Other ▶ (EVENT TICKETS) 27 Other ▶ (EVENT TICKETS) 28 Other ▶ (EVENT TICKETS) 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	17								
19 Food inventory									
20 Drugs and medical supplies	19								
21 Taxidermy									
22 Historical artifacts	21								
23 Scientific specimens									
24 Archeological artifacts	23								
25 Other ► (SUPPLIES) X 14 21,107. 26 Other ► (EVENT TICKETS) X 2 7,723. 27 Other ► ()	24								
26 Other ► (EVENT TICKETS) X 2 7,723. 27 Other ► ()			Х	14	21,107.				
27 Other ▶ () 28 Other ▶ () 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No	26	Other (EVENT TICKETS)	Х	2	7,723.				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No	27								
for which the organization completed Form 8283, Part V, Donee Acknowledgement 29	28	Other ()							
Yes No	29	Number of Forms 8283 received by the organiz	ation during	g the tax year for c	contributions				
		for which the organization completed Form 828	3, Part V, D	Donee Acknowledg	jement				
20. During the year did the experiencian reactive by contribution any preparity reported in Part L lines 1 through 29, that it					·		Ye	s	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it	30a	During the year, did the organization receive by	contributio	on any property rep	ported in Part I, lines 1 throug	gh 28, that it			
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for		must hold for at least three years from the date	of the initia	al contribution, and	d which isn't required to be u	sed for			
exempt purposes for the entire holding period?		exempt purposes for the entire holding period?					30a		Х
b If "Yes," describe the arrangement in Part II.	b	If "Yes," describe the arrangement in Part II.							
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X	31								
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash	32a	Does the organization hire or use third parties of	or related or	rganizations to soli	cit, process, or sell noncash				
contributions? 32a X		contributions?					32a		Х
b If "Yes," describe in Part II.	b	If "Yes," describe in Part II.							
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
describe in Part II.		describe in Part II.							

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95-3786047 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

32142 11-17-21				Schedule M (Form 990) 2021
		10		
00522 757767 VOIC91123663	2021.05080	42 VOICES	FOR CHILDREN	VOIC9111

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.



95-3786047

VOICES FOR CHILDREN

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

2,625 OF THE 3,628 CHILDREN IN URGENT NEED OF ADVOCACY RECEIVE CASAS OR

CASE LIAISON SUPPORT. IN ADDITION, 486 CHILDREN IN RIVERSIDE COUNTY

ARE BEING SERVED BY CASAS. CASAS WORK CLOSELY WITH VFC STAFF TO

PREPARE REPORTS FOR EACH JUVENILE COURT HEARING, AND DEVELOP

APPROPRIATE ADVOCACY PLANS FOR THE CHILDREN. THIS INFORMATION HELPS

SUPERIOR COURT JUDGES MAKE THE MOST INFORMED DECISIONS TO HELP EACH

CHILD BE SAFE, HEALTHY, AND SUCCESSFUL. IN ADDITION, THE CASE FILES OF

ALL CHILDREN IN SAN DIEGO COUNTY FOSTER CARE ARE REVIEWED ANNUALLY, AND

THOUSANDS OF REPORTS ARE WRITTEN AND FILED THAT EVALUATE, UPDATE, AND

PRIORITIZE CHILDREN'S CASES, WITH THE ULTIMATE GOAL OF MATCHING THEM

WITH TRAINED CASA VOLUNTEERS.

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

THE ORGANIZATION'S GOVERNING BODY CONDUCTS A REVIEW OF FORM 990. UPON ACCEPTANCE FORM 990 IS FILED.

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

ALL BOARD MEMBERS UPON ELECTION TO THE BOARD ARE PROVIDED WITH OUR FORMAL WRITTEN CONFLICT OF INTEREST POLICY. WE RETAIN SIGNED STATEMENTS FROM EACH MEMBER CONFIRMING THAT THEY HAVE READ THE CONFLICT OF INTEREST POLICY AND AGREE TO ABIDE BY ITS TERMS AND CONDITIONS.

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

THE ORGANIZATION PERFORMS EVALUATIONS AND REVIEW OF ALL EMPLOYEES RECEIVING

 COMPENSATION.
 COMPENSATION IS BASED ON THE EVALUATIONS AND REVIEWS, AND

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

 132211
 11-11-21

19400522 757767 VOIC91123663 2021.05080 VOICES FOR CHILDREN

Name of the organization

VOICES FOR CHILDREN

Page 2 Employer identification number 95-3786047

APPROVAL OF THE BUDGET BY THE BOARD.

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

UPON REQUEST, AND VIA THEIR WEBSITE, THE ORGANIZATION MAKES ITS GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY, ANNUAL REPORTS, AND AUDITED

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART XII, LINE 2C

THERE WAS NO CHANGE DURING THE YEAR.

132212 11-11-21

44 19400522 757767 VOIC91123663 2021.05080 VOICES FOR CHILDREN Schedule O (Form 990) 2021

FORM 990 PAGE 10

330		9	0
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0101 9.	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
2	BOOKCASES	01/01/84	SL	5.00		16	750.				750.	750.		0.	750.
4	BOOKCASE	12/01/83	SL	5.00		16	55.				55.	55.		٥.	55.
20	STORAGE CABINETS	12/01/90	SL	5.00		16	406.				406.	406.		0.	406.
54	6 OAK L-SHAPED DESKS	10/19/98	SL	5.00		16	2,600.				2,600.	2,600.		0.	2,600.
55	WALNUT L-SHAPED DESK	10/19/98	SL	5.00		16	396.				396.	396.		0.	396.
56	3 FOOT ROUND TABLE	10/19/98	SL	5.00		16	108.				108.	108.		0.	108.
57	2 2-DRAWER 36" LATERAL FILES	10/19/98	SL	5.00		16	290.				290.	290.		0.	290.
58	WALNUT END TABLE	10/19/98	SL	5.00		16	42.				42.	42.		0.	42.
61	60 CHAIRS	11/05/98	SL	5.00		16	2,044.				2,044.	2,044.		0.	2,044.
62	DOLLY	11/05/98	SL	5.00		16	79.				79.	79.		٥.	79.
63	8 TABLES	11/05/98	SL	5.00		16	667.				667.	667.		٥.	667.
64	REFRIGERATOR	11/19/98	SL	5.00		16	733.				733.	733.		٥.	733.
67	4 TASK CHAIRS	01/13/99	SL	5.00		16	345.				345.	345.		٥.	345.
69	4 FILING CABINETS	02/09/99	SL	5.00		16	465.				465.	465.		٥.	465.
78	OAK SECRETARY DESKS W/ RETURNS	12/15/99	SL	5.00		16	574.				574.	574.		٥.	574.
80	CREDENZA	02/15/00	SL	5.00		16	98.				98.	98.		0.	98.
82	PROJECTOR	01/24/01	SL	5.00		16	2,390.				2,390.	2,390.		٥.	2,390.
84	PS BUSINESS INTERIO	11/30/01	SL	7.00		16	2,116.				2,116.	2,116.		0.	2,116.

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(D) - Asset disposed

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	JU INGE IU				_										
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
91	OAK DESKS	06/01/03	SL	5.00		16	551.				551.	551.		0.	551.
101	HERMAN MILLER DESK CHAIRS	06/22/06	SL	5.00		16	6,000.				6,000.	6,000.		٥.	6,000.
105	BOOKCASE	04/05/07	SL	5.00		16	75.				75.	75.		0.	75.
106	OAK LEFT HAND L-DESK	04/05/07	SL	5.00		16	377.				377.	377.		0.	377.
107	OAK LEFT HAND L-DESK	04/05/07	SL	5.00		16	458.				458.	458.		0.	458.
108	OAK RIGHT HAND L-DESK	04/05/07	SL	5.00		16	458.				458.	458.		0.	458.
112	COMPUTER	06/16/08	SL	5.00		16	5,137.				5,137.	5,137.		0.	5,137.
114	PRINTERS	03/17/08	SL	5.00		16	3,424.				3,424.	3,424.		0.	3,424.
116	BLACKBAUD	02/17/09	SL	7.00		16	22,881.				22,881.	22,881.		0.	22,881.
120	EQUIPMENT	04/21/09	SL	5.00		16	1,445.				1,445.	1,445.		0.	1,445.
121	FLEPPER DOOR	01/15/09	SL	5.00		16	1,031.				1,031.	1,031.		0.	1,031.
122	INTERIORS	12/01/08	SL	5.00		16	15,658.				15,658.	15,658.		0.	15,658.
124	SIGN INSTALLALTION	10/30/08	SL	7.00		16	2,581.				2,581.	2,581.		0.	2,581.
126	WORKSTATION SET	10/01/08	SL	7.00		16	140,926.				140,926.	140,926.		0.	140,926.
132	LASERJET P4515 PRINTER	05/24/10	SL	5.00		16	1,675.				1,675.	1,675.		0.	1,675.
	LASERJET P4515 PRINTER	05/24/10	SL	5.00		16	1,675.				1,675.	1,675.		0.	1,675.
	ADOBE CREATIVE SUITE 4 SOFTWARE	06/28/10	SL	5.00		16	750.				750.	750.		0.	750.
136	SERVER	12/03/10	SL	5.00		16	7,961.				7,961.	7,961.		0.	7,961.

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(D) - Asset disposed

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	JO FAGE 10							990						_	
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
137	TABLE AND CHAIR	12/14/10	SL	5.00		16	582.				582.	582.		0.	582.
138	LASERJET P451	01/11/11	SL	5.00		16	1,728.				1,728.	1,728.		٥.	1,728.
139	VOSTRO 3500	02/18/11	SL	5.00		16	856.				856.	856.		٥.	856.
140	USED IT EQUIP	07/28/11	SL	5.00		16	15,720.				15,720.	15,720.		٥.	15,720.
141	REFRIGERATOR	02/24/12	SL	5.00		16	960.				960.	960.		0.	960.
142	PERIMUTTER - PLASTIC CHARIS	02/24/12	SL	5.00		16	524.				524.	524.		0.	524.
143	BDR BACKUP	03/15/12	SL	5.00		16	3,248.				3,248.	3,248.		0.	3,248.
144	OFFICE FURNITURE - 2ND DESK JAMES	04/27/12	SL	5.00		16	638.				638.	638.		0.	638.
145	OFFICE FURNITURE & PHONES	04/27/12	SL	5.00		16	1,351.				1,351.	1,351.		0.	1,351.
147	FURNITURE & EQUIPMENT	12/31/12	SL	5.00		16	2,118.				2,118.	2,118.		0.	2,118.
148	FURNITURE & EQUIPMENT	02/06/13	SL	7.00		16	1,529.				1,529.	1,529.		0.	1,529.
149	FURNITURE & EQUIPMENT	02/23/13	SL	5.00		16	322.				322.	322.		0.	322.
151	PHONE SYSTEM	04/08/13	SL	5.00		16	6,258.				6,258.	6,258.		0.	6,258.
152	PHONE SYSTEM	04/08/13	SL	5.00		16	6,006.				6,006.	6,006.		0.	6,006.
153	FURNITURE & EQUIPMENT	05/03/13	SL	7.00		16	324.				324.	324.		0.	324.
154	FURNITURE & EQUIPMENT	05/08/13	SL	7.00		16	4,817.				4,817.	4,817.		٥.	4,817.
155	EQUIPMENT	05/15/13	SL	7.00		16	1,242.				1,242.	1,242.		٥.	1,242.
156	EQUIPMENT	05/30/13	SL	7.00		16	2,252.				2,252.	2,252.		٥.	2,252.

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	JU PAGE IU							990	-	-				-	-
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	HP PRINTER & NOTEBOOK PC FOR JULI	07/08/12	SL	5.00		16	711.				711.	711.		0.	711.
158	COMPUTER	11/19/12	SL	5.00		16	1,725.				1,725.	1,725.		0.	1,725.
159	COMPUTER	12/31/12	SL	5.00		16	400.				400.	400.		٥.	400.
160	EPSON EX3212 PROJECTOR	03/05/13	SL	5.00		16	432.				432.	432.		0.	432.
161	DELL COMPUTER	03/26/13	SL	5.00		16	7,913.				7,913.	7,913.		٥.	7,913.
162	COMPUTER	03/30/13	SL	5.00		16	7,828.				7,828.	7,828.		٥.	7,828.
163	SOFTWARE	04/06/13	SL	5.00		16	1,141.				1,141.	1,141.		٥.	1,141.
164	DELL COMPUTER	04/17/13	SL	5.00		16	1,642.				1,642.	1,642.		٥.	1,642.
165	DELL COMPUTER	04/23/13	SL	5.00		16	498.				498.	498.		٥.	498.
166	DELL COMPUTER	04/23/13	SL	5.00		16	1,710.				1,710.	1,710.		٥.	1,710.
167	DELL COMPUTER	04/24/13	SL	5.00		16	966.				966.	966.		٥.	966.
168	DELL COMPUTER	04/26/13	SL	5.00		16	1,956.				1,956.	1,956.		٥.	1,956.
169	COMPUTER	05/15/13	SL	5.00		16	388.				388.	388.		٥.	388.
170	COMPUTER	06/05/13	SL	5.00		16	973.				973.	973.		٥.	973.
171	COMPUTER	06/30/13	SL	5.00		16	447.				447.	447.		٥.	447.
172	COMPUTER	06/30/13	SL	5.00		16	223.				223.	223.		0.	223.
173	COMPUTERS	10/05/13	SL	5.00		16	717.				717.	717.		٥.	717.
174	FURNITURE	10/16/13	SL	7.00		16	3,395.				3,395.	3,395.		٥.	3,395.

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Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
175	FURNITURE	10/31/13	SL	7.00		16	580.				580.	580.		0.	580.
176	DONATED FURNITURE	10/31/13	SL	7.00		16	3,598.				3,598.	3,344.		0.	3,344.
177	3 DELL XPS WORKSTATIONS	11/03/13	SL	5.00		16	2,197.				2,197.	2,197.		0.	2,197.
178	6 VIEWSONIC MONITORS	11/05/13	SL	5.00		16	748.				748.	748.		0.	748.
179	TECHSOUP - SOFTWARE LICENSE	11/06/13	SL	5.00		16	820.				820.	820.		0.	820.
180	GM BUSINESS INTERIORS - CUBICLE PARTS	12/13/13	SL	7.00		16	1,537.				1,537.	1,537.		0.	1,537.
181	CASA MANAGER SOFTWARE	12/09/13	SL	5.00		16	43,390.				43,390.	43,390.		0.	43,390.
182	OFFICE FURNITURE - MIRAMAR OFFICE	01/06/14	SL	7.00		16	700.				700.	700.		0.	700.
183	COMPUTER EQUIPMENT	02/06/14	SL	5.00		16	518.				518.	518.		0.	518.
184	8 DELL INSERION LAPTOPS	04/03/14	SL	5.00		16	3,751.				3,751.	3,751.		0.	3,751.
185	COMPUTER EQUIPMENT	04/06/14	SL	5.00		16	525.				525.	525.		0.	525.
186	5 KOBE MOBILE TRAINING TABLES	05/06/14	SL	7.00		16	959.				959.	959.		0.	959.
187	3 DELL XPS 8700 DESKTOPS	05/03/14	SL	5.00		16	2,188.				2,188.	2,188.		0.	2,188.
188	DELL DESKTOP + 3 VIEWSONIC MONITORS	05/05/14	SL	5.00		16	1,198.				1,198.	1,198.		٥.	1,198.
196	DESKS	08/14/14	SL	7.00		16	1,597.				1,597.	1,577.		20.	1,597.
197	APPLE IPADS	08/06/14	SL	5.00		16	1,516.				1,516.	1,516.		٥.	1,516.
198	CASA MANAGER CUSTOMIZATION	08/22/14	SL	5.00		16	1,155.				1,155.	1,155.		٥.	1,155.
199	12 DELL XPS 8700 WORKSTATIONS	09/03/14	SL	5.00		16	9,467.				9,467.	9,467.		0.	9,467.

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(D) - Asset disposed

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	JO FAGE IU	i						990						1	
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
200	LAPTOP	11/05/14	SL	5.00		16	702.				702.	702.		0.	702.
201	LAPTOPS	03/05/15	SL	5.00		16	1,705.				1,705.	1,705.		٥.	1,705.
202	SHOER OFFICE FURNITURE - DESKS	04/27/15	SL	7.00		16	4,153.				4,153.	3,706.		447.	4,153.
203	COMPUTER EQUIP	04/05/15	SL	5.00		16	632.				632.	632.		0.	632.
204	DELL DESKTOPS	06/03/15	SL	5.00		16	6,986.				6,986.	6,986.		0.	6,986.
205	DELL DESKTOPS	06/04/15	SL	5.00		16	6,997.				6,997.	6,997.		0.	6,997.
206	DELL DESKTOPS	06/12/15	SL	5.00		16	3,223.				3,223.	3,223.		٥.	3,223.
207	DELL DESKTOPS	06/12/15	SL	5.00		16	3,868.				3,868.	3,868.		0.	3,868.
208	LATERAL FILES - SHORE	06/30/15	SL	7.00		16	1,239.				1,239.	1,077.		162.	1,239.
209	DELL DESKTOPS	09/05/15	SL	5.00		16	739.				739.	739.		0.	739.
210	CARPET	06/30/16	SL	7.00		16	10,718.				10,718.	7,783.		1,531.	9,314.
211	PORTBALE PROJECTOR	06/30/16	SL	5.00		16	856.				856.	856.		0.	856.
212	DONATED ARTWORK	06/15/16	SL	7.00		16	12,285.				12,285.	8,920.		1,755.	10,675.
213	PRINTER - COURT REPORTS	09/05/16	SL	5.00		16	765.				765.	740.		25.	765.
214	COMPUTER	11/05/16	SL	5.00		16	458.				458.	429.		29.	458.
215	DONOR WALL	12/07/16	SL	7.00		16	700.				700.	458.		100.	558.
216	COMPUTER	12/05/16	SL	5.00		16	578.				578.	531.		47.	578.
217	2 INSPIRON 3650 COMPUTERS	01/05/17	SL	5.00		16	1,071.				1,071.	963.		108.	1,071.

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(D) - Asset disposed

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	JO FAGE IU	_						990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
218	1 DELL INSPIRON COMPUTER	01/05/17	SL	5.00		16	612.				612.	549.		63.	612.
219	DONOR WALL	02/09/17	SL	7.00		16	2,150.				2,150.	1,356.		307.	1,663.
220	DONOR WALL	03/01/17	SL	7.00		16	2,150.				2,150.	1,330.		307.	1,637.
221	TYCO INTGRTD SECURITY SYS - NEW ACCESS CONTROL	03/02/17	SL	5.00		16	4,433.				4,433.	3,844.		589.	4,433.
222	LAPTOPS - QTY 3	03/05/17	SL	5.00		16	2,051.				2,051.	1,777.		274.	2,051.
223	LAPTOPS - QTY 3	03/05/17	SL	5.00		16	1,740.				1,740.	1,508.		232.	1,740.
224	PRINTER-LASERJET	03/05/17	SL	5.00		16	663.				663.	576.		87.	663.
225	COMPUTER	04/05/17	SL	5.00		16	689.				689.	586.		103.	689.
226	TYCO ALARM SYSTEM	05/01/17	SL	5.00		16	19,201.				19,201.	14,727.		3,200.	17,927.
227	FURNITURE	09/28/17	SL	7.00		16	542.				542.	295.		77.	372.
228	COMPUTER	10/28/17	SL	5.00		16	630.				630.	473.		126.	599.
229	EQUIPMENT - CAMERA LENS	02/13/18	SL	5.00		16	700.				700.	478.		140.	618.
230	EQUIPMENT - CAMERA	02/28/18	SL	5.00		16	1,380.				1,380.	943.		276.	1,219.
231	COMPUTER	03/28/18	SL	5.00		16	638.				638.	427.		128.	555.
232	TELEPHONE DEPOSIT	07/01/18	SL	5.00		16	30,310.				30,310.	18,186.		6,062.	24,248.
233	FURNITURE	06/12/18	SL	7.00		16	1,671.				1,671.	737.		239.	976.
234	DELL BUSINESS	07/01/18	SL	5.00		16	23,142.				23,142.	13,884.		4,628.	18,512.
235	COMPUTER - MACBOOK	07/28/18	SL	5.00		16	2,063.				2,063.	1,204.		413.	1,617.

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	O FAGE 10				_	-		990			-				
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
236	TELEPHONE - TELDATA SYSTEM	07/17/18	SL	5.00		16	15,059.				15,059.	8,785.		3,012.	11,797.
237	COMPUTER	07/20/18	SL	5.00		16	648.				648.	379.		130.	509.
238	COMPUTER EQUIP	09/18/18	SL	5.00		16	740.				740.	407.		148.	555.
239	COMPUTER EQUIP	09/28/18	SL	5.00		16	2,178.				2,178.	1,199.		436.	1,635.
240	COPIER	10/08/18	SL	5.00		16	4,843.				4,843.	2,664.		969.	3,633.
241	EQUIPMENT	10/28/18	SL	5.00		16	614.				614.	328.		123.	451.
242	FURNITURE	11/28/18	SL	7.00		16	2,230.				2,230.	824.		319.	1,143.
243	COMPUTER EQUIP	11/28/18	SL	5.00		16	2,300.				2,300.	1,188.		460.	1,648.
244	CHAIR RAIL	12/18/18	SL	7.00		16	890.				890.	318.		127.	445.
245	LAPTOP	02/13/19	SL	5.00		16	36,156.				36,156.	15,890.		7,231.	23,121.
246	COMPUTERS	05/28/19	SL	5.00		16	1,661.				1,661.	692.		332.	1,024.
247	COMPUTERS	09/28/19	SL	5.00		16	2,052.				2,052.	718.		410.	1,128.
248	TELDATA PHONES FOR MEDOWLARK	12/17/19	SL	5.00		16	1,022.				1,022.	306.		204.	510.
249	LENOVO LAPTOPS	01/14/20	SL	5.00		16	20,051.				20,051.	5,066.		4,010.	9,076.
250	LENOVO LAPTOPS	02/01/20	SL	5.00		16	5,629.				5,629.	1,595.		1,126.	2,721.
251	COMPUTERS	05/28/20	SL	5.00		16	2,423.				2,423.	525.		485.	1,010.
252	COMPUTERS	05/28/20	SL	5.00		16	2,850.				2,850.	618.		570.	1,188.
253	COMPUTERS	05/28/20	SL	5.00		16	1,468.				1,468.	318.		294.	612.

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(D) - Asset disposed

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•141)	JO FRGE 10	_					_	990		_					
Asset No.	Description	Date Acquired	Method	Life	C o r v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
254	FURNITURE	07/01/20	SL	7.00		16	2,239.				2,239.	320.		320.	640.
255	FURNITURE	07/28/19	SL	7.00		16	1,371.				1,371.	376.		196.	572.
256	COMPUTERS	07/28/19	SL	5.00		16	712.				712.	273.		142.	415.
257	CDW - SERVER	08/19/20	SL	5.00		16	16,762.				16,762.	2,794.		3,352.	6,146.
258	COMPUTERS	10/28/20	SL	5.00		16	1,454.				1,454.	194.		291.	485.
259	COMPUTERS	04/28/21	SL	5.00		16	2,151.				2,151.	72.		430.	502.
260	BKM DONATRED FURNITURE	11/01/20	SL	7.00		16	27,000.				27,000.	2,571.		3,857.	6,428.
261	FURNITURE - KIDS	11/28/20	SL	5.00		16	658.				658.	77.		132.	209.
262	FURNITURE - KIDS	03/28/21	SL	7.00		16	2,387.				2,387.	85.		341.	426.
263	FURNITURE - KIDS	04/06/21	SL	7.00		16	552.				552.	20.		79.	99.
264	FURNITURE - KIDS	05/28/21	SL	7.00		16	240.				240.	3.		34.	37.
265	LOBBY SIGNAGE	06/08/21	SL	7.00		16	1,330.				1,330.	16.		190.	206.
266	LOBBY TV	06/22/21	SL	5.00		16	1,226.				1,226.			245.	245.
267	COMPUTERS	07/28/21	SL	5.00		16	1,815.				1,815.			363.	363.
	FURNITURE	08/10/21	SL	5.00		16	1,330.				1,330.			244.	244.
269	LAPTOPS, DOCKING STATIONS, MONITORS, ETC.	08/09/21	SL	5.00		16	3,074.				3,074.			564.	564.
270	LAPTOPS, DOCKING STATIONS, MONITORS, ETC.	08/10/21	SL	5.00		16	12,299.				12,299.			2,255.	2,255.
	LAPTOPS, DOCKING STATIONS, MONITORS, ETC.	08/25/21	SL	5.00		16	20,139.				20,139.			3,357.	3,357.

128111 04-01-21

(D) - Asset disposed

FORM 990 PAGE 10

990

	90 PAGE 10				_	_		990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	LAPTOPS, DOCKING STATIONS, MONITORS, ETC.	08/28/21	SL	5.00		16	603.				603.			100.	100.
273	LAPTOPS, DOCKING STATIONS, MONITORS, ETC.	08/28/21	SL	5.00		16	4,096.				4,096.			683.	683.
274	LAPTOPS, DOCKING STATIONS, MONITORS, ETC.	09/28/21	SL	5.00		16	2,048.				2,048.			307.	307.
	LAPTOPS, DOCKING STATIONS, MONITORS, ETC.	09/28/21	SL	5.00		16	1,587.				1,587.			238.	238.
	COMPUTER EQUIPMENT	10/02/21	SL	5.00		16	7,118.				7,118.			1,068.	1,068.
	AVI SYSTEMS - DEPOSIT FOR TRAINING ROOM	12/31/21	NC	.000	НУ	7	12,549.				12,549.			0.	
278	COMPUTER EQUIPMENT	01/28/22	SL	5.00		16	6,169.				6,169.			617.	617.
279	COMPUTER EQUIPMENT	02/22/22	SL	5.00		16	1,135.				1,135.			76.	76.
280	COMPUTER EQUIPMENT	02/28/22	SL	5.00		16	6,222.				6,222.			415.	415.
281	COMPUTER EQUIPMENT	02/28/22	SL	5.00		16	2,707.				2,707.			180.	180.
	AVI SYSTEMS - DEPOSIT FOR TRAINING ROOM	02/28/22	NC	.000	ну	2	7,678.				7,678.			0.	
	COMPUTER EQUIPMENT (FOR MONTH OF MARCH)	04/20/22	SL	5.00		16	28,928.				28,928.			1,413.	1,413.
284	FURNITURE (RS)	04/28/22	SL	7.00		16	3,325.				3,325.			119.	119.
285	FURNITURE (RS)	05/28/22	SL	7.00		16	2,784.				2,784.			66.	66.
	COMPUER EQUIPMENT	05/28/22	SL	5.00		16	6,901.				6,901.			230.	230.
	AVI SYSTEMS - DEPOSIT FOR TRAINING ROOM	06/30/22	NC	.000	ну		5,453.				5,453.			0.	
	* TOTAL 990 PAGE 10 DEPR						838,501.				838,501.	548,747.		63,765.	612,512.

128111 04-01-21

(D) - Asset disposed

FORM 990 PAGE 10

	90 PAGE 10				-			990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						700,541.			0.	700,541.	548,747.			600,217.
	ACQUISITIONS						137,960.			0.	137,960.	٥.			12,295.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						838,501.			٥.	838,501.	548,747.			612,512.
	ENDING ACCUM DEPR											612,512.			
	ENDING BOOK VALUE											225,989.			

128111 04-01-21

Form 4562
Department of the Treasury Internal Revenue Service (99)
Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

990

OMB No. 1545-0172

2021

	ment of the Treasury			Attach to your					Attachment
-	Revenue Service (99) s) shown on return	► Go	to www.irs.gov/F	orm4562 for inst		and the latest as or activity to white			Sequence No. 179 Identifying number
Name(s	shown on return				Busines	is of activity to write	in this form relate	5	Identifying number
	CES FOR C					M 990 PZ			95-3786047
Par	t I Election To Ex	pense Certain Prop	erty Under Section 1	79 Note: If you hav	/e any list	ted property, c	omplete Part		ou complete Part I.
1 N	1aximum amount (s	ee instructions)						1	1,050,000.
2 T	otal cost of section	179 property pla	ced in service (see	instructions)				2	
3 T	hreshold cost of se	ection 179 propert	y before reduction	in limitation				3	2,620,000.
4 R	eduction in limitation	on. Subtract line 3	from line 2. If zero	or less, enter -0-				4	
5 D	ollar limitation for tax year	r. Subtract line 4 from lir	ne 1. If zero or less, enter	-0 If married filing sep	arately, see	instructions		5	
6		(a) Description of p	property	(b) (Cost (busine	ss use only)	(c) Elected of	cost	
7 Li	isted property. Ente	er the amount fror	n line 29			7			
8 T	otal elected cost of	f section 179 prop	erty. Add amounts	in column (c), line	es 6 and 7	7		8	
9 T	entative deduction.	. Enter the smalle	r of line 5 or line 8						
	arryover of disallov								
	usiness income lim								
	ection 179 expense								
	arryover of disallov								
	Don't use Part II c								
Par	t II Special De	preciation Allow	ance and Other D	epreciation (Don	't include	listed propert	y.)		
14 S	pecial depreciation	allowance for qua	alified property (oth	ner than listed pro	perty) pla	ced in service	during		
th	ne tax year						Ũ	14	
	roperty subject to s								
	ther depreciation (i								63,765.
			t include listed pro						
				Section	A				
17 №	ACRS deductions	for assets placed	in service in tax ve	ars beginning bef	ore 2021			17	
	you are electing to group								
	S	Section B - Asset	s Placed in Servic	e During 2021 Ta	x Year U	Ising the Gene	eral Deprecia	ation Syste	m
	(a) Classification	of property	(b) Month and year placed in service	(c) Basis for depre (business/investme only - see instruct	ent use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property								
b	5-year property								
с	7-year property								
d	10-year property	1							
е	15-year property	1							
f	20-year property	1							
g	25-year property					25 yrs.		S/L	
			/			27.5 yrs.	MM	S/L	
h	Residential renta	al property	/			27.5 yrs.	MM	S/L	
			/			39 yrs.	MM	S/L	
i	Nonresidential re	eal property	/			,	ММ	S/L	
	Se	ction C - Assets	Placed in Service	During 2021 Tax	Year Us	ing the Altern	ative Depred	iation Sys	tem
20a	Class life							S/L	
b	12-year					12 yrs.		S/L	
 C	30-year		/			30 yrs.	MM	S/L	
d	40-year		/			40 yrs.	MM	S/L	
Par	ć	See instructions.)	· · · ·			,			
	isted property. Ent							21	
				•••••				···· =·	

22	P Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and l	line 21			
	Enter here and on the appropriate lines of your return. Partnerships and S corporations -	see in	str	22	63,765.
23	For assets shown above and placed in service during the current year, enter the				
	portion of the basis attributable to section 263A costs	23			

116251 12-21-21 LHA For Paperwork Reduction Act Notice, see separate instantions.

_	rm 4562 (2021)	VOI	CES FOR	CHI	LDRE	N						95-	3786	047	Page 2
	art V Listed Proper				ner vehic	les, cert	ain aircr	aft, an	d propert	y used fo	or				
	entertainment,				otondor	d milood	o roto o	r dadu	oting loop				by 0.4 a		
	Note: For any 24b, columns ((a) through (c) of Section A	, all of S	ection B	, and Se	ction C	r dedu if appli	icable.	e expens	se, com	piete on	iy 24a,		
	Section A -	Depreciatio	on and Other	Informa	tion (Ca	ution: S	ee the i	nstruct	ions for li	mits for p	asseng	jer autor	nobiles.)		
24a	a Do you have evidence to s	support the bu	siness/investme	ent use cla	aimed?	Ye Ye	es 🗌	No	24b If "Y	es," is th	e evide	nce writt	ten?	Yes	No
	(a)	(b)	(c)		(d)		(e)		(f)	(9	g)	(h)		(i)
	Type of property	Date placed in	Business/ investment		Cost or		is for depre iness/inve		Recovery		hod/		ciation uction		cted in 179
	(list vehicles first)	service	use percenta	ge ^{ol}	her basis		use only)	period	COIN	ention	ueut			st
25	Special depreciation allo	owance for q	ualified listed	property	placed	in servic	e during	g the ta	ax year an	d					
	used more than 50% in	a qualified b	usiness use								25				
26	Property used more that									_		_			
		: :	9	%											
		: :	Q	%											
			Q	%											
27	Property used 50% or le	ess in a quali	fied business	use:		•									
	· · ·		Q	%						S/L -					
			Q	%						S/L -					
		: :	Q	%						S/L -					
28	Add amounts in column	n (h), lines 25	through 27. E	nter here	e and on	line 21.	page 1	•			28				
	Add amounts in column										-		29		
		. (,),		Section E											
Co	mplete this section for ve	ehicles used					-			or related	persor	lf vou	orovideo	vehicles	5
	your employees, first ans		• • •												5
.0)					Joo II you				completi	ng the e	00110111		Verneree		
				(a)	(t	2)		(c)	(0	1)	6	e)	(f)
30	Total business/investment	miles driven d	urina the		icle	Veh	-		ehicle	Veh			nicle	Veh	
•••	year (don't include commu		•												
31	Total commuting miles of														
	Total other personal (no														
32		-													
22	driven														
33	Total miles driven during														
~4	Add lines 30 through 32			- Vee	Na	Vee	Na	Vee		Vee	Na	Vee	Na	Vee	Na
34	Was the vehicle availab	•		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	dente a statute la second														
~-	during off-duty hours?														
35	Was the vehicle used p	rimarily by a													
	Was the vehicle used p than 5% owner or relate	rimarily by a ed person?							_						
	Was the vehicle used p than 5% owner or relate Is another vehicle availa	rimarily by a ed person? able for perso	onal												
	Was the vehicle used p than 5% owner or relate	rimarily by a ed person? able for perso	onal												
36	Was the vehicle used p than 5% owner or relate Is another vehicle availa use?	rimarily by a ed person? able for perso Section C	onal - Questions 1	-	-					-					
36	Was the vehicle used p than 5% owner or relate Is another vehicle availa use?	rimarily by a ed person? able for perso Section C determine if y	onal - Questions 1 you meet an e	-	-					-			ren't		
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36 Ans mo	Was the vehicle used p than 5% owner or relate Is another vehicle availa use? swer these questions to o bre than 5% owners or rel Do you maintain a writte	rimarily by a ed person? able for perso Section C determine if y lated persons en policy stat	- Questions 1 /ou meet an e s. 	xception	to com	pleting S	Section I	B for ve	ehicles us uding cor	ed by en	nployee	s who ai r		Yes	No
36 Ans <u>mo</u> 37	Was the vehicle used p than 5% owner or relate Is another vehicle availa use? swer these questions to over than 5% owners or rel Do you maintain a writte employees?	rimarily by a ed person? able for perso Section C determine if y lated persons en policy stat	onal - Questions 1 you meet an e s. rement that pr	xceptior ohibits a	I to com	oleting S nal use c	Section I	3 for ve	ehicles us uding cor	ed by en	nployee	s who ai r		Yes	No
36 Ans <u>mo</u> 37	Was the vehicle used p than 5% owner or relate Is another vehicle availa use? swer these questions to over than 5% owners or rel Do you maintain a writte employees? Do you maintain a writte	rimarily by a ed person? able for perso Section C determine if y lated persons en policy stat	- Questions f you meet an e s. rement that pr rement that pr	ohibits a	I to com	nal use c	Section I of vehicle ehicles,	B for ve	ehicles us uding cor t commut	nmuting,	by you	s who aı r			No
36 An: <u>mo</u> 37 38	Was the vehicle used p than 5% owner or relate Is another vehicle availa use? swer these questions to over than 5% owners or rel Do you maintain a writte employees? Do you maintain a writte employees? See the ins	rimarily by a ed person? able for person Section C determine if y lated persons en policy stat en policy stat	- Questions f you meet an e s. ement that pr ement that pr vehicles used	ohibits a ohibits p	ll persor personal porate of	nal use c use of v ficers, d	Section I of vehicle ehicles, irectors,	B for ve es, incl except or 1%	ehicles us uding cor t commut or more	nmuting, ing, by y	by you	s who aı r			No
36 An:: <u>mo</u> 37 38 39	Was the vehicle used p than 5% owner or relate Is another vehicle availa use? swer these questions to over than 5% owners or rel Do you maintain a writte employees? Do you maintain a writte employees? See the ins Do you treat all use of v	rimarily by a ed person? able for perso Section C determine if y lated persons en policy stat structions for ehicles by er	- Questions f you meet an e s. ement that pr vement that pr vehicles used nployees as p	ohibits a ohibits a ohibits p I by corp ersonal	Il persor ersonal porate of use?	pleting S nal use c use of v ficers, d	Section I of vehicle ehicles, irectors,	B for ve es, incl except or 1%	uding cor t commut or more	nmuting, ing, by y	by you	s who aı r			No
36 An:: <u>mo</u> 37 38 39	Was the vehicle used p than 5% owner or relate Is another vehicle availa use? swer these questions to over than 5% owners or rel Do you maintain a writte employees? Do you maintain a writte employees? See the ins Do you treat all use of v Do you provide more th	rimarily by a ed person? able for person Section C determine if y lated persons en policy stat structions for ehicles by er an five vehic	- Questions f you meet an e s. ement that pr vehicles used nployees as p les to your em	ohibits a ohibits p ohibits p l by corp ersonal ployees	Il person personal porate of use?	nal use of v ficers, d	Section I of vehicle ehicles, irectors, ion from	B for version of the second se	uding cor t commut or more employees	nmuting, ing, by yo owners s about	by you	s who aı r			No
36 Ans <u>mo</u> 37 38 39 40	Was the vehicle used p than 5% owner or relate Is another vehicle availa use? swer these questions to over than 5% owners or relate Do you maintain a writte employees? Do you maintain a writte employees? See the inse Do you treat all use of v Do you provide more th the use of the vehicles,	rimarily by a ed person? able for person Section C determine if y lated persons en policy stat structions for rehicles by er an five vehic and retain th	- Questions 1 you meet an e s. rement that pr vehicles used nployees as p les to your em le information	ohibits a ohibits a ohibits p I by corp ersonal iployees received	I to com Il persor personal porate of use?	nal use of v ficers, d	Section I of vehicle ehicles, irectors, ion from	B for verses, incl except or 1% your e	ehicles us uding cor t commut or more employees	nmuting, ing, by y owners	by you	s who a ı r			No
36 Ans <u>mo</u> 37 38 39 40	Was the vehicle used p than 5% owner or relate Is another vehicle availa use? swer these questions to over than 5% owners or rel Do you maintain a writte employees? Do you maintain a writte employees? See the ins Do you treat all use of v Do you provide more th	rimarily by a ed person? able for person Section C determine if y lated persons en policy stat structions for rehicles by er an five vehic and retain th	- Questions 1 you meet an e s. rement that pr vehicles used nployees as p les to your em le information	ohibits a ohibits a ohibits p I by corp ersonal iployees received	I to com Il persor personal porate of use?	nal use of v ficers, d	Section I of vehicle ehicles, irectors, ion from	B for verses, incl except or 1% your e	ehicles us uding cor t commut or more employees	nmuting, ing, by y owners	by you	s who a ı r			No
36 Ans <u>mo</u> 37 38 39 40	Was the vehicle used p than 5% owner or relate Is another vehicle availa use? swer these questions to over than 5% owners or relate Do you maintain a writte employees? Do you maintain a writte employees? See the inse Do you treat all use of v Do you provide more th the use of the vehicles,	rimarily by a ed person? able for person Section C determine if y lated persons en policy stat structions for ehicles by er an five vehic and retain the	- Questions f you meet an e s. ement that pr vehicles used nployees as p les to your em re information erning qualifie	ohibits a ohibits p l by corp ersonal ployees received d autom	Il person personal porate of use? , obtain i l?	nal use of v use of v ficers, d nformat	Section I of vehicle ehicles, irectors, ion from tion use	3 for ve es, incl excep or 1% your e	ehicles us uding cor t commut or more employees	ed by en nmuting, ing, by y owners s about	by you	s who a ı r			No
36 An:: <u>mo</u> 37 38 39 40 41	Was the vehicle used p than 5% owner or relate Is another vehicle availa use? swer these questions to over than 5% owners or relate Do you maintain a writte employees? Do you maintain a writte employees? See the ins Do you provide more th the use of the vehicles, Do you meet the require	rimarily by a ed person? able for person Section C determine if y lated persons en policy stat structions for ehicles by er an five vehic and retain the	- Questions f you meet an e s. ement that pr vehicles used nployees as p les to your em re information erning qualifie	ohibits a ohibits p l by corp ersonal ployees received d autom	Il person personal porate of use? , obtain i l?	nal use of v use of v ficers, d nformat	Section I of vehicle ehicles, irectors, ion from tion use	3 for ve es, incl excep or 1% your e	ehicles us uding cor t commut or more employees	ed by en nmuting, ing, by y owners s about	by you	s who a ı r			No
36 An:: <u>mo</u> 37 38 39 40 41	Was the vehicle used p than 5% owner or relate Is another vehicle availa use? swer these questions to over than 5% owners or rel Do you maintain a writte employees? Do you maintain a writte employees? See the inse Do you treat all use of v Do you provide more th the use of the vehicles, Do you meet the require Note: If your answer to art VI Amortization	rimarily by a ed person? able for person Section C determine if y lated persons en policy stat structions for rehicles by er an five vehic and retain the ements conce 37, 38, 39, 4	- Questions f you meet an e s. eement that pr vehicles used nployees as p les to your em le information erning qualifie 0, or 41 is "Ye	xceptior ohibits a ohibits p d by corp ersonal ployees received d autom as," don"	Il person personal porate of use? , obtain i l?	al use of v ficers, d monstra te Secti	Section I of vehicles, irectors, ion from tion use on B for	3 for ve es, incl excep or 1% your e	ehicles us uding cor t commut or more employees overed vel	ed by en nmuting, ing, by y owners s about	by you our (e)	s who a ı r		(f)	No
36 An: <u>mo</u> 37 38 39 40 41	Was the vehicle used p than 5% owner or relate Is another vehicle availa use? swer these questions to over than 5% owners or rel Do you maintain a writte employees? Do you maintain a writte employees? See the ins Do you treat all use of v Do you provide more th the use of the vehicles, Do you meet the require Note: If your answer to	rimarily by a ed person? able for person Section C determine if y lated persons en policy stat structions for rehicles by er an five vehic and retain the ements conce 37, 38, 39, 4	- Questions 1 you meet an e s. rement that pr vehicles used nployees as p les to your em e information erning qualifie 0, or 41 is "Ye	xception ohibits a ohibits p I by corp ersonal pployees received d autom es," don"	Il person personal porate of use? , obtain i l?	al use of v use of v ficers, d nformat monstra te Secti	Section I of vehicles, irectors, ion from tion use on B for	3 for ve es, incl excep or 1% your e	ehicles us uding cor t commut or more employees	nmuting, ing, by y owners s about	by you our	s who a	Ar		No
36 Ans: mo 37 38 39 40 41 P: 	Was the vehicle used p than 5% owner or relate Is another vehicle availa use? swer these questions to over than 5% owners or rel Do you maintain a writte employees? Do you maintain a writte employees? See the inse Do you treat all use of v Do you provide more th the use of the vehicles, Do you meet the require Note: If your answer to art VI Amortization	rimarily by a ed person? able for person Section C determine if y lated persons en policy stat structions for ehicles by er an five vehic and retain the ements conco 37, 38, 39, 4 f costs	- Questions f you meet an e s. rement that pr vehicles used nployees as p les to your em re information erning qualifie 0, or 41 is "Ye	xceptior ohibits a ohibits p d by corp ersonal ployees received d autom es," don" (b) amortization begins	Ito com II personal personal porate of use? , obtain i ? obtile dei t comple	hal use of v nal use of v ficers, d monstra te Secti	Section I of vehicles, irectors, ion from tion use on B for	3 for ve es, incl excep or 1% your e	ehicles us uding cor t commut or more employees overed vel	nmuting, ing, by y owners s about	by you our (e) Amortiza	s who a	Ar	(f)	No
36 Ans: mo 37 38 39 40 41 P: 	Was the vehicle used p than 5% owner or relate Is another vehicle availa use? swer these questions to over than 5% owners or rel Do you maintain a writte employees? Do you maintain a writte employees? See the ins Do you treat all use of v Do you provide more th the use of the vehicles, Do you meet the require Note: If your answer to art VI Amortization (a) Description o	rimarily by a ed person? able for person Section C determine if y lated persons en policy stat structions for ehicles by er an five vehic and retain the ements conco 37, 38, 39, 4 f costs	- Questions f you meet an e s. rement that pr vehicles used nployees as p les to your em re information erning qualifie 0, or 41 is "Ye	xceptior ohibits a ohibits p d by corp ersonal ployees received d autom es," don" (b) amortization begins	Ito com II personal personal porate of use? , obtain i ? obtile dei t comple	hal use of v nal use of v ficers, d monstra te Secti	Section I of vehicles, irectors, ion from tion use on B for	3 for ve es, incl excep or 1% your e	ehicles us uding cor t commut or more employees overed vel	nmuting, ing, by y owners s about	by you our (e) Amortiza	s who a	Ar	(f)	No
36 Ans: mo 37 38 39 40 41 P :	Was the vehicle used p than 5% owner or relate Is another vehicle availa use? swer these questions to over than 5% owners or rel Do you maintain a writte employees? Do you maintain a writte employees? See the ins Do you treat all use of v Do you provide more th the use of the vehicles, Do you meet the require Note: If your answer to art VI Amortization (a) Description o	rimarily by a ed person? able for person Section C determine if y lated persons en policy stat structions for ehicles by er an five vehic and retain the ements conco 37, 38, 39, 4 f costs	- Questions f you meet an e s. rement that pr vehicles used nployees as p les to your em re information erning qualifie 0, or 41 is "Ye	xceptior ohibits a ohibits p d by corp ersonal ployees received d autom es," don" (b) amortization begins	Ito com II personal personal porate of use? , obtain i ? obtile dei t comple	hal use of v nal use of v ficers, d monstra te Secti	Section I of vehicles, irectors, ion from tion use on B for	3 for ve es, incl excep or 1% your e	ehicles us uding cor t commut or more employees overed vel	nmuting, ing, by y owners s about	by you our (e) Amortiza	s who a	Ar	(f)	No
36 	Was the vehicle used p than 5% owner or relate Is another vehicle availa use? swer these questions to over than 5% owners or rel Do you maintain a writte employees? Do you maintain a writte employees? See the inse Do you treat all use of v Do you provide more th the use of the vehicles, Do you meet the require Note: If your answer to art VI Amortization (a) Description o	rimarily by a ed person? able for person Section C determine if y lated persons en policy stat structions for rehicles by er and retain the ements conce 37, 38, 39, 4 f costs hat begins du	- Questions f you meet an e s. eement that pr vehicles used nployees as p les to your em le information erning qualifie 0, or 41 is "Ye Date ring your 202"	xceptior ohibits a ohibits p l by corp ersonal i ployees received d autom amortization begins 1 tax yea :: :	Ill person personal porate of use? obtain i l? obtile den t comple	al use of v use of v ficers, d monstra te Secti (c) Amortizab amount	Section I of vehicles, irectors, ion from tion use on B for	3 for ve es, incl except or 1% your e ? the co	ehicles us uding cor t commut or more employees overed vel (d) Code section	nmuting, ing, by y owners s about nicles.	epiloyee by you our (e) Amortiza beriod or per	s who a ı r	Ar	(f)	
36 — Ans <u>mo</u> 37 38 39 40 41 <u>42</u> <u>42</u> <u>43</u>	Was the vehicle used p than 5% owner or relate Is another vehicle availa use? swer these questions to over than 5% owners or rel Do you maintain a writte employees? Do you maintain a writte employees? See the ins Do you treat all use of v Do you provide more th the use of the vehicles, Do you meet the require Note: If your answer to art VI Amortization (a) Description o	rimarily by a ed person? able for person Section C determine if y lated persons en policy stat structions for rehicles by er an five vehic and retain the ements conce 37, 38, 39, 4 f costs nat begins du	- Questions f you meet an e s. rement that pr vehicles used nployees as p les to your em reining qualifie 0, or 41 is "Ye Date rring your 2021 fore your 2021	xception ohibits a ohibits p I by corp ersonal pployees received d autom es," don'' (b) (b) (b) (b) (c) 1 tax yea	Ill personal personal porate of use? obtain i ? oblie dei t comple	al use of v use of v ficers, d nformat te Secti (c) Amortizab amount	Section I of vehicles, irectors, ion from tion use on B for	a for ve es, incl except or 1% your e ? the co	ehicles us uding cor t commut or more employees overed vel	nmuting, ing, by y owners s about	e de la composición de la comp	s who a	Ar	(f)	No

19400522 757767 VOIC91123663 2021.05080 VOICES FOR CHILDREN

- NEXT YEAR FEDERAL - VOICES FOR CHILDREN

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	BOOKCASES	010184	SL	5.00	750.		750.	750.	0.
4	BOOKCASE	120183		5.00	55.		55.	55.	0.
	STORAGE CABINETS	120190		5.00	406.		406.	406.	0.
	6 OAK L-SHAPED DESKS	101998		5.00	2,600.		2,600.	2,600.	0.
	WALNUT L-SHAPED DESK	101998		5.00	396.		396.	396.	0.
	3 FOOT ROUND TABLE	101998		5.00	108.		108.	108.	0.
	2 2-DRAWER 36" LATERAL FILES	101998		5.00	290.		290.	290.	0.
	WALNUT END TABLE	101998		5.00	42.		42.	42.	0.
	60 CHAIRS	110598		5.00	2,044.		2,044.	2,044.	0.
	DOLLY	110598		5.00	79.		79.	79.	0.
	8 TABLES	110598		5.00	667.		667.	667.	0.
	REFRIGERATOR	111998		5.00	733.		733.	733.	0.
	4 TASK CHAIRS	011399		5.00	345.		345.	345.	0.
	4 FILING CABINETS	020999		5.00	465.		465.	465.	0.
	OAK SECRETARY DESKS W/ RETURNS	121599		5.00	574.		574.	574.	0.
	CREDENZA	021500		5.00	98.		98.	98.	0.
	PROJECTOR	012401		5.00	2,390.		2,390.	2,390.	0.
	PS BUSINESS INTERIO	113001		7.00	2,116.		2,116.	2,116.	0.
	OAK DESKS	060103		5.00	551.		551.	551.	0.
	HERMAN MILLER DESK CHAIRS	062206	SL	5.00	6,000.		6,000.	6,000.	0.
	BOOKCASE	040507		5.00	75.		75.	75.	0.
	OAK LEFT HAND L-DESK	040507		5.00	377.		377.	377.	0.
	OAK LEFT HAND L-DESK	040507		5.00	458.		458.	458.	0.
	OAK RIGHT HAND L-DESK	040507	SL	5.00	458.		458.	458.	0.
	COMPUTER	061608		5.00	5,137.		5,137.	5,137.	0.
	PRINTERS	031708		5.00	3,424.		3,424.	3,424.	0.
	BLACKBAUD	021709		7.00	22,881.		22,881.	22,881.	0.
	EQUIPMENT	042109	SL	5.00	1,445.		1,445.	1,445.	0.
	FLEPPER DOOR	011509	SL	5.00	1,031.		1,031.	1,031.	0.
	INTERIORS	120108	SL	5.00	15,658.		15,658.	15,658.	0.
	SIGN INSTALLALTION	103008		7.00	2,581.		2,581.	2,581.	0.
	WORKSTATION SET	100108		7.00	140,926.		140,926.		0.
	LASERJET P4515 PRINTER	052410		5.00	1,675.		1,675.	1,675.	0.
133	LASERJET P4515 PRINTER	052410	SL	5.00	1,675.		1,675.	1,675.	0.

(D) - Asset disposed

- NEXT YEAR FEDERAL -

VOICES FOR CHILDREN

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	ADOBE CREATIVE SUITE 4 SOFTWARE	062810		5.00	750.		750.	750.	0.
	SERVER	120310		5.00	7,961.		7,961.	7,961.	0.
	TABLE AND CHAIR	121410		5.00	582.		582.	582.	0.
	LASERJET P451	011111		5.00	1,728.		1,728.	1,728.	0.
	VOSTRO 3500	021811		5.00	856.		856.	856.	0.
	USED IT EQUIP	072811		5.00	15,720.		15,720.	15,720.	0.
	REFRIGERATOR	022412		5.00	960.		960.	960.	0.
	PERIMUTTER - PLASTIC CHARIS	022412		5.00	524.		524.	524.	0.
	BDR BACKUP	031512		5.00	3,248.		3,248.	3,248.	0.
	OFFICE FURNITURE - 2ND DESK JAMES	042712		5.00	638.		638.	638.	0.
	OFFICE FURNITURE & PHONES	042712		5.00	1,351.		1,351.	1,351.	0.
	FURNITURE & EQUIPMENT	123112		5.00	2,118.		2,118.		0.
	FURNITURE & EQUIPMENT	020613		7.00	1,529.		1,529.	1,529.	0.
	FURNITURE & EQUIPMENT	022313		5.00	322.		322.	322.	0.
-	PHONE SYSTEM	040813		5.00	6,258.		6,258.		0.
	PHONE SYSTEM	040813		5.00	6,006.		6,006.		0.
	FURNITURE & EQUIPMENT	050313		7.00	324.		324.	324.	0.
	FURNITURE & EQUIPMENT	050813		7.00	4,817.		4,817.		0.
	EQUIPMENT	051513		7.00	1,242.		1,242.		0.
	EQUIPMENT	053013		7.00	2,252.		2,252.		0.
	HP PRINTER & NOTEBOOK PC FOR JULI	070812		5.00	711.		711.	711.	0.
	COMPUTER	111912		5.00	1,725.		1,725.	1,725.	0.
	COMPUTER	123112		5.00	400.		400.	400.	0.
	EPSON EX3212 PROJECTOR	030513		5.00	432.		432.	432.	0.
_	DELL COMPUTER	032613		5.00	7,913.		7,913.	7,913.	0.
	COMPUTER	033013		5.00	7,828.		7,828.	7,828.	0.
	SOFTWARE	040613		5.00	1,141.		1,141.	1,141.	0.
-	DELL COMPUTER	041713	SL	5.00	1,642.		1,642.	1,642.	0.
	DELL COMPUTER	042313		5.00	498.		498.	498.	0.
	DELL COMPUTER	042313		5.00	1,710.		1,710.	1,710.	0.
	DELL COMPUTER	042413	\mathtt{SL}	5.00	966.		966.	966.	0.
	DELL COMPUTER	042613	SL	5.00	1,956.		1,956.	1,956.	0.
	COMPUTER	051513		5.00	388.		388.	388.	0.
170	COMPUTER	060513	SL	5.00	973.		973.	973.	0.

(D) - Asset disposed

- NEXT YEAR FEDERAL - VOICES FOR CHILDREN

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	COMPUTER	063013		5.00	447.		447.	447.	0.
	COMPUTER	063013		5.00	223.		223.	223.	0.
	COMPUTERS	100513		5.00	717.		717.	717.	0.
	FURNITURE	101613		7.00	3,395.		3,395.	3,395.	0.
	FURNITURE	103113		7.00	580.		580.	580.	0.
	DONATED FURNITURE	103113		7.00	3,598.		3,598.	3,344.	0.
177	3 DELL XPS WORKSTATIONS	110313		5.00	2,197.		2,197.	2,197.	0.
178	6 VIEWSONIC MONITORS	110513		5.00	748.		748.	748.	0.
_	TECHSOUP - SOFTWARE LICENSE	110613	SL	5.00	820.		820.	820.	0.
	GM BUSINESS INTERIORS - CUBICLE								
	PARTS	121313		7.00	1,537.		1,537.	1,537.	0.
181	CASA MANAGER SOFTWARE	120913		5.00	43,390.		43,390.	43,390.	0.
182	OFFICE FURNITURE - MIRAMAR OFFICE	010614		7.00	700.		700.	700.	0.
183	COMPUTER EQUIPMENT	020614		5.00	518.		518.	518.	0.
	8 DELL INSERION LAPTOPS	040314		5.00	3,751.		3,751.	3,751.	0.
185	COMPUTER EQUIPMENT	040614		5.00	525.		525.	525.	0.
186	5 KOBE MOBILE TRAINING TABLES	050614	SL	7.00	959.		959.	959.	Ο.
	3 DELL XPS 8700 DESKTOPS	050314		5.00	2,188.		2,188.	2,188.	0.
		050514		5.00	1,198.		1,198.	1,198.	0.
	DESKS	081414		7.00	1,597.		1,597.	1,597.	0.
_	APPLE IPADS	080614		5.00	1,516.		1,516.	1,516.	0.
198	CASA MANAGER CUSTOMIZATION	082214		5.00	1,155.		1,155.	1,155.	0.
199	12 DELL XPS 8700 WORKSTATIONS	090314		5.00	9,467.		9,467.	9,467.	0.
	LAPTOP	110514		5.00	702.		702.	702.	0.
	LAPTOPS	030515		5.00	1,705.		1,705.	1,705.	0.
202	SHOER OFFICE FURNITURE - DESKS	042715		7.00	4,153.		4,153.	4,153.	0.
203	COMPUTER EQUIP	040515		5.00	632.		632.	632.	0.
204	DELL DESKTOPS	060315		5.00	6,986.		6,986.	6,986.	0.
205	DELL DESKTOPS	060415	SL	5.00	6,997.		6,997.	6,997.	0.
	DELL DESKTOPS	061215	SL	5.00	3,223.		3,223.	3,223.	0.
	DELL DESKTOPS	061215	SL	5.00	3,868.		3,868.	3,868.	Ο.
208		063015		7.00	1,239.		1,239.	1,239.	0.
	DELL DESKTOPS	090515	SL	5.00	739.		739.	739.	Ο.
210	CARPET	063016	\mathtt{SL}	7.00	10,718.		10,718.	9,314.	1,404.

(D) - Asset disposed

- NEXT YEAR FEDERAL - VOICES FOR CHILDREN

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	PORTBALE PROJECTOR	063016	SL	5.00	856.		856.	856.	0.
	DONATED ARTWORK	061516	SL	7.00	12,285.		12,285.		1,610.
	PRINTER – COURT REPORTS	090516	SL	5.00	765.		765.		0.
	COMPUTER	110516		5.00	458.		458.	458.	0.
	DONOR WALL	120716		7.00	700.		700.		100.
	COMPUTER	120516		5.00	578.		578.		0.
	2 INSPIRON 3650 COMPUTERS	010517		5.00	1,071.		1,071.		0.
	1 DELL INSPIRON COMPUTER	010517		5.00	612.		612.		0.
	DONOR WALL	020917		7.00	2,150.		2,150.	1,663.	
	DONOR WALL	030117	SL	7.00	2,150.		2,150.	1,637.	307.
	TYCO INTGRTD SECURITY SYS - NEW								
	ACCESS CONTROL	030217		5.00	4,433.		4,433.		0.
	LAPTOPS – QTY 3	030517		5.00	2,051.		2,051.		0.
	LAPTOPS – QTY 3	030517		5.00	1,740.		1,740.	1,740.	0.
	PRINTER-LASERJET	030517		5.00	663.		663.	663.	0.
225	COMPUTER	040517		5.00	689.		689.		0.
226	TYCO ALARM SYSTEM	050117		5.00	19,201.		19,201.		0.
	FURNITURE	092817		7.00	542.		542.		77.
	COMPUTER	102817		5.00	630.		630.	599.	31.
229	EQUIPMENT - CAMERA LENS	021318		5.00	700.		700.		82.
	EQUIPMENT - CAMERA	022818		5.00	1,380.		1,380.		161.
	COMPUTER	032818		5.00	638.		638.		83.
232	TELEPHONE DEPOSIT	070118		5.00	30,310.		30,310.		6,062.
233	FURNITURE	061218	SL	7.00	1,671.		1,671.		239.
	DELL BUSINESS	070118	SL	5.00	23,142.		23,142.		4,628.
235	COMPUTER – MACBOOK	072818	SL	5.00	2,063.		2,063.	1,617.	413.
	TELEPHONE – TELDATA SYSTEM	071718		5.00	15,059.		15,059.		3,012.
	COMPUTER	072018		5.00	648.		648.	509.	130.
238	COMPUTER EQUIP	091818		5.00	740.		740.	555.	148.
	COMPUTER EQUIP	092818		5.00	2,178.		2,178.		436.
	COPIER	100818		5.00	4,843.		4,843.		969.
	EQUIPMENT	102818		5.00	614.		614.		123.
	FURNITURE	112818		7.00	2,230.		2,230.		319.
243	COMPUTER EQUIP	112818	SL	5.00	2,300.		2,300.	1,648.	460.

(D) - Asset disposed

– NEXT YEAR FEDERAL –

VOICES FOR CHILDREN

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
244	CHAIR RAIL	121818	SL	7.00	890.		890.	445.	127.
245	LAPTOP	021319		5.00	36,156.		36,156.	23,121.	7,231.
246	COMPUTERS	052819		5.00	1,661.		1,661.		
	COMPUTERS	092819		5.00	2,052.		2,052.		410.
248	TELDATA PHONES FOR MEDOWLARK	121719		5.00	1,022.		1,022.	510.	204.
	LENOVO LAPTOPS	011420		5.00	20,051.		20,051.		
	LENOVO LAPTOPS	020120		5.00	5,629.		5,629.		
	COMPUTERS	052820		5.00	2,423.		2,423.		
	COMPUTERS	052820		5.00	2,850.		2,850.		
	COMPUTERS	052820		5.00	1,468.		1,468.		
		070120		7.00	2,239.		2,239.		320.
	FURNITURE	072819		7.00	1,371.		1,371.		196.
		072819		5.00	712.		712.	415.	142.
	CDW – SERVER	081920		5.00	16,762.		16,762.		
		102820		5.00	1,454.		1,454.		
		042821		5.00	2,151.		2,151.		430.
		110120		7.00	27,000.		27,000.		
		112820		5.00	658.		658.		
		032821		7.00	2,387.		2,387.	426.	341.
		040621		7.00	552.		552.	99.	79.
		052821		7.00	240.		240.	37.	34.
	LOBBY SIGNAGE	060821		7.00	1,330.		1,330.		190.
		062221		5.00	1,226.		1,226.		245.
		072821		5.00	1,815.		1,815.		363.
	FURNITURE	081021	SL	5.00	1,330.		1,330.	244.	266.
	LAPTOPS, DOCKING STATIONS, MONITORS,								
	ETC.	080921	SL	5.00	3,074.		3,074.	564.	615.
	LAPTOPS, DOCKING STATIONS, MONITORS,								
	ETC.	081021	SL	5.00	12,299.		12,299.	2,255.	2,460.
	LAPTOPS, DOCKING STATIONS, MONITORS,								
	ETC.	082521	SL	5.00	20,139.		20,139.	3,357.	4,028.
	LAPTOPS, DOCKING STATIONS, MONITORS,								
272	ETC.	082821	SL	5.00	603.		603.	100.	121.

128103 04-01-21

(D) - Asset disposed

– NEXT YEAR FEDERAL –

VOICES FOR CHILDREN

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	LAPTOPS, DOCKING STATIONS, MONITORS,								
	ETC.	082821	SL.	5.00	4,096.		4,096.	683.	819.
	LAPTOPS, DOCKING STATIONS, MONITORS, ETC.	092821	at	5.00	2 0 4 9		2 0 4 9	307.	410.
	ETC. LAPTOPS, DOCKING STATIONS, MONITORS,		.SL	5.00	2,048.		2,048.	307.	410.
	ETC.	092821	GT.	5.00	1,587.		1,587.	238.	317.
	COMPUTER EQUIPMENT	100221	ST.	5.00	7,118.		7,118.	1,068.	1,424.
	AVI SYSTEMS - DEPOSIT FOR TRAINING				//1100		,,1101	1,0001	1,1210
	ROOM	123121	NC	.000	12,549.		12,549.		0.
	COMPUTER EQUIPMENT	012822	SL	5.00	6,169.		6,169.	617.	1,234.
279	COMPUTER EQUIPMENT	022222	SL	5.00	1,135.		1,135.	76.	227.
280	COMPUTER EQUIPMENT	022822	SL	5.00	6,222.		6,222.	415.	1,244.
281	COMPUTER EQUIPMENT	022822	SL	5.00	2,707.		2,707.	180.	541.
	AVI SYSTEMS - DEPOSIT FOR TRAINING								
	ROOM	022822	NC	.000	7,678.		7,678.		0.
	COMPUTER EQUIPMENT (FOR MONTH OF								
	MARCH)	042022		5.00	28,928.		28,928.	1,413.	5,786.
	FURNITURE (RS)	042822		7.00	3,325.		3,325.		475.
	FURNITURE (RS)	052822		7.00	2,784.		2,784.	66.	398.
		052822	SL	5.00	6,901.		6,901.	230.	1,380.
	AVI SYSTEMS - DEPOSIT FOR TRAINING				- 4		5 452		
	ROOM	063022	NC	.000	5,453.		5,453.		0.
	* TOTAL 990 PAGE 10 DEPR				838,501.		838,501.	612,512.	67,607.

(D) - Asset disposed