

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2023

Prepared For:

Spaulding for Children 6925 Portwest Drive 110 Houston, TX 77024

Prepared By:

Carr, Riggs & Ingram, LLC Two Riverway, 15th Floor Houston, TX 77056

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

Form	990
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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

J **Open to Public** . Inspection

artment of the Treasury nal Revenue Service

AI	For 1	he 2023 calendar year, or tax year beginning	and ending				
Β	Check	if C Name of organization		D Employer identific	ation number		
â	applic						
	Ad	ress SPAULDING FOR CHILDREN					
		nge Doing business as ARMS WIDE	74-2116380				
	Init		Room/suite	E Telephone number			
]Fin retu		110	713-681-0	5991		
	teri ate	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,301,838.		
	Am reti			H(a) Is this a group re	turn		
	tior		GAN	for subordinates	? Yes X No		
	· ·	ding SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No		
1	Tax-e		a)(1) or 📃 527	If "No," attach a	list. See instructions		
		site: ARMSWIDE.ORG		H(c) Group exemption			
		of organization: 🚺 Corporation 📄 Trust 📄 Association 📄 Other	L Year	of formation: 1980 N	State of legal domicile: TX		
Pa	art						
đ	1	Briefly describe the organization's mission or most significant activities: \underline{TC}	TRANSFO	RM THE LIVES	G OF		
UC		CHILDREN IN NEED OF SAFE AND NURTURING	PERMANE	NT FAMILIES.			
Governance	2	Check this box if the organization discontinued its operations or d	isposed of more	than 25% of its net ass			
ove	3				20		
		Number of independent voting members of the governing body (Part VI, line			21		
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0		
iviti	6	Total number of volunteers (estimate if necessary)			371		
Activities &	7	a Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_		b Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.		
				Prior Year	Current Year		
P	8	Contributions and grants (Part VIII, line 1h)		1,726,535.	1,165,647.		
ent	9	Program service revenue (Part VIII, line 2g)		2,671,520.	3,005,189.		
Revenue	10			46,294.	59,937.		
_	יין			0.4,444,349.	0.		
	12			<u>4,444,349</u> 5,577.	4,230,773.		
	13			<u> </u>	<u> 19,029.</u> 0.		
	14			1,902,202.	1,994,716.		
ses	15			1,902,202.	<u> </u>		
Expenses	16	a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)	935	0.	0.		
				1,808,909.	1,880,983.		
	1 ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,716,688.	3,894,728.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		727,661.	336,045.		
- 2	19	Revenue less expenses. Subtract line 18 from line 12		eginning of Current Year	End of Year		
its 0	20	Total assets (Part X, line 16)		2,819,621.	3,442,991.		
Asse	20 21			689,084.	870,638.		
Net Assets or	22			2,130,537.	2,572,353.		
	art			2,150,557•	2,572,555.		
		nalties of perjugy, I declare that I have examined this return, including accompanying sch	edules and statem	ents and to the best of my	knowledge and helief it is		
		ect, and complete Declare that i have examined this retain, including accompanying sen			and bollon, it is		
	,		e. milen proparo	08/15/20)24		
Sig	n	Signature of officer		Date			
Her		DEJUANA S. JERNIGAN, CEO/PRESIDENT					
. 101	-	Type or print name and title					

	Type or print na	me and title					
	Print/Type prepa		Preparer's signature	1000 -		Check if	PTIN P01268482
Paid	KRISTEN	SIMPSON	KRISTEN SI	LMPSON	_U8/15/.	24 self-employed	PU1268482
Preparer	Firm's name	CARR, RIGGS &	INGRAM, LLC		Fi	rm's EIN 72-	-1396621
Use Only	Firm's address	TWO RIVERWAY,	15TH FLOOR				
		HOUSTON, TX 77	7056		Р	hone no.713-	-621-8090
May the IF	RS discuss this	return with the preparer sho	wn above? See instructior	IS			X Yes No
LHA For	Paperwork Re	duction Act Notice, see the	e separate instructions.	332001 12-21-23			Form 990 (2023

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Par	990 (2023) SPAULDING FOR CHILDREN 74-2116	380 I
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	TO TRANSFORM THE LIVES OF CHILDREN IN NEED OF SAFE AND NURTURING	
	PERMANENT FAMILIES.	
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 2
	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 2
•	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by exp	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe	
		115 0 5, anu
4 -	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,350,950. including grants of \$) (Revenue \$ 1,7	257,4
4a		
	THE FOSTER CARE PROGRAM PROVIDED 16,604 DAYS OF FOSTER CARE FOR S	60
	CHILDREN.	
4b		167,8
	THE FOSTER CARE ADOPTION PROGRAM RECRUITED, SCREENED, EDUCATED,	
	PREPARED, AND UNITED FAMILIES WITH 31 CHILDREN WHO WERE WAITING	IN THE
	FOSTER CARE SYSTEM.	
4c		579,88
4c		579,88 FAMILS
4c		
4c	THE POST ADOPTION/POST PERMANENCY PROGRAMS PROVIDED INDIVIDUAL, AND GROUP COUNSELING; RESPITE; RESIDENTIAL TREATMENT; AND CASE	FAMILY
	THE POST ADOPTION/POST PERMANENCY PROGRAMS PROVIDED INDIVIDUAL, AND GROUP COUNSELING; RESPITE; RESIDENTIAL TREATMENT; AND CASE MANAGEMENT SERVICES TO 770 CHILDREN AND THEIR FAMILIES. THESE SERVICES TO 770 CHILDREN AND THEIR FAMILIES.	FAMILY ERVICE
4c	THE POST ADOPTION/POST PERMANENCY PROGRAMS PROVIDED INDIVIDUAL, AND GROUP COUNSELING; RESPITE; RESIDENTIAL TREATMENT; AND CASE MANAGEMENT SERVICES TO 770 CHILDREN AND THEIR FAMILIES. THESE SI ARE DESIGNED TO RESOLVE ISSUES RELATED TO PRIOR TRAUMA, TO STRENG	FAMILY ERVICE GTHEN
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94-01742 2023.04010 SPAULDING FOR CHILDREN

Form	aan	(2023)
FUIII	990	12023

 Form 990 (2023)
 SPAULDING
 FOR
 CHILDREN

 Part IV
 Checklist of Required Schedules
 Checklist
 Checklist

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
332003	12-21-23	Form	990	(2023)

Form **990** (2023)

3

Form	aan	(2023)
FUIII	330	(2020)

	(gambling) winnings to prize winners?	1c	X	(2023)
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 29			
			Yes	No
	Check if Schedule O contains a response or note to any line in this Part V			
Par				
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		х
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.5		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
_	Part V, line 1	34		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	Schedule N, Part II	32		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
	contributions? If "Yes," complete Schedule M	30		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
C	"Yes," complete Schedule L, Part IV	28c		х
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		- 11
h	"Yes," complete Schedule L, Part IV	28a 28b		X X
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		v
	instructions for applicable filing thresholds, conditions, and exceptions):			
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	Schedule L, Part I	25b		Х
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u> </u>		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
v	any tax-exempt bonds?	24c		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<u></u>		
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	240		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	Schedule J	23	X	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
			Yes	No

10040815 794202 94-01740.001

2023.04010 SPAULDING FOR CHILDREN 94-01742

Form	990 (2023) SPAULDING FOR CHILDREN		74-2116	380	Pa	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other					
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		Х
b	If "Yes," enter the name of the foreign country	,				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (Fl	BAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
va				6a		х
h	any contributions that were not tax deductible as charitable contributions?			Ua		
b		ions or gins	5	6b		
7	Organizations that may receive deductible contributions under section 170(c).			00		
		ruione provid	lad to the never?	70		х
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a 7b		
				7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required		7-		х
اہ	to file Form 8282?	74		7c		<u></u>
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		-		
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f	N/	<u></u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Full			7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		-orm 1098-C?	7h	N/	<u>A</u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintainer		NT / 7	•		
•			N/A	8		
9	Sponsoring organizations maintaining donor advised funds.		N/A	0		
a	Did the sponsoring organization make any taxable distributions under section 4966?		NT / 7	9a		
b			N/A	9b		
10	Section 501(c)(7) organizations. Enter:	ا مد ا				
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	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:	11				
	Gross income from members or shareholders N/A	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		NT / 7			
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	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				
	Enter the amount of reserves on hand	13c				
14a				14a		Х
b	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					
	excess parachute payment(s) during the year?			15		Х
	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	it income?		16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ad					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		N/A	17		
	If "Yes," complete Form 6069.					
332005	12-21-23			Form	990	(2023)
	5					

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2023.04010	SPAULDING	FOR	CHILDREN	
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Form 990	(2023)
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SPAULDING FOR CHILDREN

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

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F0IIII 990 (2110300	гаус 🗸
Part VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7	'b below,	and for a "No" res	sponse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See ins			
	Check if Schedule O contains a response or note to any line in this Part VI			X

				Yes	\$
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 2	20		
	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.				
b	Enter the number of voting members included on line 1a, above, who are independent		21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		. 2		
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			
4	Did the organization make any significant changes to its governing documents since the prior Form 9				
5	Did the organization become aware during the year of a significant diversion of the organization's ass				
6	Did the organization have members or stockholders?		. 6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	•			
	more members of the governing body?		. <u>7a</u>		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	•			
	persons other than the governing body?		. 7b		_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?			X	
b	Each committee with authority to act on behalf of the governing body?		. <mark>8</mark> b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		
	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)		Vee	_
000	Did the examination have lead chapters, branches, or effiliates?		100	Yes	•
	Did the organization have local chapters, branches, or affiliates?		. <u>10a</u>		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
10	Has the organization provided a complete copy of this Form 990 to all members of its governing body	, boforo filing the form?	. 100	X	_
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			- 23	
-			12a	x	
2a ⊾	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "y		120	- 23	
С	on Schedule O how this was done	,	12c	x	
13	Did the organization have a written whistleblower policy?			X	
13 14	Did the organization have a written document retention and destruction policy?			X	
			. 14	- 23	
15	Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	i by mucpendent			
•	The organization's CEO, Executive Director, or top management official		. 15a	x	
			15a		
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		. 150		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a			
			16a		
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				
2	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				
	exempt status with respect to such arrangements?		16b		
ec	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed NONE				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990-T (section 501(c))	(3)s only)	availa	a
	for public inspection. Indicate how you made these available. Check all that apply.	on Schedule O)	/	_	
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		and finan	cial	
9	statements available to the public during the tax year.			ciui	
19		ks and records			
	State the name, address, and telephone number of the person who possesses the organization's boo				
19 20	State the name, address, and telephone number of the person who possesses the organization's boo DEJUANA S. JERNIGAN - (713) 681-6991				
				1 990	_

Form 990	(2023)
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

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

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

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• 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	(do	Position (do not check more that			ne	Reportable	Reportable	Estimated		
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of	
	week		cer an	uau	recio	r/trus	lee)	from	from related	other	
	(list any	irecto						the	organizations	compensation	
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization	
	organizations	ruste	l trus		/ee	npen		1099-NEC)	1099-NEO)	and related	
	below	Individual trustee or director	Institutional trustee	-	mplo	st co	Ŀ			organizations	
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former			5	
(1) DEJUANA JERNIGAN	40.00										
PRESIDENT/CEO				Х				148,625.	0.	14,438.	
(2) AMANDA VENTA, PH.D.	2.00										
BOARD CHAIR		Х		Х				0.	0.	0.	
(3) WHITNEY COX	2.00										
VICE CHAIR		Х		Х				0.	0.	0.	
(4) CHRISTOPHER DODD	2.00										
TREASURER		Х		Х				0.	0.	0.	
(5) SHANNON KINNEY	2.00										
SECRETARY		Х		Х				0.	0.	0.	
(6) ANTHONY NOCELLA	2.00										
AT LARGE		Х		Х				0.	0.	0.	
(7) PETER C. RETTERER	2.00										
AT LARGE		Х		Х				0.	0.	0.	
(8) JENNIFER ALLISON	2.00										
DIRECTOR		Х						0.	0.	0.	
(9) AMY RUDAY	2.00										
DIRECTOR		Х						0.	0.	0.	
(10) ANDREJKA BERNATOVA	2.00										
DIRECTOR		Х						0.	0.	0.	
(11) JULIE LONGORIA CHEN	2.00									_	
DIRECTOR		Х						0.	0.	0.	
(12) JULIE COMISKEY	2.00									•	
DIRECTOR		Х						0.	0.	0.	
(13) RICHARD HOLT	2.00								•	•	
DIRECTOR	0.00	X						0.	0.	0.	
(14) SIDNEY E. LACEY	2.00								•	•	
DIRECTOR		Х						0.	0.	0.	
(15) LORRAINE VARGAS-TOWNSEND	2.00								•	•	
DIRECTOR		Х						0.	0.	0.	
(16) AMELIA MCKNIGHT	2.00								•	^	
DIRECTOR		X						0.	0.	0.	
(17) RENEE RHOTEN MORRIS	2.00							_	•	<u>^</u>	
DIRECTOR		Х						0.	0.	0.	
332007 12-21-23				_	-					Form 990 (2023)	

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2023.04010 SPAULDING FOR CHILDREN

	SPAULDING									74-21	16	380	Pa	ige 8
	Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	, ,				
(A)		(B)				C) ition			(D)	(E)			(F)	
Name and title		Average hours per		not cl	heck i	more	than c		Reportable compensation	Reportable compensatior			mateo ount o	
		week		, unles cer an					from	from related	'		ther	Л
		(list any	ctor						the	organizations	i	compe		ion
		hours for	r dire				ted		organization	(W-2/1099-MIS	с/	fror	m the	;
		related	stee o	rustee			pensa		(W-2/1099-MISC/	1099-NEC)		orgar		
		organizations below	ıal tru	onal t		ployee	: com		1099-NEC)				relate	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	Izatio	ins
(18) JUDY PETERSON		2.00	-		0	¥	Ξ	Œ			-+			
DIRECTOR			х						0.		0.			0.
(19) DARIA M RUSSELL		2.00												
DIRECTOR			Х						0.		0.			0.
(20) STEPHANIE SANDERS		2.00												
DIRECTOR			Х						0.		0.			0.
(21) DAVID THAXTON		2.00												
DIRECTOR			Х						0.		0.			0.
(22) MINDY VELA		2.00												•
DIRECTOR			Х						0.		0.			0.
											-+			
1b Subtotal		•							148,625.		0.	14	,43	38.
c Total from continuation sh									0.		0.			0.
<u>d Total (add lines 1b and 1c</u>									148,625.		0.	14	,43	38.
2 Total number of individuals	(including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the orga	anization												<u> </u>	1
											ſ	Y	/es	No
3 Did the organization list any					•	•		Ŭ	• •					Х
line 1a? If "Yes," complete S												3		<u> </u>
4 For any individual listed on												4	x	
and related organizations gr5 Did any person listed on line											····	4		
rendered to the organization						-			-			5	-	х
Section B. Independent Contra			- 0 /	01 30		56/30	011 .				···· I		I	
1 Complete this table for your	five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	ion from	า	
the organization. Report co	mpensation for	the calendar ye	ear e	endin	ıg w	ith c	or wit	hin	the organization's tax y	ear.				
	(A)								(B)		_	(C)		
Nam	e and business	address	N	ONE	6				Description of s	ervices	C	ompens	ation	í
								_						
								-						
2 Total number of independer	nt contractors (in	ncluding but no	ot lir	nitec	to t	-		ted	above) who received me	ore than				
\$100,000 of compensation	from the organiz	zation				0)							
												Form 99	JU (?)	(023)

332008 12-21-23

star function revenue business revenue from tax under sections 512 - 5 star 1 a	Form				ULDING F	OR	CHILDRE	N		74-2116	380 Page 9
Other Other Reduct of source to the base of the t	Pa	rt V	111								
Total revenue Feldeted or exempt function revenue Unrelated function revenue Howards function business revenue business				Check if Schedule O c	contains a respo	nse	or note to any lin		(D)	(0)	
Sector of the sector											رط) Revenue excluded
a 1 a Federated campaigns 1a b Membership due 1a 1a c Fundating ownth 1a 1a c Fundating ownth 1a 1a d Holdstord regarizations 1a 1a d Holdstore											from tax under
Book Mumbership Juss IB 371,555. Id Id Id Id Id Id Book and added organizations Id Id Id Book and added organizations Id Id Id Id Book and added organizations Id Id Id Id Id Book and added organizations Id Id Id Id Id Id Id Id											sections 512 - 514
generative 2 a FEES FROM GOVERNMENT A b Butwiness Code 541900 3,005,189.3,005,189. mmm 6	nts Its	1	а	Federated campaigns				4			
generative 2 a FEES FROM GOVERNMENT A b Butwiness Code 541900 3,005,189.3,005,189. mmm 6	ărai our		b	Membership dues				-			
generative 2 a FEES FROM GOVERNMENT A b Butwiness Code 541900 3,005,189.3,005,189. mmm 6	S, G		с	Fundraising events			371,555.	-			
generative 2 a FEES FROM GOVERNMENT A b Butwiness Code 541900 3,005,189.3,005,189. mmm 6	ar Jit		d	Related organizations	1d			-			
generative 2 a FEES FROM GOVERNMENT A b Butwiness Code 541900 3,005,189.3,005,189. mmm 6	ini,		е	Government grants (contri	ibutions) 1e			-			
generative 2 a FEES FROM GOVERNMENT A b Butwiness Code 541900 3,005,189.3,005,189. mmm 6	rion r		f	All other contributions, gifts,	grants, and						
generative 2 a FEES FROM GOVERNMENT A b Butwiness Code 541900 3,005,189.3,005,189. mmm 6	the			similar amounts not included	above 1f		<u>794,092.</u>				
generative 2 a FEES FROM GOVERNMENT A b Butwiness Code 541900 3,005,189.3,005,189. mmm 6	d		g	Noncash contributions included in I	lines 1a-1f 1g \$		1,180.				
2 a FEES FROM GOVERNMENT A 541900 3,005,189.3,005,189. a b b b b b b a Investment income (including dividends, interest, and other similar amounts) 38,943. 38,943. 38,943. 4 Income from investment of tax exempt bond proceeds 5 Bodd b b 6 Gross rents Ga (0) Real (0) Personal B A 7 Gross rents Ga (0) Securities (0) Other assets other than inventry rasis amounts on sites of rasis amounts on sites of rasis amount ton site of rasis	aS		h	Total. Add lines 1a-1f				1,165,647.			
90 90<											
a Total. Add lines 2:2: 3,005,189. a Investment income (including divideds, interest, and other similar amounts) 38,943. 38,943. a Income from investment of tax-exempt bond proceeds 38,943. 38,943. b Estimate of tax-exempt bond proceeds 9 9 c Rental income or (including divideds, interest, and other similar amounts) 0 9 d Income from investment of tax-exempt bond proceeds 0 9 f a Gross rents 6a 0 b Less: rental expenses 6b 0 0 d Net rental income or (icos) 0 Securities 0 0 a Gross anout from siss of ass other thai invert 7a 51,338. 20,994. 20,994. 20,994 d Net gain or (loss) 371,555. of contributions reported on line 1c). See Part IV, line 18 8a 40,661. 9a anothicking events 0. 0. </td <td>e</td> <td>2</td> <td>а</td> <td>FEES FROM GOV</td> <td>ERNMENT</td> <td>A</td> <td>541900</td> <td>3,005,189.</td> <td>3,005,189.</td> <td></td> <td></td>	e	2	а	FEES FROM GOV	ERNMENT	A	541900	3,005,189.	3,005,189.		
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a Total. Add lines 2:2: 3,005,189. a Investment income (including divideds, interest, and other similar amounts) 38,943. 38,943. a Income from investment of tax-exempt bond proceeds 38,943. 38,943. b Estimate of tax-exempt bond proceeds 9 9 c Rental income or (including divideds, interest, and other similar amounts) 0 9 d Income from investment of tax-exempt bond proceeds 0 9 f a Gross rents 6a 0 b Less: rental expenses 6b 0 0 d Net rental income or (icos) 0 Securities 0 0 a Gross anout from siss of ass other thai invert 7a 51,338. 20,994. 20,994. 20,994 d Net gain or (loss) 371,555. of contributions reported on line 1c). See Part IV, line 18 8a 40,661. 9a anothicking events 0. 0. </td <td>eve eve</td> <td></td> <td>d</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	eve eve		d								
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3 investment income (including dividends, interest, and other similar amounts) 38,943. 38,943. 4 income from investment of tax-exempt bond proceeds 6 38,943. 38,943. 6 a Gross rents 6 6 6 6 6 6 7 a Gross rents 6 6 6 6 6 6 6 a Gross rents 6 6 6 6 6 6 6 a Gross rents 6 </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>3,005,189.</td> <td></td> <td></td> <td></td>								3,005,189.			
other similar amounts) 38,943. 38,943. 4 income from investment of tax exempt bond proceeds 9 5 Royatis 0.0 Real 0.0 Personal 6 a Gross rents 6a 0.0 Real 0.0 Personal 7 a Gross rents 6a 0.0 Real 0.0 Personal 7 a Gross mount from sales of assets other than inventory 0.0 Securities 0.0 Other 7 a Gross income from fundraising events 7a 51, 398. 20, 994. 8 Gross income from fundraising events 7a 20, 994. 20, 994. 8 Gross income from fundraising events 0.0 0.0 0.0 9 Gross income from fundraising events 0.0 0.0 0.0 9 Gross income from gaming activities 0.0 0.0 0.0 0.0 9 Gross income from gaming activities 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0		3									
9000000000000000000000000000000000000								38,943.			38,943.
5 Royatties (i) Real (ii) Personal 6 a Gross rents 6 (b) deal (ii) Personal 6 a Gross rental expenses (b) deal (ii) Other 7 a Gross amount from sales of assets other than inventory 7 5 1, 30, 404. 7 a Gross income from fundraising events (not including § 30, 404. 20, 994. 20, 994. 8 a Gross income from fundraising events (not including § 311, 555. of event including § 21, 255. of event including § 20, 994. 8 a Gross income from fundraising events (not including § 311, 555. of event including § 0. 9 9 Gross income from gaming activities. See part IV, line 18 8a 40, 661. 9 9 9 a Gross income from gaming activities. See part IV, line 19 9 9 9 9 9 a Gross sales of inventory, less returns and allowances 0 9 0 0 9 b Less: cost of goods sold 100 0 0 0 0 a Gross income from gaming activities. See part V, line 19 9 9 0 0 0 a Gross sales of		4									
Gene Gross rents Gene (i) Personal b Less: rental expenses Gene		5			-						
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2023.04010 SPAULDING FOR CHILDREN 94-01742

SPAULDING FOR CHILDREN Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			general expenses	<u> </u>
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	19,029.	19,029.		
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	148,625.	134,820.	7,900.	5,905
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	1,488,041.	1,349,820.	79,096.	59,125
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	171,653.	155,708.	9,124.	6,821
10	Payroll taxes	186,397.	169,083.	9,908.	7,406
11	Fees for services (nonemployees):	-	-		
	Management				
	Legal	963.	862.	75.	26
	Accounting	17,000.	15,212.	1,329.	459
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ū	column (A), amount, list line 11g expenses on Sch 0.)	613,634.	549,084.	47,973.	16,577
12	Advertising and promotion				
13	Office expenses	90,281.	55,159.	16,266.	18,856
14	Information technology	47,734.	42,713.	3,732.	1,289
15	Royalties				
16	Occupancy	255,792.	229,318.	12,032.	14,442
17	Travel	73,113.	70,956.	1,388.	769
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,359.	113.	3,246.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,354.	14,813.	309.	232
23	Insurance	68,410.	61,250.	5,969.	1,191
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.)				
а	FOSTER CARE AND ASSISTA	628,158.	628,158.		
b	TELECOMMUNICATIONS	34,326.	30,446.	2,894.	986
с	EQUIPMENT	11,952.	3,582.	1,734.	6,636
d	STAFF DEVELOPMENT	9,158.	4,660.	1,292.	3,206
	All other expenses	11,749.	7,543.	1,297.	2,909
25	Total functional expenses. Add lines 1 through 24e	3,894,728.	3,542,329.	205,564.	146,835
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 if following SOP 98-2 (ASC 958-720)				

10

332010 12-21-23

2023.04010 SPAULDING FOR CHILDREN

Form 990 (2023)

10040815 794202 94-01740.001

	17	Dalance Sheet					
		Check if Schedule O contains a response or note	e to any line	in this Part X			······
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,038,479.	1	1,344,638.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			210,189.	3	229,706.
	4	Accounts receivable, net			426,372.	4	667,554.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualifi					
		under section 4958(f)(1)), and persons described				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			25,034.	9	29,264.
	10a	Land, buildings, and equipment: cost or other		Γ			
		basis. Complete Part VI of Schedule D	10a	168,275.			
	b	Less: accumulated depreciation		117,554.	35,175.	10c	50,721.
	11	Investments - publicly traded securities			618,569.	11	806,967.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			465,803.	15	314,141.
	16	Total assets. Add lines 1 through 15 (must equa			2,819,621.	16	3,442,991.
	17	Accounts payable and accrued expenses			219,740.	17	203,224.
	18	Grants payable				18	
	19	Deferred revenue			0.	19	347,013.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
s	22	Loans and other payables to any current or form	er officer, di				
itie		trustee, key employee, creator or founder, substa	antial contrik	outor, or 35%			
Liabilities		controlled entity or family member of any of thes	e persons			22	
Ľ	23	Secured mortgages and notes payable to unrelate	ted third par	ties		23	
	24	Unsecured notes and loans payable to unrelated	I third parties	s		24	
	25	Other liabilities (including federal income tax, pay	ables to rela	ated third			
		parties, and other liabilities not included on lines	17-24). Com	nplete Part X			
		of Schedule D			469,344.	25	320,401.
	26	Total liabilities. Add lines 17 through 25			689,084.	26	870,638.
		Organizations that follow FASB ASC 958, check	ck here	X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			1,306,945.	27	1,583,330. 989,023.
Ba	28	Net assets with donor restrictions		L	823,592.	28	989,023.
pur		Organizations that do not follow FASB ASC 95	58, check he	ere 🗌			
гF		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq	uipment fun	d		30	
t As	31	Retained earnings, endowment, accumulated inc		·····		31	
Nei	32	Total net assets or fund balances			2,130,537.	32	2,572,353.
	33	Total liabilities and net assets/fund balances			2,819,621.	33	3,442,991.

Form **990** (2023)

Form	1990 (2023) SPAULDING FOR CHILDREN	74	-2116380	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	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,230		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,894		
3	Revenue less expenses. Subtract line 2 from line 1	3	336	<u> </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,130		
5	Net unrealized gains (losses) on investments	5	105	5,7	<u>71.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	2,572	2,3	<u>53.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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				1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
-	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C	D.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				37
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u>3a</u>		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2023)

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
2023
Open to Public Inspection

Name of the organization

Nam	e of t	he organization							identification number
_			LDING FOR (4-2116380
Par	tl	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.	
The c	organi	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	l)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7	Х	An organization that norma	lly receives a substar	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
		university:							
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Con	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to ca	rry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	or section	509(a)(2).	See section !	509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority c	f the direc	tors or truste	es of the su	ipporting
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hav	ring
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
		organization(s). You mus	-						
с		Type III functionally inte						ly integrate	d with,
		its supported organization	. , . ,	•					
d		Type III non-functionally	• · ·					Ū.	
		that is not functionally int	•	o ,				an attentiv	veness
		requirement (see instructi							
е		Check this box if the orga					Туре I, Туре	II, Type III	
		functionally integrated, or		nally integrated supporti	ng organiz	ation.			F
f		er the number of supported of	•						
<u>g</u>		vide the following information i) Name of supported	ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
		organization	() =	(described on lines 1-10	in your governi	ng document?	support (see in	3	support (see instructions)
		-		above (see instructions))	Yes	No		· ·	
Total									

Schedule A (Form 990) 2023

SPAULDING FOR CHILDREN

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1058127.	1573336.	1085141.	1726535.	1165647.	6608786.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1058127.	1573336.	1085141.	1726535.	1165647.	6608786.
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)						1423440.
6	Public support. Subtract line 5 from line 4.						5185346.
	ction B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1058127.	1573336.	1085141.	1726535.	1165647.	6608786.
8	Gross income from interest.						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	6,478.	6,534.	6,294.	8,806.	38,943.	67,055.
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						6675841.
12		etc. (see instructio	ns)			12 11	,221,372.
	First 5 years. If the Form 990 is for th			fourth or fifth tax y	vear as a section 5		/===/•/=•
10	organization, check this box and stor	-		-			
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (I		-	column (f))		14	77.67 %
	Public support percentage from 2022		•			15	81.53 %
	33 1/3% support test - 2023. If the o						
100	stop here. The organization qualifies	-					V
h	33 1/3% support test - 2022. If the d		-				
~	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances test						
110	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		-	
h	10% -facts-and-circumstances test	•	•	,	•	7a and line 15 is ⁻	
IJ	more, and if the organization meets th						070 01
	organization meets the facts-and-circu						
18	Private foundation. If the organization		•				
10		and not oneon a l		a, 100, 170, 01 170			(Form 990) 2023
						e stre auto A	

Schedule A	(Form 990)	2023
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SPAULDING FOR CHILDREN

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (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						
	Amounts included on lines 1, 2, and 3 received from disgualified 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						
С	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
	Amounts from line 6						
	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						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
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 th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
	check this box and stop here	<u></u>	<u></u>			-	
Sec	tion C. Computation of Publi						
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	tion D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly	supported organiza	ation	
b	33 1/3% support tests - 2022. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly supp	orted organiza	tion
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
33202	3 12-21-23		15			Sched	lule A (Form 990) 2023

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SPAULDING FOR CHILDREN

1

Yes No

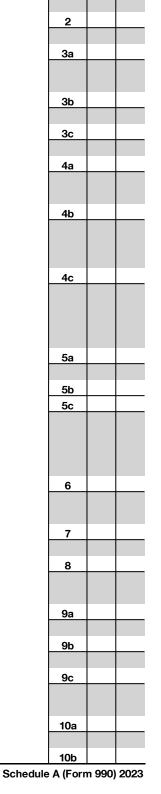
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2023 SPAULDING FOR CHILDREN

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Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily 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			
		in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	more direct effect organ	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.

Sec	Section C. Type II Supporting Organizations						
			Yes	No			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors						
	or trustees of each of the organization's supported organization(s)? If "No." departies in Part VI how eastrol						

or management of the supporting organization was vested in the same persons that controlled or managed
the supported organization(s)

Section D. Al	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	e Integral Part Test during the year	(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.*

с		The organization supported a governmental entity.	Describe in Part VI how	you supported a d	overnmental entity	(see instructions)	
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- 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.*

Schedule A (Form 990) 2023

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Schedule A	(Form 990) 202
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1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ig trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	a Average monthly value of securities			
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
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		
Section C - Distributable Amount				Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

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(provide details in Part VI). See instructions. 8 9 Distributable amount for 2023 from Section C, line 6 **10** Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) Evenes Distributions

SPAULDING FOR CHILDREN

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 **1** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive

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Secu	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2023	Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
а	From 2018			
b	From 2019			
с	From 2020			
d	From 2021			
е	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2019			
b	Excess from 2020			
с	Excess from 2021			
d	Excess from 2022			
е	Excess from 2023			

Schedule A (Form 990) 2023

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	(Form 990) 2023				CHILDREN		74-2116380 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D,	, 2, 3b, 3c, lines 2 anc	4b, 4c, 5a I 3; Part IV	a, 6, 9a, ', Sectio	9b, 9c, 11a, 11b, a n E, lines 1c, 2a, 2	and 11c; Part IV, Section E	e 17a or 17b; Part III, line 12; 9, lines 1 and 2; Part IV, Section C, 1; Part V, Section B, line 1e; Part V,
	×						
22000 10 01 2	22						Schedule A (Form 990) 2023
332028 12-21-2	:0				20		Schedule A (FORM 990) 2023

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Schedule of Contributors

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

2023

Employer identification number

74-2116380

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

	SPAULDING	FOR	CHILDREN	
Organization type (che	ck one):			

Filers of:	Section:	
Form 990 or 990-EZ 301(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

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

General Rule

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

Special Rules

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

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

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

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).

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

Name of organization

Page 2 Employer identification number

74-2116380

SPAULDING FOR CHILDREN

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>150,000</u> .	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$80,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$30,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

22 2023.04010 SPAULDING FOR CHILDREN

10040815 794202 94-01740.001

Name of organization

Page 2 Employer identification number

74-2116380

SPAULDING FOR CHILDREN

Part I	t I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
7		\$24,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a)	(b)	(c)	(d)			
	Name, address, and ZIP + 4	Total contributions \$	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990) (2023)

323452 12-26-23

23 2023.04010 SPAULDING FOR CHILDREN 9

Schedule E	8 (Form	990)	(2023)
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Name of organization

Page 3 Employer identification number

74-2116380

SPAULDING FOR CHILDREN

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

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

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10040815 794202 94-01740.001

Schedule I	B (Form 990) (2023)				Page 4	
Name of o	organization				Employer identification number	
SPAUL	DING FOR CHILDREN				74-2116380	
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)				at total more than \$1,000 for the year	
	completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of	1,000 or less for th	ne year. (Enter this info. c	nce.) \$	
(a) No.	Use duplicate copies of Part III if additional s	space is needed.				
from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	cription of how gift is held	
				_		
·		(e) Transf	er of gift			
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	cription of how gift is held	
Part I				(4, 2000, passion of the second		
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	ription of how gift is held	
<u> </u>						
		(e) Transfe	er of gift			
·	Transferee's name, address, and ZIP + 4			elationship of tra	nsferor to transferee	
(a) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Desc	cription of how gift is held	
	·					
	(e) Transfer of gift					
	_		_			
	Transferee's name, address, a	nd ZIP + 4	R	elationship of tra	nsferor to transferee	

323454 12-26-23

Schedule B (Form 990) (2023)

10040815 794202 94-01740.001

25 2023.04010 SPAULDING FOR CHILDREN 94 - 01742

. -		Quarlament	ol Einoneie'	Statamarta		OMB No. 1545-0047
	HEDULE D n 990)	Complete if the orga	nization answered "	Yes" on Form 990,		2023
	ment of the Treasury		ttach to Form 990.			Open to Public
-	I Revenue Service	Go to www.irs.gov/Form99	0 for instructions an	d the latest information.	F ire	Inspection
Nam	e of the organizatio	n SPAULDING FOR CHIL	DREN		Emp	ployer identification number $74 - 2116380$
Pa	rt I Organizat	tions Maintaining Donor Advise		r Similar Funds or A	ccoun	
	organization	answered "Yes" on Form 990, Part IV, lin	ie 6.			
			(a) Donor ad	vised funds	(b) Fun	ds and other accounts
1	Total number at end	d of year				
2		contributions to (during year)				
3		grants from (during year)				
4	33 3 3					
5	-	n inform all donors and donor advisors in	-			
-		's property, subject to the organization's				Yes No
6	0	n inform all grantees, donors, and donor a	Ũ	0		
		eses and not for the benefit of the donor o			•	
Pa	impermissible privat	te benefit? tion Easements. Complete if the org				
1		ervation easements held by the organization			v, iii e 7.	
•		of land for public use (for example, recrea	· · ·	Preservation of a his	torically	important land area
		natural habitat		Preservation of a ce	-	
		of open space				
2		hrough 2d if the organization held a quali	fied conservation con	tribution in the form of a c	onserva	tion easement on the last
	day of the tax year.	с с .				Held at the End of the Tax Year
а	Total number of cor	nservation easements			2a	
b					2b	
с	Number of conserva	ation easements on a certified historic stru	ucture included on lin	e 2a	2c	
d	Number of conserva	ation easements included on line 2c acqu	ired after July 25, 200	06, and not		
	on a historic structu	re listed in the National Register			2d	
3	Number of conserva	ation easements modified, transferred, rel	eased, extinguished,	or terminated by the orga	nization	during the tax
	year					
4		here property subject to conservation eas	-			
5	-	on have a written policy regarding the per		ection, handling of		
•	,	rcement of the conservation easements it				
6	Staff and volunteer	hours devoted to monitoring, inspecting,	nandling of violations	, and enforcing conservat	ion ease	ments during the year
7	Amount of ovnonce		lling of violations, one	l onforcing concernation o		to during the year
7	Amount of expense	s incurred in monitoring, inspecting, hanc	anny or violations, and	entorong conservation e	asemen	is during the year
8	Does each conserva	 ation easement reported on line 2d above	satisfy the requireme	ents of section 170(h)(4)(B)	(i)	
5		4)(B)(ii)?	•			Yes No
9		e how the organization reports conservation				
	balance sheet, and	include, if applicable, the text of the footr	note to the organizatio	on's financial statements t	hat desc	ribes the
	organization's acco	unting for conservation easements.	-			
Pa	rt III Organizat	tions Maintaining Collections of	f Art, Historical 1	reasures, or Other	Simila	r Assets.
	Complete if t	the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization e	elected, as permitted under FASB ASC 95	8, not to report in its	revenue statement and ba	lance sh	neet works
	of art, historical trea	asures, or other similar assets held for put	olic exhibition, educat	ion, or research in further	ance of p	public
		Part XIII the text of the footnote to its finar				
b	-	elected, as permitted under FASB ASC 95				
		ires, or other similar assets held for public	exhibition, educatior	n, or research in furtherand	ce of pub	olic service,
	-	g amounts relating to these items.				*
		ed on Form 990, Part VIII, line 1				\$
	(ii) Assets included in Form 990, Part X					5

2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	le
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$

	b	Assets	included	in	Form	990,	Part 2	*
--	---	--------	----------	----	------	------	--------	---

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23 Schedule D (Form 990) 2023

\$ \$

26 2023.04010 SPAULDING FOR CHILDREN

94-01742

Sche		G FOR CHILI				74-21			age 2
Par	rt III Organizations Maintaining Co	llections of Art,	Historical Tre	asures, or Oth	er Sim	nilar Asset	s (contii	nued)	
3	Using the organization's acquisition, accession	, and other records,	check any of the f	ollowing that make	signific	ant use of its			
	collection items (check all that apply).								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's colle	ections and explain h	now they further th	e organization's ex	empt pı	urpose in Part	XIII.		
5	During the year, did the organization solicit or r	eceive donations of	art, historical treas	sures, or other simil	ar asset	:s	_		_
	to be sold to raise funds rather than to be main						Yes		No
Par	rt IV Escrow and Custodial Arrange		if the organization	answered "Yes" o	n Form	990, Part IV, I	ne 9, or		
	reported an amount on Form 990, Part								
1a	Is the organization an agent, trustee, custodiar						_		_
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII ar	nd complete the follo	wing table:						
							Amoun	t	
	Beginning balance					1c			
	Additions during the year					1d			
е									
f	f Ending balance								<u> </u>
	Did the organization include an amount on For				•	L	Yes		_ No
	If "Yes," explain the arrangement in Part XIII. C rt V Endowment Funds Complete if th								
I ai		(a) Current year	(b) Prior year	(c) Two years back		iree years back		voare	hack
4.		618,569.	725,126.	606,211	_	416,185.	(e) i ou		,892.
1a		100,000.	50,000.	50,000	_	100,000.		550,	052.
D	Contributions	139,796.	-124,579.	,	-	102,994.		77	,293.
	, , , , , , , , , , , , , , , , , , ,							<i>''</i> ,	255.
d									
е	Other expenditures for facilities								
	and programs	51,398.	31,978.	43,676		12,968.			
	Administrative expenses	806,967.	618,569.	725,126	_	606,211.		416	,185.
g	End of year balance Provide the estimated percentage of the currer		•	,	•			110,	
2		10 0000	%) field as.					
a h	Permanent endowment 57.0000	%	70						
0	Term endowment 33.0000 %								
C	The percentages on lines 2a, 2b, and 2c should								
39	Are there endowment funds not in the possess		on that are held ar	nd administered for	tho				
0a	organization by:	ion of the organization			uic			Yes	No
	(i) Unrelated organizations?						3a(i)		X
							3a(ii)		x
b	If "Yes" on line 3a(ii), are the related organization								
4	Describe in Part XIII the intended uses of the o								
Par	rt VI Land, Buildings, and Equipme								
	Complete if the organization answered	"Yes" on Form 990, I	Part IV, line 11a. S	ee Form 990, Part 2	X, line 1	0.			
	Description of property	(a) Cost or oth	er (b) Cost	or other (c)	Accum	ulated	(d) Boo	k valu	ie
	,	basis (investme	• • •		deprecia		.,		
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment		16	8,275.	117	,554.	5	0,7	21.
	Other								
	I. Add lines 1a through 1e. (Column (d) must eau		line 10c. column		<u></u>		5	0,7	21.
						Schedule	D (Forn	n 990)) 2023

Schedule D) (Form 990) 2023	SPAULDING	FOR	CHILDREN

art VII	Investn	nen	ts - C	ther S	Securiti	es											
	Complete	e if th	e orga	nization	answere	d "Yes"	on	Form 990	Part IV	line	11b.	See F	orm	990.	Part X	line	12

complete in the organization anothered in the		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total, (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

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

(a) Description	(b) Book value
(1) OPERATING LEASE RIGHT OF USE ASSETS	314,141.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	314,141.
Part X Other Liabilities	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ST LEASE LIABILITIES	<u>154,325.</u> 166,076.
(3)	LT LEASE LIABILITIES	166,076.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	320,401.

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

Schedule D (Form 990) 2023

332053 09-28-23

Sche	edule D (Form 990) 2023 SPAULDING FOR CHILDREN	74-2	2116380 _{Pa}	.ge 4		
Pa	rt XI Reconciliation of Revenue per Audited Financial Statemen	ts With	Revenue per Re			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	4,336,54	4.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	105,771.			
b	Donated services and use of facilities					
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d			2e	105,77	1.
3	Subtract line 2e from line 1			3	4,230,77	/3.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,230,77	/3.		
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F	Returi	า	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	3,894,72	28.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	3,894,72	28.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	3,894,72	28.
Pa	rt XIII Supplemental Information					

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

PART V, LINE 4:

NET	ASSETS	WITH	DONOR	RESTRICTIONS	ARE	AVAILABLE	FOR	THE	SCHOLARSHIPS	FOR
-----	--------	------	-------	--------------	-----	-----------	-----	-----	--------------	-----

ADOPTED CHILDREN AND CORE ADOPTION PROGRAM.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE AND IS CLASSIFIED AS A PUBLIC CHARITY UNDER

SECTION 509(B)(1)(A)(VI).

THE ORGANIZATION ACCOUNTS FOR UNCERTAIN TAX POSITIONS, WHEN IT IS MORE

LIKELY THAN NOT THAT SUCH AN ASSET OR A LIABILITY WILL BE REALIZED. AS OF

DECEMBER 31,	2023 2	AND 202	2, MANAGEMENT	BELIEVES	THERE	WERE	NO	UNCERTAIN
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332054 09-28-23

Schedule D (Form 990) 2023

10040815 794202 94-01740.001

2023.04010 SPAULDING FOR CHILDREN

TAX	POSITIONS
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Schedule D (Form 990) 2023

332055 09-28-23

10040815 794202 94-01740.001

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ities	OMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19 , (or if the	2023	
Department of the Treasury	Attach to Form 000 or Form 000 FZ								
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.								
Name of the organization		NG FOR CHILDREN					Employer ide $74 - 2116$	entification number	
Part I Fundrais		Complete if the organization answe	red "Y	es" or	n Form 990. Part IV. li	ine 17			
	complete this part								
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization 	ions email solicitations tations licitations on have a written o		ion of ion of fundra (includ	non-g gover iising of	overnment grants nment grants events ficers, directors, trust	tees,	or	s 🗌 No	
b If "Yes," list the 10	highest paid indiv	viduals or entities (fundraisers) pursua			•	ne fun	draiser is to b	e	
compensated at le	ast \$5,000 by the	organization.	1					T	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	aiser ustody itrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)		(vi) Amount paid to (or retained by) organization	
			Yes	No					
Total									
	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	egistration	

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

SPAULDING FOR CHILDREN

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

	of f	undraising event contributions and g	pross income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2 ALL IN FOR ADOPTION	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
_			(event type)	(event type)	(total number)	coi. (c))
Revenue	1 Gross r	eceipts	161,456.	250,760.		412,216.
	2 Less: C	ontributions	146,001.	225,554.		371,555
	3 Gross in	ncome (line 1 minus line 2)	15,455.	25,206.		40,661.
	4 Cash p	rizes				
	5 Noncas	h prizes		2,068.		2,068
Direct Expenses	6 Rent/fa	cility costs	1,050.	7,600.		8,650.
ect Ex	7 Food ar	nd beverages	10,149.	14,538.		24,687
ā	8 Entertai	inment	4,000.	1,000.		5,000
	9 Other d	irect expenses	256.			
		expense summary. Add lines 4 throug				40,661
		ome summary. Subtract line 10 from				0
d		ming. Complete if the organization 5,000 on Form 990-EZ, line 6a.	n answered "Yes" on Forn	n 990, Part IV, line 19, or r	eported more than	
Revenue	ψισ	,000 011 0111 330°L2, iiile 0a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
Rev	1 Gross r	evenue				
ŝ	2 Cash pi	rizes				
Uirect Expenses	3 Noncas	h prizes				
irect E;	4 Rent/fa	cility costs				
ב	5 Other d	irect expenses				

	5 Other direct expenses				L	
	6 Volunteer labor	Yes %	Yes%	└── Yes % └── No		
	7 Direct expense summary. Add lines 2 through	5 in column (d)				
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)				
9	Enter the state(s) in which the organization condu	cts gaming activities:				
	 Is the organization licensed to conduct gaming ac If "No," explain: 				Yes	No No
	Were any of the organization's gaming licenses re	voked, suspended, or te	erminated during the tax y	year?	Yes	No
	· · ·					

332082 09-13-23

Schedule G (Form 990) 2023

Schedule G (Form 990) 2023	3 SPAULDING FOR CHILDREN	74-2116380 Page 3
	conduct gaming activities with nonmembers?	Yes No
	antor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	
	e gaming?	Yes No
	e of gaming activity conducted in: lity	13a %
	dress of the person who prepares the organization's gaming/special events books and records	
Name		
Address		
15a Does the organization I	have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Vac " optar the emo	unt of gaming revenue received by the organization \$ and the amo	unt
	unt of gaming revenue received by the organization \$ and the amo ained by the third party \$	
	address of the third party:	
Name		
Address		
16 Gaming manager inform	mation:	
Name		
Gaming manager comp	pensation \$	
Description of services	provided	
Director/officer	Employee Independent contractor	
47 Manalatan diatributian		
17 Mandatory distribution: a Is the organization requ	s: uired under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming		Yes No
	stributions required under state law to be distributed to other exempt organizations or spent in	the
	empt activities during the tax year \$ Ital Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	and Part III, lines 9, 9h, 10h
	and 17b, as applicable. Also provide any additional information. See instructions.	ind i art in, intes 9, 90, 100,
332083 09-13-23	33	Schedule G (Form 990) 2023

Part IV SI	upplemental Informa	ition (continued)		
_				
220004 04 01 02				Schedule G (Form 990)

332084 04-01-23

SCHEDULE I Grants and Other Assistance to Organizations,									OMB No.	1545-0047	
(Form 990)	^{n 990)} Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.										
Description of the Transmission	Attach to Form 990.										
Department of the Treasury Internal Revenue Service			Go to www.irs	s.gov/Form990 for		ation.			•	o Public ection	
Name of the organizat	ion							Employer	identificati	on number	
SPAULDING FOR CHILDREN											
Part I General Ir	nformation on Grants a	nd Assistance									
	zation maintain records t										
criteria used to a	award the grants or assis	stance?							Yes	X No	
	IV the organization's pro								fau au		
	d Other Assistance to I hat received more than \$					anization answered "Y	es" on Form 990, Part	t IV, line 21,	for any		
1 (a) Name and ac	ddress 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,	(g) Description of noncash assistance		Purpose of or assistant		
						other)					

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ...

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

SPAULDING	FOR	CHILDREN
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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
CHOLARSHIP	1	19,029.	0.		SCHOLARSHIP

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

SCI	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	00	
•		Compensated Employees		20	Ľ٦)
Dener	terent of the Treesury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	e of the organization	1	Employer i	dentificatio	on nui	mber
		SPAULDING FOR CHILDREN	74-2	11638	0	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c		nal use			
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fee				
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
•		rovision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		
	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization's				
5		by, of the following the organization used to establish the compensation of the organizations actor. Check all that apply. Do not check any boxes for methods used by a related organization of the organizat				
		ation of the CEO/Executive Director, but explain in Part III.	51110			
	Compensation					
	·	ompensation consultant Compensation survey or study				
	·	ther organizations Approval by the board or compensation c	ommittee			
			onninitiee			
4	During the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					
а	Receive a severance	e payment or change-of-control payment?		4a		X
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	es 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 of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
						X
		ation?		<u>5</u> b		X
		r 5b, describe in Part III.				
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the n					v
						X X
		ation?		<u>6b</u>		
		r 6b, describe in Part III.				
1	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		7		x
٥		ies 5 and 6? If "Yes," describe in Part III		7		127
8				8		x
9		d the organization also follow the rebuttable presumption procedure described in				
3	Regulations section			9		
For		• 53.4958·6(c)? on Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990	023
			Joneu			, 2020

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Schedule J (Form 990) 2023

74-2116380

Page 2

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	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) DEJUANA JERNIGAN	(i)	148,625.	0.	0.	0.	14,438.	163,063.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
_	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

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) 2023

SCHEDULE	0
(Form 990)	

(10111330)

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.



549,084.

47,973.

16,577.

613,634.

Employer identification number 74 - 2116380

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

SPAULDING FOR CHILDREN

THE GOVERNING BODY ALLOWS THE CEO TO REVIEW AND SIGN THE RETURN. THE

RETURN IS PRESENTED TO THE FULL BOARD AT THE ORGANIZATION'S NEXT BOARD

MEETING.

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

ALL OFFICERS AND DIRECTORS FILE AN ANNUAL WRITTEN STATEMENT WITH ALL KNOWN

CONFLICTS OR POSSIBLE CONFLICTS.

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

THE COMPENSATION FOR KEY EMPLOYEES, OFFICERS, AND DIRECTORS IS ANALYZED

ANNUALLY TO REMAIN COMPETITIVE WITH ORGANIZATION OF A SIMILAR SIZE WITH

SIMILAR REVENUES.

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

THESE DOCUMENTS ARE AVAILABLE THROUGH WRITTEN REQUEST TO THE ORGANIZATION,

THROUGH 3RD PARTY ORGANIZATIONS SUCH AS GUIDESTAR, OR THROUGH THE

ORGANIZATION'S OWN WESBITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES

MANAGEMENT AND GENERAL EXPENSES

FUNDRAISING EXPENSES

TOTAL EXPENSES

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A613,634.For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990) 2023

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