PUBLIC INSPECTION COPY

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Form	330

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2021 Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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



AF	A For the 2020 calendar year, or tax year beginning and ending										
B C a	heck if oplicabl	e: C Name of organization		D Employer identified	cation number						
X	Addre	SERIOUSFUN CHILDREN'S NETWORK									
	Name chang			31-17944	55						
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number							
	Final return		107	203-562-							
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	14,933,236.						
	Amen return	NORWALK, CI 00855		H(a) Is this a group re							
	Applic tion pendi	F Name and address of principal officer: UUSIIN FUSARO		for subordinates	? Yes 🔀 No						
		SAME AS C ABOVE		H(b) Are all subordinates in							
		empt status: $X 501(c)(3) 501(c) () 4947(a)(1) c$	or 527		list. See instructions						
		te: WWW.SERIOUSFUNNETWORK.ORG		H(c) Group exemption							
		forganization: X Corporation Trust Association Other >	L Year	of formation: 2001	State of legal domicile: CT						
Pa	rt I	Summary	AT G G T G								
é	1	1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO CREATE OPPORTUNITIES FOR CHILDREN AND THEIR FAMILIES TO REACH BEYOND									
anc	•										
Activities & Governance	2 3	Check this box is the organization discontinued its operations or dispos		I . I	36 36						
	3 4	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			36						
		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			32						
		Total number of volunteers (estimate if necessary)			0						
ž					0.						
Ă					0.						
		······································		Prior Year	Current Year						
•	8	Contributions and grants (Part VIII, line 1h)		15,269,218.	14,170,482.						
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.						
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		238,572.	85,119.						
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-690,558.	0.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,817,232.	14,255,601.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		8,837,214.	7,489,369.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,491,329.	3,758,591.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.						
, and the second	b	Total fundraising expenses (Part IX, column (D), line 25) 1,790,51		1 510 200	1 626 044						
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,710,362.	1,636,241.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		14,038,905.	12,884,201.						
	19	Revenue less expenses. Subtract line 18 from line 12		778,327.	1,371,400.						
ts or inces				ginning of Current Year	End of Year						
Assets d Balanc	20	Total assets (Part X, line 16)		14,605,163. 2,349,905.	16,818,165.						
Net A		Total liabilities (Part X, line 26)		12,255,258.	<u>2,679,668.</u> 14,138,497.						
فتقت المساحم	22 rt II	Net assets or fund balances. Subtract line 21 from line 20		14,433,430.	14,130,43/.						

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Signature of officer Date Here JUSTIN FUSARO, CFO Type or print name and title									
Paid	Print/Type preparer's name PATRICIA MCGOWAN	Fieparer S Signature	Date) 7 / 2 8 / 2						
Preparer	Firm's name COHNREZNICK LLP		Fi	rm's EIN 🕨 22–1478099					
Use Only	Firm's address 💊 350 CHURCH STREE	F, 12TH FLOOR							
	HARTFORD, CT 061	03	Ph	none no. 9 5 9 – 2 0 0 – 7 0 0 0					
May the II	May the IRS discuss this return with the preparer shown above? See instructions								
032001 12-2	32001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2020) SERIOUSFUN CHILDREN'S NETWORK 31-1794455 Page 2
a	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
	OUR MISSION IS TO CREATE OPPORTUNITIES FOR CHILDREN AND THEIR FAMILIES
	TO REACH BEYOND SERIOUS ILLNESS AND DISCOVER JOY, CONFIDENCE AND A NEW
	WORLD OF POSSIBILITIES, ALWAYS FREE OF CHARGE.
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
_	revenue, if any, for each program service reported.
	(Code:) (Expenses \$ 10,397,171. including grants of \$ 7,489,369.) (Revenue \$) TO PROVIDE SERVICES TO 16 MEMBER CAMPS AND PARTNER PROGRAMS IN
	FORMATION, INITIATE PROGRAMS TO SHARE BEST PRACTICES BETWEEN CAMPS,
	INSURE QUALITY MEDICAL AND CAMP PROGRAMS, AWARD GRANTS TO MEMBER CAMPS
	AND SUPPORT FUNDRAISING AND SUSTAINABILITY EFFORTS, AND ISSUE AND
	IMPACT AWARENESS. THE GLOBAL PARTNERSHIP PROGRAM SUPPORTS WORK WITH
	INTERNATIONAL AND LOCAL MEDICAL AND OPERATIONAL PARTNERS TO SERVE
	CHILDREN WITH SERIOUS MEDICAL CONDITIONS IN PARTS OF THE WORLD WHERE THEY WOULD NOT OTHERWISE HAVE THE OPPORTUNITY TO EXPERIENCE THE
	GRANTS TO CAMPS IN THE NETWORK.
_	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
_	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	(code) (Expenses \$) (nevenue \$)
	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 10,397,171.
-	(Expenses \$ including grants of \$) (Revenue \$)

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Form 990 (S	NETWORK
Part IV	Ch	ecklist of Required Schedules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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			37
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
~	Schedule D, Part III	8		<u> </u>
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?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X		- 23	
	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a	х	
h	Part VI	110		<u> </u>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	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	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		77	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X 000	(2.2.5.5)
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 Form 990 (2020)
 SERIOUSFUN
 CHILDREN'S
 NETWORK

 Part IV
 Checklist of Required Schedules (continued)
 (continued)
 (continued)

	· (contract)		V.	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			<u> </u>
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			x
06	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		<u> </u>
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
~	contributions? If "Yes," complete Schedule M	30		X X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	L
	Check it Schedule O contains a response or note to any line in this Part V		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 13		103	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form	990 (2020) SERIOUSFUN CHILDREN'S NETWORK 31-1794	455	Р	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 32			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} (see instructions)	2.0		
39				
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O	3a 3b		X
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			<u> </u>
Ha		4a	х	
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ NETHERLANDS, UNITED KINGDOM, GERMANY	40	- 23	
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
50		50		x
		5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
юа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	v	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
		_	000	(2020)

Form **990** (2020)

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Form 990	(2020)
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SERIOUSFUN CHILDREN'S NETWORK

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

					_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		36			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		36			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with an	y other				
	officer, director, trustee, or key employee?			🖵	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the	direct s	upervision				
	of officers, directors, trustees, or key employees to a management company or other person?			上	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was f	iled?		1		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asso	ets?			5		Х
6	Did the organization have members or stockholders?				3		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point on	e or				
	more members of the governing body?			7	а		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto						
	persons other than the governing body?				b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?	-	-		а	Х	
b	Each committee with authority to act on behalf of the governing body?				b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9			Х
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev						
		01100 0	<u> </u>			Yes	Ν
0a	Did the organization have local chapters, branches, or affiliates?			1	Da		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such cha			···· 🗖			
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	•	-	1	Db		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				1a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Belefe	ining the form	· -			
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			1	2a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				2b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$			····· "	-0		
C		,		4	2c	x	
2	in Schedule O how this was done			··· –	3	X	
3	Did the organization have a written whistleblower policy?			···· —		X	
4	Did the organization have a written document retention and destruction policy?				4	<u>_</u>	
5	Did the process for determining compensation of the following persons include a review and approval	by inde	pendent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				-	v	
	The organization's CEO, Executive Director, or top management official				5a	X X	
b	Other officers or key employees of the organization				5b	<u> </u>	
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem				-		T.
	taxable entity during the year?			1	6a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		-				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi						
	exempt status with respect to such arrangements?			10	6b		
	tion C. Disclosure		~	<u> </u>	-		
7	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, C.						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990-T	(Section 501)	c)(3)s or	ıly) a	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain						
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict of i	nterest policy	, and fin	anc	ial	
	statements available to the public during the tax year.						
0	State the name, address, and telephone number of the person who possesses the organization's boo	ks and r	ecords 🕨				
	JUSTIN FUSARO - 203-562-1203						
	230 EAST AVENUE, NO. 107, NORWALK, CT 06855						
2006	SEE SCHEDULE O FOR FULL LIST OF STATES					990	(20)

Form 990 (2020)	SERIOUSFUN CHILDREN S NETWORK	31-1/94455	Page 1
Part VII Compensi	sation of Officers, Directors, Trustees, Key Employees, Highe	st Compensated	
Employe	es, and Independent Contractors		
Check if Sc	hedule O contains a response or note to any line in this Part VII		
Section A. Officers, I	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 e	ending with or within the organization's	s tax year.
 List all of the orga 	nization's current officers, directors, trustees (whether individuals or organizatio	ns), regardless of amount of compens	ation.

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 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 and/or Box 7 of Form 1099-MISC) 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 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.

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(11) CINDY CITRONE 1.00 X 0.0 0.0 TRUSTEE X 0.0 0.0 0.0 (12) DEE AHEARN 1.00 X 0.0 0.0 (13) DONALD J. GOGEL 4.00 X 0.0 0.0 (14) DOUG ARMSTRONG X X 0.0 0.0 TRUSTEE X 0.0 0.0 0.0 (15) EMAD BIBAWI 1.00 0.0 0.0 0.0 TRUSTEE X 0.0 0.0 0.0 (16) ERIC FELDSTEIN 2.00 X 0.0 0.0 TRUSTEE X 0.0 0.0 0.0 TRUSTEE X 0.0 0.0 0.0 (16) ERIC FELDSTEIN 2.00 X 0.0 0.0 TRUSTEE X 0.0 0.0 0.0 (17) ERIC KARP 2.00 X 0.0 0.0	(10) CATHIE BENNETT	1.00									
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(12) DEE AHEARN 1.00 X 0.00 0.00 OUTGOING TRUSTEE X 0.000 0.000 (13) DONALD J. GOGEL 4.00 X X 0.000 VICE CHAIRMAN X X 0.000 0.000 (14) DOUG ARMSTRONG 1.00 X 0.000 0.000 TRUSTEE X 0.000 0.000 0.000 (15) EMAD BIBAWI 1.000 X 0.0000 0.000 TRUSTEE X 0.0000 0.0000 0.0000 (16) ERIC FELDSTEIN 2.000 X 0.00000 0.0000 TRUSTEE X 0.00000000000000000000000000000000000	(11) CINDY CITRONE	1.00									
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(13) DONALD J. GOGEL 4.00 X X 0. 0. VICE CHAIRMAN X X X 0. 0. (14) DOUG ARMSTRONG 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. (15) EMAD BIBAWI 1.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. (16) ERIC FELDSTEIN 2.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0. (17) ERIC KARP 2.00 X 0. 0. 0. TRUSTEE X 0. 0. 0. 0.		1.00	_								
VICE CHAIRMAN X X X 0. 0. (14) DOUG ARMSTRONG 1.00 TRUSTEE X . 0. 0. 0. . (15) EMAD BIBAWI 1.00 TRUSTEE X . 0. 0. (16) ERIC FELDSTEIN 2.00 X . 0. 0. . . TRUSTEE X TRUSTEE X TRUSTEE X .			Х						0.	0.	0.
(14) DOUG ARMSTRONG 1.00 0. 0. TRUSTEE X 0. 0. (15) EMAD BIBAWI 1.00 X 0. 0. TRUSTEE X 0. 0. 0. (16) ERIC FELDSTEIN 2.00 0. 0. 0. TRUSTEE X 0. 0. 0. (17) ERIC KARP 2.00 X 0. 0. TRUSTEE X 0. 0. 0.		4.00	1								
TRUSTEE X 0. 0. (15) EMAD BIBAWI 1.00 X 0. 0. TRUSTEE X 0. 0. (16) ERIC FELDSTEIN 2.00 0. 0. TRUSTEE X 0. 0. (17) ERIC KARP 2.00 0. 0. TRUSTEE X 0. 0.			Х		Х				0.	0.	0.
(15) EMAD BIBAWI 1.00 0. 0. TRUSTEE X 0. 0. (16) ERIC FELDSTEIN 2.00 0. 0. TRUSTEE X 0. 0. (17) ERIC KARP 2.00 0. 0. TRUSTEE X 0. 0.	(14) DOUG ARMSTRONG	1.00	_								
TRUSTEE X 0. 0. (16) ERIC FELDSTEIN 2.00 . . TRUSTEE X 0. 0. (17) ERIC KARP 2.00 . . TRUSTEE X 0. 0.	TRUSTEE		Х						0.	0.	0.
(16) ERIC FELDSTEIN 2.00 X 0. 0. TRUSTEE X 0. 0. 0. (17) ERIC KARP 2.00 X 0. 0. TRUSTEE X 0. 0. 0.		1.00	┨								
TRUSTEE X 0. 0. (17) ERIC KARP 2.00 X 0. 0. TRUSTEE X 0. 0. 0.			X						0.	0.	0.
(17) ERIC KARP 2.00 X 0. 0.		2.00									
			X			<u> </u>			0.	0.	0.
		2.00									
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Form 990 (2020) SERIOUSFU	JN CHILE	RE	'N	ន	NE	ETW	OR	RK	31-1794	455 Page	8
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C	ompensated Employee	s (continued)		
(A) Name and title	(B) Average hours per week	box	not c , unles	Pos heck ss per	more rson i	than o is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(18) FRAN HOROWITZ TRUSTEE	1.00	x						0.	0.	0	
(19) GEORGIA WALL GOGEL TRUSTEE	2.00	x						0.	0.	0	
(20) JAN BOOTH ZIDE TRUSTEE	1.00	x						0.	0.		
(21) JILL RAPPAPORT OUTGOING TRUSTEE	2.00	X						0.	0.		
(22) JOE CRONLY	1.00).
TRUSTEE (23) JOHN FRASCOTTI	1.00	X				-		0.	0.	0	•
TRUSTEE		x						0.	0.	0	
(24) JOHN M. FORESTER SECRETARY	2.00	x		x				0.	0.	0	
(25) JULIE SULLIVAN TRUSTEE	1.00	х						0.	0.	0	
(26) KARA LEWIS	1.00										
TRUSTEE 1b Subtotal c Total from continuation sheets to Part VI	I, Section A							0. 1,117,163. 0. 1,117,163.	0. 0. 0. 0.	212,623	•
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but n compensation from the organization ► 							lo re				6
compensation nom the organization										Yes No	
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	,				,	,	0			з Х	ζ
 For any individual listed on line 1a, is the su and related organizations greater than \$150 	m of reportabl	e co	mpe	ensa	tion	and	l oth	ner compensation from t	he organization	4 X	
5 Did any person listed on line 1a receive or a	iccrue compen	Isati	on fr	om	any	unre	elate	ed organization or individ	lual for services		7
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	e J fo	or sl	ich j	bers	son .				5 X	<u> </u>
1 Complete this table for your five highest con the experimentary Report componenting for	•	•							· ·	tion from	
the organization. Report compensation for the organization (A) (A) Name and business			ONE	-				(B) Description of s		(C) compensation	
										-	_
2 Total number of independent contractors (in	•	ot lin	nitec	d to			sted	above) who received mo	ore than		
\$100,000 of compensation from the organiz SEE PART VII, SECTION		IN	UA	TI	(ON	-	HE	ETS		Form 990 (202	20)
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	SFUN CHILI							.م Compensated Employe	<u>31-179</u>	4433
(A)	(B)	I	yee.		C)	ngn	551 1	(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(c	heck				ly)	compensation	compensation	amount of
	per	<u> </u>						from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	rustee	ll trus		/ee	m pen				organizations
	below	Individual trustee or director	Institutional trustee	-	Key employee	Highest compensated employee	er			organizationio
	line)	Indivi	Instit	Officer	Key e	Highe	Former			
(27) KATHY STARKOFF	1.00									
TRUSTEE		Х						0.	0.	0
(28) KENICHIRO SASAKI	1.00								•	•
	1 00	X						0.	0.	0 .
(29) LAURA TYSON	1.00							0.	0.	0
TRUSTEE (30) LISA SCHWARTZ	1.00	Х						0.	0.	0
TRUSTEE	1.00	x						0.	0.	0
(31) LIZ ROBBINS	1.00							0.	0.	0
TRUSTEE	1.00	x						0.	0.	0
(32) MARGARET CROTTY	1.00	1								
TRUSTEE		x						0.	0.	0
(33) MAURICE PRATT	2.00									
CHAIRMAN		х		х				0.	Ο.	0
(34) MICHAEL KOENIGS	2.00									
TRUSTEE		Х						0.	0.	0 .
(35) PAGE ADLER	2.00									
TRUSTEE		Х						0.	0.	0
(36) PETER KULLOI	2.00								0	0
TRUSTEE	1 0 0	X						0.	0.	0
(37) PRIYA NARANG TRUSTEE	1.00	x						0.	0.	0
(38) ROBERT H. FORRESTER	2.00	<u> </u>						0.	0.	0
OUTGOING TRUSTEE	2.00	x						0.	0.	0
(39) ROBERT J. RUKEYSER	2.00				-			0.	0.	0
OUTGOING TRUSTEE	2.00	x						0.	0.	0
(40) SARA LAHAT	1.00									
TRUSTEE		x						0.	0.	0
(41) SERENA PORCARI	2.00									
TRUSTEE		х						0.	Ο.	0
(42) SOMESH KHANNA	2.00									
TRUSTEE		Х						0.	0.	0
(43) SUE MCDIAMID	2.00									
TRUSTEE		Х			L			0.	0.	0
(44) TATIANA NOURISSAT	1.00								•	•
TRUSTEE	1 0 0	X						0.	0.	0
(45) TERRY COUGHLIN	1.00								•	^
IRUSTEE	2 00	Х			<u> </u>			0.	0.	0
(46) TIM ROSE TRUSTEE	2.00	x						0.	0.	0
11/00 1 2 2	1		1	I I	I I	1		U • 1	U •	0.

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Form 990 SERIOUSFU										
	Compensated Employees (continued)									
(A) Name and title	(B) Average hours	(cł		(C Pos all 1			ly)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(47) VICTOR HERSHAFT TRUSTEE	1.00	x						0.	0.	0.
(48) WENDY DURDEN	1.00									
TRUSTEE		X						0.	0.	0.
		-								
		-								
		-								
		-								
		-								
Total to Part VII, Section A, line 1c				<u></u>						

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		(2020) SERIOUSFUN CH	ILDREN'S	NETWORK		31-1794	455 Page 9
Pa	rt VI	I Statement of Revenue					
		Check if Schedule O contains a response	or note to any line	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<i>w w</i>	1.	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	l la						
л С П							
ſfts,		Related organizations					
ja Gi	e						
Sin	f	All other contributions, gifts, grants, and					
her		similar amounts not included above 1f	14,170,482.				
ot		Noncash contributions included in lines 1a-1f	1,399,570.				
Con	h	Total. Add lines 1a-1f		14,170,482.			
0.0			Business Code	, ,			
Ð	2 a	L					
, vic	b						
Ser	6						
an	c						
Program Service Revenue	e						
Pro	f	All other program service revenue					
	ç	— · · · · · · · · · · · · · · · · · · ·					
	3	Investment income (including dividends, intere	est, and				
		other similar amounts)	►	171,967.			171,967.
	4	Income from investment of tax-exempt bond p					
	5	Royalties	🕨				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	c	· · · · · · · · · · · · · · · · · · ·					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 590,787.					
	b	Less: cost or other basis					
evenue		and sales expenses 7b 677,635.					
evel	c	Gain or (loss)					
		Net gain or (loss)	····· ►	-86,848.			-86,848.
Other R	8 a	Gross income from fundraising events (not					
ò		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	b		<u> </u>				
		· · · · · · · · · · · · · · · · · · ·					
	98	Gross income from gaming activities. See					
		Part IV, line 19 9a Less: direct expenses 9b					
		· · · · · · · · · · · · · · · · · · ·					
		Gross sales of inventory, less returns					
	10 0	and allowances <u>10a</u>					
	h	Less: cost of goods sold					
		Net income or (loss) from sales of inventory					
			Business Code				
sno	11 a						
scellaneo Revenue	b						
ella svei	c						
Miscellaneous Revenue	6	All other revenue					
Σ		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		14,255,601.	0.	0.	85,119.
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SERIOUSFUN CHILDREN'S NETWORK 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).

Secu	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			ipiele column (A).	
Dou	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	4,655,720.	4,655,720.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	2,833,649.	2,833,649.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	589,038.	317,181.	85,120.	186,737.
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	2,524,869.	1,359,573.	364,862.	800,434.
8	Pension plan accruals and contributions (include			· ·	•
-	section 401(k) and 403(b) employer contributions)	192,517.	103,665.	27,820.	61,032.
9	Other employee benefits	226,633.	122,036.	32,750.	71,847.
10	Payroll taxes	225,534.	121,444.	32,591.	71,499.
11	Fees for services (nonemployees):	,	,	,	, _ , _ , _ , _ ,
	Management				
		95,283.	37,967.	35,423.	21,893.
	Accounting	55,205.	57,507.	55,425.	21,055.
	Lobbying Professional fundraising services. See Part IV, line 17				
	-				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	370,663.	318,247.	19,426.	32 990
40	column (A) amount, list line 11g expenses on Sch 0.)	106,316.	53,158.	10,632.	<u>32,990.</u> 42,526.
12	Advertising and promotion	481,761.	263,290.	38,124.	180,347.
13	Office expenses	401,701.	205,290.	50,124.	100,547.
14	Information technology				
15	Royalties	221,238.	120,722.	26,785.	72 721
16		34,117.	29,064.	873.	73,731. 4,180.
17	Travel	34,11/.	29,004.	0/3.	4,100.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	21 751	07 040	010	2 000
19	Conferences, conventions, and meetings	31,751.	27,049.	812.	3,890.
20	Interest				
21	Payments to affiliates	2 6 2 4	1 4 2 2	210	074
22	Depreciation, depletion, and amortization	2,624.	1,432.	318.	874.
23	Insurance	56,444.	22,491.	20,984.	12,969.
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	FUNDRAISING EXPENSES	225,561.			225,561.
b	BAD DEBTS	10,483.	10,483.		
с					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	12,884,201.	10,397,171.	696,520.	1,790,510.
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 Time if following SOP 98-2 (ASC 958-720)				
			1	1	Form 990 (2020)

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SERIOUSFUN CHILDREN'S NETWORK

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Par		Dalance Sheet					
		Check if Schedule O contains a response or n	ote to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			591,298.	1	460,433.
	2	Savings and temporary cash investments			3,859,927.	2	6,201,115.
	3	Pledges and grants receivable, net	1,181,737.	3	490,519.		
	4	Accounts receivable, net	350,718.	4	553,640.		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th	ese perso	ons		5	
	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sect	ion 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net			486,931.	7	451,006.
Assets	8	Inventories for sale or use				8	
¥	9	B			278,640.	9	208,272.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	364,337.			
	b	Less: accumulated depreciation		243,577.	0.	10c	120,760.
	11	Investments - publicly traded securities			7,855,912.	11	8,332,420.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			14 605 160	15	16 010 165
	16	Total assets. Add lines 1 through 15 (must ed			14,605,163.	16	16,818,165.
	17	Accounts payable and accrued expenses	2,349,905.	17	2,679,668.		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complet			21		
es	22	Loans and other payables to any current or fo					
iliti		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of th		F		22	
-	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, partice, and other liabilities not included on line					
		parties, and other liabilities not included on lin of Schedule D	es 17-24).	Complete Part X		25	
	26				2,349,905.	25 26	2,679,668.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, cl			2,349,903.	20	2,075,000.
Se		and complete lines 27, 28, 32, and 33.	leck liefe				
u Cé	27				6,039,973.	27	7,380,923.
ala	28	Net assets with donor restrictions			6,215,285.	28	6,757,574.
Ыd	20	Organizations that do not follow FASB ASC	0,220,2001	20	0,101,0110		
Fun		and complete lines 29 through 33.	500, che				
ç	29	Capital stock or trust principal, or current func	ls			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		F	12,255,258.	32	14,138,497.
7	33	Total liabilities and net assets/fund balances			14,605,163.	33	16,818,165.

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Form 990 (2020)
Part X Balance Sheet

Form	1990 (2020) SERIOUSFUN CHILDREN'S NETWORK	31-3	17944	155	Pa	_{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					X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	14	<u>, 25</u>	5,6	01.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	12	<u>,88</u>	4,2	01.			
3	1								
4	10								
5	Net unrealized gains (losses) on investments	5		48	4,5	53.			
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8			<u>4,1</u>	36.			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		2	3,1	<u>51.</u>			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	14	<u>,138</u>	8,4	98.			
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII					X			
			-		Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in 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?			2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	Separate basis X Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the								
	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 Sch								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	:						
	Act and OMB Circular A-133?			3a		X X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				1			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	000	<u> </u>			

Form **990** (2020)

032012 12-23-20

14 2020.04020 SERIOUSFUN CHILDREN'S NET 01801101 14520916 147227 0180110-0180110.0990

SCHED	ULI	ΕA
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

1	OMB No. 1545-0047
	2020
	Open to Public Inspection

Name of the	organization
-------------	--------------

Name	of t	he organization							identification number				
		SERI	OUSFUN CHI	LDREN'S NETWO	ORK				1-1794455				
Part	I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.					
The org	gani	zation is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)							
1 🗋		A church, convention of ch	urches, or associatio	on of churches described	l in sectio	n 170(b)(1	I)(A)(i).						
2 _		A school described in sect	ion 170(b)(1)(A)(ii).(Attach Schedule E (Forn	n 990 or 99	90-EZ).)							
3 🗌		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical research organiz	ation operated in co	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 the benefit of a college or university owned or operated by a governmental unit described in											
_	_	section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 🖸	ζ	An organization that norma	lly receives a substa	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				-		-	-				
		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											
		activities related to its exem		•					•				
		income and unrelated busin		(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	-										
11 L	4	An organization organized a	-	•	•								
12 🗌		An organization organized a	•		•		-	•					
		more publicly supported or	-						Sheck the box in				
•		lines 12a through 12d that Type I. A supporting orga	• •					-	aivina				
а		the supported organization		-	• • • •	-							
		organization. You must c			majonty c				ipporting				
b		Type II. A supporting org	-		tion with it	s sunnorte	d organizatio	n(s) hy hav	ina				
		control or management o	-				-		-				
		organization(s). You mus			anne peree			ge me eapp					
с] Type III functionally inte	-		in connect	tion with, a	and functional	ly integrate	d with,				
		its supported organization						, ,	,				
d] Type III non-functionally	integrated. A supp	porting organization oper	ated in co	nnection v	/ith its suppor	ted organiz	ation(s)				
		that is not functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness				
		requirement (see instructi	ions). You must cor	mplete Part IV, Sections	A and D,	and Part	V .						
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III					
		functionally integrated, or	Type III non-functio	nally integrated supporti	ng organiz	ation.							
fΕ	Inte	r the number of supported o	organizations										
F		ide the following information			(iv) is the ora:	anization listed	(.) (
	(1) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see ir		(vi) Amount of other support (see instructions)				
		organization		above (see instructions))	Yes	No		1311 40110113)					
Total													
	nr P	aperwork Reduction Act N	latice see the Instr	uctions for Form 990 o	990-F7	032021 01-	25-21 Sche	dule A (For	m 990 or 990-F7) 2020				

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Schedule A (Form 990 or 990-EZ) 2020 SERIOUSFUN CHILDREN'S NETWORK Part II Support Schedule for Organizations Described in Sections 170(b)

31-1794455 Page 2

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	15182960.	16070280.	14586174.	15269218.	14170482.	75279114.
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	15182960.	16070280.	14586174.	15269218.	14170482.	75279114.
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)						44334115.
6	Public support. Subtract line 5 from line 4.						30944999.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	15182960.	16070280.	14586174.	15269218.	14170482.	75279114.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	103,126.	106,848.	179,478.	239,802.	171,967.	801,221.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	051 100	105 600	158 260	00 640		
	assets (Explain in Part VI.)	251,129.	105,620.	157,362.	90,640.		604,751.
	Total support. Add lines 7 through 10						76685086.
	Gross receipts from related activities,		,				
13	First 5 years. If the Form 990 is for the						
Sec	organization, check this box and stop ction C. Computation of Public		centage				
	Public support percentage for 2020 (I			acluma (f))		14	40.35 %
	Public support percentage for 2020 (Public support percentage from 2019					15	<u>40.35 %</u> <u>41.49 %</u>
	33 1/3% support test - 2020. If the						
100	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the		•				······································
	and stop here. The organization qual	-				,,	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	·····g-···	
b	10% -facts-and-circumstances test	-		• • • •			10% or
	more, and if the organization meets th	-					
	organization meets the facts-and-circ						▶□
18	Private foundation. If the organization						s >
						edule A (Form 990	

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Schedule A (Form 990 or 990-EZ) 2020 SERIOUSFUN CHILDREN'S NETWORK 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support	l	1	1	1	1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_							
	Add lines 10a and 10b Net income from unrelated business activities not included in 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	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organiza	ation,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2019					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	120 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
	Investment income percentage from a					18	%
19a	33 1/3% support tests - 2020. If the	organization did n	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and line	e 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	►
b	33 1/3% support tests - 2019. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%	ő, 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 suppo	orted organizatio	on ▶□
20	Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check t			
03202	23 01-25-21		17	1	Sch	edule A (Form 9	990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 SERIOUSFUN CHILDREN'S NETWORK

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 disgualified person (as defined in 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 or 990-EZ) 2020

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Yes No

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Schedule A (Form 990 or 990-EZ) 2020 SERIOUSFUN CHILDREN'S NETWORK

Ра	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		11c		
Sec	tion B. Type I Supporting Organizations			
	_		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i>			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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.	2		
Sec	tion 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," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	_		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	expension is to youry (i) a written notice departitions the type and amount of support provided during the prior toy			

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 in line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard	3	

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).
		•

a ____ The organization satisfied the Activities Test. Complete line 2 below.

b] The organization is the parent of each of its supported o	organizations. Complete line 3 below
---	--	---	--------------------------------------

c 🗌] The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
-----	---	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in 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.*

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

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Sche	dule A (Form 990 or 990 EZ) 2020 SERIOUSFUN CHILDREN'S	NETWORK		31-1794455 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
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-function	ally integrated	d Type III supporting orga	anization (see

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instructions).

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Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 SERIOUSFUN CHILDREN'S NETWORK

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	1		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
с	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 $$ SER]	DUSFUN CHILDREN'S NETWORK
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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

2018 AMOUNT: \$	17,792.
FUNDRAISING	
2016 AMOUNT: \$	251,129.
2017 AMOUNT: \$	105,620.
2018 AMOUNT: \$	139,570.
2019 AMOUNT: \$	90,640.
	Schedule A (Form 990 or 990-EZ) 2

Department of the Treasury Internal Revenue Service

032051 12-01-20

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Name	of the organization		Em	ployer identification
Par	SERIOUSFUN CHILDREN			31-179445
I al			,coui	Complete il trie
	organization answered "Yes" on Form 990, Part IV, line		(-
	-	(a) Donor advised funds	b) Fur	ids and other accoun
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised fund	ds	
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes
	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or	0 0	-	
				Yes
Par			line 7	
1	Purpose(s) of conservation easements held by the organizatio			
	Preservation of land for public use (for example, recreat		orically	important land area
	Protection of natural habitat	Preservation of a cert	fied hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the form of a co	nserva	tion easement on the
	day of the tax year.			Held at the End of the
а	Total number of conservation easements		2a	
h	Total carage restricted by concentration accomente		26	

Employer identification number
31-1794455

		(a) Donor advised funds	(b) Funds and other accounts		
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised fu	unds		
	are the organization's property, subject to the organization's of	exclusive legal control?	Yes	No	
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	d only		
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose conf	erring		
	impermissible private benefit?			No	
Par	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recreated and the second seco	tion or education) Preservation of a hi	istorically important land area		
	Protection of natural habitat	Preservation of a ce	ertified historic structure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a	conservation easement on the last		
	day of the tax year.		Held at the End of the Tax	Year	
а	Total number of conservation easements		_ 2a		
b	Total acreage restricted by conservation easements		2b		
с	Number of conservation easements on a certified historic stru	ucture included in (a)	2c		
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structure			
	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	anization during the tax		
	year ►				
4	Number of states where property subject to conservation eas	ement is located			
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it	holds?	Yes	No	
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ation easements during the year		
	▶				
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	easements during the year		
	▶\$				
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)	(B)(i)		
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and				
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statements	that describes the		
	organization's accounting for conservation easements.				
Par	t III Organizations Maintaining Collections of		^r Similar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and b	palance sheet works		
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in furthe	rance of public		
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these items.			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balar	nce sheet works of		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherar	nce of public service,		
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1		► \$		
	(ii) Assets included in Form 990, Part X		► \$		
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial gain	n, provide		
	the following amounts required to be reported under FASB A	SC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1		► \$		
b	Assets included in Form 990, Part X		► \$		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990)	2020	

14520916 147227 0180110-0180110.0990 2020.04020 SERIOUSFUN CHILDREN'S NET 01801101

Sche		FUN CHILDRE				3	1-17	94455	D Pa	age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tr	easures, o	r Othe	r Similar	Assets	contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the	following that	t make s	ignificant us	se of its		,	
	collection items (check all that apply):									
а	Public exhibition	d	Loan or ex	change progra	am					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explain	how they further	the organizatio	on's exe	mpt purpose	e in Part	XIII.		
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	intained as part of th	e organization's c	ollection?				Yes		No
Par	t IV Escrow and Custodial Arrang				"Yes" or	n Form 990,	Part IV, I	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.	-							
1 a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributio	ns or other as	sets not	included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
		ľ	5					Amount		
с	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.		•			,				ĺ
Par						10.				
	· · · · ·	(a) Current year	(b) Prior year	(c) Two yea		(d) Three ye	ars back	(e) Four	vears	back
1a	Beginning of year balance	1,190,050.	1,006,634		0,000.	(,		(0) + 0 u	jeare	Buon
b	Contributions	, ,			,	1,10	0,000.			
c	Net investment earnings, gains, and losses	132,510.	187,776	9	3,366.	,	,			
d	Grants or scholarships	, -	,	-	,					
	Other expenditures for facilities									
C		4,402.	4,360							
f	and programs Administrative expenses	_,	-,							
		1,318,158.	1,190,050	. 1 00	6,634.	1 10	0,000.			
g 2	End of year balance [Provide the estimated percentage of the curr	; ;			,	-,	-,			
2	Board designated or quasi-endowment	ent year end balance	%							
a b	Permanent endowment 100	%								
		⁹⁰								
С	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should									
2-	Are there endowment funds not in the posses	•	tion that are hold	and administa	ad for th	o organizat	ion			
Ja		ssion of the organiza				ie organizat		Г	Yes	No
	by: (i) Unrelated organizations							3a(i)	165	No X
										X
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza							3a(ii)		
				·				3b		
4 Par	t VI Land, Buildings, and Equipm		vment lunds.							
	Complete if the organization answered		Part IV line 11a	Soo Form 000	Dort V	lino 10				
	i v		<u> </u>		, ,		.			
	Description of property	(a) Cost or ot basis (investm	• • •	st or other s (other)		ccumulatec	1	(d) Bool	value	Э
	Land	· · ·	Dasi		ue	preciation				
	Land									
	Buildings									
	Leasehold improvements			61 227		212 57		100		<u> </u>
	Equipment		3	64,337.		243,57	/•	120	, /(60.
	Other							1 0 0		<u> </u>
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part >	K. column (B), line	<u>10c.)</u>	<u></u>					60.
						S	chedule	D (Form	990)	2020

032052 12-01-20

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Schedule D (Form 990) 2020 SERIOUSFUN CHILDREN'S NETWOF	RΚ
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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" 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. col. (B) line 13.)		

Part IX Other Assets.

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

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b)	must equal Form 990. Part X. col. (B) line 15.) er Liabilities.	
	plete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability	(b) Book value
1. (1) Federal in	come taxes	
(2) (2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

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

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

Schedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 SERIOUSFUN CHILDREN'S NET	WORK	31-1794455 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem	nents With Reven	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
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		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.	
1	Total expenses and losses per audited financial statements		1
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	2 b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
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
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	t 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 X, LINE 2:

THE ORGANIZATION HAS NO UNRECOGNIZED TAX BENEFITS FOR THE YEARS ENDED
DECEMBER 31, 2020 AND 2019. THE ORGANIZATION'S FEDERAL INFORMATION
RETURNS PRIOR TO FISCAL YEAR 2017 ARE CLOSED AND MANAGEMENT CONTINUALLY
EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, PROPOSED SETTLEMENTS,
CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS.
IF THE ORGANIZATION HAS UNRELATED BUSINESS INCOME TAXES, THEY WILL
RECOGNIZE INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN POSITIONS AS
PART OF THE INCOME TAX PROVISION AND INCLUDE ACCRUED INTEREST AND

PENALTIES WITH THE RELATED TAX LIABILITY IN THE CONSOLIDATED STATEMENTS OF

FINANCIAL POSITION.

032054 12-01-20

Schedule D	(Form 990) 2020
Part XIII	Supplement

		Schedule D (Form 990) 20

Part I General Infor	mation on A	ctivities Out	side the United States. Compl	ete if the organization answered "Y	es" on
Form 990, Part IV	/, line 14b.				
-	-		ds to substantiate the amount of its gra		
the grantees' eligibility for	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assistance? X	Yes No
-	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance outsi	de the
United States.					
3 Activities per Region. (TI (a) Region	he following Part (b) Number of		an be duplicated if additional space is r (d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
(a) negion	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures
	in the region	Independent	gram services, investments, grants to		for and investments
		contractors in the region	recipients located in the region)	of service(s) in the region	in the region
		in the region		GRANTS TO PARTNER	
				ORGANIZATIONS AND GRANTS	
EAST ASIA AND THE				AND PASS THROUGH	
PACIFIC	0	0	PROGRAM SERVICES	DONATIONS FOR PROGRAMS	305,689.
EUROPE (INCLUDING				GRANTS TO PARTNER	
ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	ORGANIZATIONS	2,009,616.
MIDDLE EAST AND					
NORTH AFRICA -					
ALGERIA, BAHRAIN,				GRANTS TO PARTNER	000 704
DJIBOUTI, EGYPT, SUB-SAHARAN AFRICA -	0	0	PROGRAM SERVICES	ORGANIZATIONS	288,734.
ANGOLA, BENIN,					
BOTSWANA, BURKINA				GRANTS TO PARTNER	
FASO,	0	0	PROGRAM SERVICES	ORGANIZATIONS	118,518.
SOUTH ASIA -					
AFGHANISTAN,					
BANGLADESH, BHUTAN,				GRANTS TO PARTNER	
INDIA, MALDIVES,	0	0	PROGRAM SERVICES	ORGANIZATIONS	51,301.
CENTRAL AMERICA AND				GRANTS TO PARTNER	
THE CARIBBEAN	0	0	PROGRAM SERVICES	ORGANIZATIONS	59,791.
3 a Subtotal	0	0			2,833,649.
b Total from continuation					, , , ,
sheets to Part I	0	0			٥.
c Totals (add lines 3a					
and 3b)	0	0			2,833,649.
LHA For Paperwork Reduct	ion Act Notice,	see the Instruc	tions for Form 990.	Schedule F (Form 990) 2020

Department of the Treasury Internal Revenue Service

SCHEDULE F (Form 990)

Name of the organization

SERIOUSFUN CHILDREN'S NETWORK

Statement of Activities Outside the United States

OMB No. 1545-0047

ſ

Inspection

Employer identification number

31-1794455

Open to Public

)20

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

032071 12-03-20

14520916 147227 0180110-0180110.0990 2020.04020 SERIOUSFUN CHILDREN'S NET 01801101

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EUROPE (INCLUDING	GRANTS TO PROMOTE					
		ICELAND, GREENLAND)	CAMP SUSTAINABILITY.					
		- ALBANIA,	CAMPS PROMOTE					
		ANDORRA, AUSTRIA,	PSYCHOSOCIAL	2009616.	WIRE TRANSFER	٥.		FMV
		EAST ASIA AND THE	GRANTS TO PROMOTE					
		PACIFIC -	CAMP SUSTAINABILITY.					
		AUSTRALIA,	CAMPS PROMOTE					
		BRUNEI, BURMA,	PSYCHOSOCIAL	305,689.	WIRE TRANSFER	٥.		FMV
		MIDDLE EAST AND	GRANTS TO PROMOTE					
		NORTH AFRICA -	CAMP SUSTAINABILITY.					
		ALGERIA, BAHRAIN,	CAMPS PROMOTE					
		DJIBOUTI, EGYPT,	PSYCHOSOCIAL	288,734.	WIRE TRANSFER	0.		FMV
		SUB-SAHARAN	GRANTS TO PROMOTE					
		AFRICA - ANGOLA,	CAMP SUSTAINABILITY.					
		BENIN, BOTSWANA,	CAMPS PROMOTE					
		BURKINA FASO,	PSYCHOSOCIAL	118,518.	WIRE TRANSFER	0.		FMV
		SOUTH ASIA -	GRANTS TO PROMOTE					
		AFGHANISTAN,	CAMP SUSTAINABILITY.					
		BANGLADESH,	CAMPS PROMOTE					
		BHUTAN, INDIA,	PSYCHOSOCIAL	51,301.	WIRE TRANSFER	0.		FMV
			GRANTS TO PROMOTE					
			CAMP SUSTAINABILITY.					
		CENTRAL AMERICA	CAMPS PROMOTE					
		AND THE CARIBBEAN	PSYCHOSOCIAL	59,791.	WIRE TRANSFER	0.		FMV
			recognized as charities by the		-			
exempt 501(c)(3) orga	nization by the IRS, o	or for which the grantee	or counsel has provided a sec	tion 501(c)(3) equ	uivalency letter	🕨 _		

Schedule F (Form 990) 2020

SERIOUSFUN CHILDREN'S NETWORK Schedule F (Form 990) 2020

31-1794455

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2020

Page 3

Schedule F	(Form 990) 2020	SERIOUSFUN	CHILDREN'S	NETWORK
Part IV	Foreign Form	9		

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes,"</i> the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign <i>Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see</i> <i>Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 SERIOUSFUN CHILDREN'S NETWORK 31-1794455 Page 5	<u>;</u>
Part V Supplemental Information	
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.	
	-
PART I, LINE 2:	
THE ORGANIZATION MONITORS THE ACTIVITIES OF NETWORK CAMPS AND PROGRAMS BY	_
MAKING SITE VISITS AND CONDUCTING CONFERENCE CALLS ON A REGULAR BASIS	_
THROUGHOUT THE YEAR.	_
	_
PART II, COLUMN (D):	_
(A) REGION:	_
EUROPE (INCLUDING ICELAND, GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	_
(D) PURPOSE OF GRANT: GRANTS TO PROMOTE CAMP SUSTAINABILITY. CAMPS	
PROMOTE PSYCHOSOCIAL PROGRAMMING IN A RESIDENTIAL CAMP FACILITY.	_
	_
REGION: EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	
(D) PURPOSE OF GRANT: GRANTS TO PROMOTE CAMP SUSTAINABILITY. CAMPS	
PROMOTE PSYCHOSOCIAL PROGRAMMING IN A RESIDENTIAL CAMP FACILITY.	_

(A) REGION:

MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,

(D) PURPOSE OF GRANT: GRANTS TO PROMOTE CAMP SUSTAINABILITY. CAMPS

PROMOTE PSYCHOSOCIAL PROGRAMMING IN A RESIDENTIAL CAMP FACILITY.

REGION: SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,

(D) PURPOSE OF GRANT: GRANTS TO PROMOTE CAMP SUSTAINABILITY. CAMPS

PROMOTE PSYCHOSOCIAL PROGRAMMING IN A RESIDENTIAL CAMP FACILITY.

(A) REGION:

SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES, NEPAL,

(D) PURPOSE OF GRANT: GRANTS TO PROMOTE CAMP SUSTAINABILITY. CAMPS 032075 12-03-20 Schedule F (Form 990) 2020 37 14520916 147227 0180110-0180110.0990 2020.04020 SERIOUSFUN CHILDREN'S NET 01801101

Schedule F (Form 990) 2020 SERIOUSFUN CHILDREN'S NETWORK

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PROMOTE PSYCHOSOCIAL PROGRAMMING IN A RESIDENTIAL CAMP FACILITY.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(D) PURPOSE OF GRANT: GRANTS TO PROMOTE CAMP SUSTAINABILITY. CAMPS

PROMOTE PSYCHOSOCIAL PROGRAMMING IN A RESIDENTIAL CAMP FACILITY.

Schedule F (Form 990) 2020

032075 12-03-20

SCHEDULE I (Form 990)	Go	irants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni	ited States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	·		Attach to Form	n 990.			Open to Public
		Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization SERIOUSFU	N CHILDRE	N'S NETWORK					Employer identification number $31 - 1794455$
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t criteria used to award the grants or assis	tance?	-			/ for the grants or assis		
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to	-				anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
recipient that received more than \$ 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	ed. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CAMP BOGGY CREEK 30500 BRANTLEY BRANCH RD EUSTIS, FL 32736	59-3012889	501(C)(3)	354,668.	135,147.	FMV	T-SHIRTS, FOOD	OPERATING AND CAPITAL NEEDS
CAMP KOREY 28901 NE ARNATION FARM RD CARNATION, WA 98014	20-3829742	501(C)(3)	363,281.	112,986.	FMV	T-SHIRTS, TOYS, ART SUPPLIES, FOOD	OPERATING AND CAPITAL NEEDS
DOUBLE H RANCH 97 HIDDEN VALLEY RD LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	376,910.	126,633.	FMV	T-SHIRTS, TOYS, ART SUPPLIES, FOOD	OPERATING AND CAPITAL NEEDS
FLYING HORSE FARMS 5260 STATE RTE 95 MT GILEAD, OH 43338	20-3498125	501(C)(3)	682,901.	93,932.	FMV	T-SHIRTS, TOYS, ART SUPPLIES, FOOD	OPERATING AND CAPITAL NEEDS
HOLE IN THE WALL GANG 555 LONG WHARF DRIVE NEW HAVEN, CT 06511	06-1157655	501(C)(3)	416,089.	55,572.	FMV	T-SHIRTS, TOYS, ART SUPPLIES, FOOD	OPERATING AND CAPITAL NEEDS
NORTH STAR REACH 300 NORTH INGALSS STREET RM NI4C01 ANN ARBOR, MI 48109	26-0347065		343,454.	52,908.	FMV	T-SHIRTS, TOYS, ART SUPPLIES, FOOD	OPERATING AND CAPITAL NEEDS
2 Enter total number of section 501(c)(3) and		·	e line 1 table				
3 Enter total number of other organizations LHA For Paperwork Reduction Act Notice,							Schedule I (Form 990) 2020

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

Schedule I (Form 990) SERIOUSFUN CHILDREN'S NETWORK

31-1794455 Page 1

organization or governmentif applicablecash grantnon-cash assistancevaluation (book, FMV, appraisal, other)non-cash assistanceor assistanceOUNDUP RIVER RANCH.0. BOX 858920-4632248501(C)(3)354,145.129,965. FMVFMVDPERATING AND CAPITALNON, CO 8162020-4632248501(C)(3)354,145.129,965. FMVSUPPLIES, FODNEEDSHE PAINTED TURTLE95-4612481501(C)(3)455,395.84,339. FMVSUPPLIES, FODNEEDS1CTORY JUNCTION95-4612481501(C)(3)455,395.84,339. FMVSUPPLIES, FODNEEDS500 ADAMS WAY56-2215292501(C)(3)369,823.112,473. FMVFOOD, RELAYNEEDSMERICAN FRIENDS OF JORDAN RIVERILLAGE - 244 MADISON AVE. STE 482ILLAGE - 244 MADISON AVE. S			N S NETWORK					51-1/94455 Pag
organization or government if applicable cash grant non-cash assistance valuation (book, FMV, appraisal, other) non-cash assistance or assistance or assistance or assistance (book, FMV, appraisal, other) non-cash assistance or assistance or assistance or assistance for assistance (book, FMV, appraisal, other) non-cash assistance or assi	Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
P.O. BOX 8589 AVON, CO 81620 TOYS, ART DEPENTING AND CAPITAL SUPPLIES, FOOD NEEDS T-SHIRTS, TOYS, ART DEPENTING AND CAPITAL AKE HUGHES, CA 93532 95-4612481 501(C)(3) 455,395. 84,339. FMV T-SHIRTS, TOYS, ART SUPPLIES, FOOD NEEDS T-SHIRTS, TOYS, ART SUPPLIES, FOOD NEEDS T-SHIRTS, TOYS, ART SUPPLIES, FOOD NEEDS TOYS, ART SUPPLIES, POOD NEEDS TOYS, ART SUPPLIES SUPPLIES SUPP		(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	non-cash	valuation (book, FMV,		(h) Purpose of grant or assistance
AVON, CO 81620 20-4632248 501(C)(3) 354,145. 129,965. FMV SUPPLIES, FOOD NEEDS THE PAINTED TURTLE 17000 ELIZABETH LAKE ROAD LAKE HUGHES, CA 93532 95-4612481 501(C)(3) 455,395. 84,339. FMV SUPPLIES, FOOD NEEDS VICTORY JUNCTION 4500 ADAMS WAY RANDLEMAN, NC 27317 56-2215292 501(C)(3) 369,823. 112,473. FMV FOOD, RELAY NEEDS AMERICAN FRIENDS OF JORDAN RIVER VILLAGE - 244 MADISON AVE. STE 482	ROUNDUP RIVER RANCH							
THE PAINTED TURTLE 17000 ELIZABETH LAKE ROAD LAKE HUGHES, CA 93532 95-4612481 501(C)(3) 455,395. 84,339. FMV 5UPPLIES, FOOD NEEDS T-SHIRTS, TOYS, ART SUPPLIES, OPERATING AND CAPITAI 4500 ADAMS WAY 4500 ADAMS WAY 56-2215292 501(C)(3) 369,823. 112,473. FMV FOOD, RELAY NEEDS AMERICAN FRIENDS OF JORDAN RIVER VILLAGE - 244 MADISON AVE. STE 482 OPERATING AND CAPITAI	P.O. BOX 8589						TOYS, ART	OPERATING AND CAPITAL
17000 ELIZABETH LAKE ROAD TOYS, ART OPERATING AND CAPITAL LAKE HUGHES, CA 93532 95-4612481 501(C)(3) 455,395. 84,339. FMV SUPPLIES, FOOD NEEDS VICTORY JUNCTION FSUPPLIES FSUPPLIES FOYS, ART OPERATING AND CAPITAL 4500 ADAMS WAY FSG. 2215292 501(C)(3) 369,823. 112,473. FMV FOOD, RELAY NEEDS AMERICAN FRIENDS OF JORDAN RIVER VICLAGE - 244 MADISON AVE. STE 482 Control of the state of t	AVON, CO 81620	20-4632248	501(C)(3)	354,145.	129,965.	FMV	SUPPLIES, FOOD	NEEDS
17000 ELIZABETH LAKE ROAD LAKE HUGHES, CA 93532 95-4612481 501(C)(3) 455,395. 84,339. FMV TOYS, ART OPERATING AND CAPITAL VICTORY JUNCTION 4500 ADAMS WAY RANDLEMAN, NC 27317 56-2215292 501(C)(3) 369,823. 112,473. FMV FOOD, RELAY NEEDS AMERICAN FRIENDS OF JORDAN RIVER VILLAGE - 244 MADISON AVE. STE 482	THE PAINTED TURTLE						T-SHIRTS	
LAKE HUGHES, CA 93532 95-4612481 501(C)(3) 455,395. 84,339. FMV SUPPLIES, FOOD NEEDS VICTORY JUNCTION 4500 ADAMS WAY 4500 ADAMS WAY ASANDLEMAN, NC 27317 56-2215292 501(C)(3) 369,823. 112,473. FMV FOOD, RELAY NEEDS AMERICAN FRIENDS OF JORDAN RIVER VILLAGE - 244 MADISON AVE. STE 482								OPERATING AND CAPITAL
VICTORY JUNCTION 4500 ADAMS WAY RANDLEMAN, NC 27317 56-2215292 501(C)(3) 369,823. 112,473. FMV FOOD, RELAY NEEDS AMERICAN FRIENDS OF JORDAN RIVER VILLAGE - 244 MADISON AVE. STE 482		95-4612481	501(C)(3)	455 395	84 339	FMV		
VICTORY JUNCTION 4500 ADAMS WAY RANDLEMAN, NC 27317 56-221529 501(C)(3) 369,823. 112,473. FMV FOOD, RELAY NEEDS AMERICAN FRIENDS OF JORDAN RIVER VILLAGE - 244 MADISON AVE. STE 482		55 1012101	501(0)(3)	400,000.	04,335.	1 11 V		
4500 ADAMS WAY RANDLEMAN, NC 27317 56-2215292 501(C)(3) 369,823. 112,473. FMV FOOD, RELAY DEEDS AMERICAN FRIENDS OF JORDAN RIVER VILLAGE - 244 MADISON AVE. STE 482	VICTORY JUNCTION							
RANDLEMAN, NC 27317 56-2215292 501(C)(3) 369,823. 112,473. FMV FOOD, RELAY NEEDS AMERICAN FRIENDS OF JORDAN RIVER VILLAGE - 244 MADISON AVE. STE 482								OPERATING AND CAPITAL
AMERICAN FRIENDS OF JORDAN RIVER VILLAGE - 244 MADISON AVE. STE 482 OPERATING AND CAPITAN		56-2215292	501(C)(3)	369 823	112 473	FMV	,	
	AMERICAN FRIENDS OF JORDAN RIVER VILLAGE – 244 MADISON AVE. STE 482 – NEW YORK, NY 10016	36-4558884	501(C)(3)	32,066.	260.	FMV	STOCK PROPERTY	OPERATING AND CAPITAL NEEDS
- $ -$								
Image: state of the state								

Schedule I (Form 990)

SERIOUSFUN	CHILDREN	' S	NETWORK

31-1794455

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

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

PART I, LINE 2:

THE ORGANIZATION MONITORS THE ACTIVITIES OF THE CAMPS AND PROGRAMS BY

MAKING SITE VISITS AND CONDUCTING CONFERENCE CALLS ON A REGULAR BASIS

THROUGHOUT THE YEAR.

PART II, LINE 1, COLUMN (G):

NAME OF ORGANIZATION OR GOVERNMENT: VICTORY JUNCTION

(G) DESCRIPTION OF NON-CASH ASSISTANCE: T-SHIRTS, TOYS, ART SUPPLIES,

FOOD, RELAY DEVICES, SERVICES AND ACCESSORIES

SC	HEDULE J	Compensation In	formation	1	OMB No. 1	1545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, I			20	20	
-	-	Compensated Emp	loyees		ZU	ZU	
Deres		Complete if the organization answered "Yes Attach to Form 9			Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instruction			Inspe	ction	
Nam	e of the organization			Employer i	dentificatio	on nui	mber
		SERIOUSFUN CHILDREN'S NET	NORK	31-1	79445	5	
Pa	rt I Question	Regarding Compensation					
						Yes	No
1a	Check the appropri	te box(es) if the organization provided any of the following	to or for a person listed on Form	990,			
	Part VII, Section A,	ine 1a. Complete Part III to provide any relevant informatic	n regarding these items.				
	First-class or c	narter travel Housing	allowance or residence for perso	nal use			
	Travel for com	panions 🗌 Paymer	ts for business use of personal res	sidence			
	Tax indemnific	ation and gross-up payments 📃 Health c	or social club dues or initiation fees	5			
	Discretionary s	pending account 📃 Persona	I services (such as maid, chauffeu	ır, chef)			
b	If any of the boxes	n line 1a are checked, did the organization follow a writter	n policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," or	omplete Part III to explain		1b		
2	Did the organization	require substantiation prior to reimbursing or allowing exp	penses incurred by all directors,				
	trustees, and office	s, including the CEO/Executive Director, regarding the iter	ns checked on line 1a?		2		
3	Indicate which, if an	y, of the following the organization used to establish the c	ompensation of the organization's				
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for met	hods used by a related organization	on to			
	establish compensa	tion of the CEO/Executive Director, but explain in Part III.					
	X Compensation	committee Written	employment contract				
	X Independent of	ompensation consultant 🛛 🔀 Comper	nsation survey or study				
	X Form 990 of o	her organizations 🛛 🔀 Approva	al by the board or compensation c	ommittee			
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	ated organization:					
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 arrange	ment?		4c		X
	If "Yes" to any of lines 4a c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c	(3), 501(c)(4), and 501(c)(29) organizations must comple	ete lines 5-9.				
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organizatio	on pay or accrue any compensatio	n			
	contingent on the r	venues of:					
а	The organization?				5a		X
		ation?					X
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organizatio	on pay or accrue any compensatio	n			
	contingent on the n	et earnings of:					
							X
b	Any related organiz	ition?			6 b		X
	If "Yes" on line 6a o	r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the organizatio					
		es 5 and 6? If "Yes," describe in Part III			7	Х	
8		eported on Form 990, Part VII, paid or accrued pursuant t		e			
		ption described in Regulations section 53.4958-4(a)(3)? If "			8		X
9		d the organization also follow the rebuttable presumption					
		53.4958-6(c)?					
LHA	For Paperwork R	duction Act Notice, see the Instructions for Form 990.		Sched	lule J (Forn	n 990)	2020

032111 12-07-20

42 2020.04020 SERIOUSFUN CHILDREN'S NET 01801101 14520916 147227 0180110-0180110.0990

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) JEFFREY BLAKE MAHER	(i)	281,230.	25,000.	0.	27,615.	17,692.	351,537.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JUSTIN FUSARO	(i)	195,905.	4,000.	0.	18,351.	19,245.	237,501.	0.
CFO/TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JULIA HARRIS	(i)	141,170.	5,000.	0.	14,002.	41,216.	201,388.	0.
DIR. EVENTS & MAJOR GIFTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) WENDY COOK	(i)	174,203.	1,000.	0.	16,023.	3,745.	194,971.	0.
MEDICAL ADVISOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TARA FISHER	(i)	143,950.	8,000.	0.	13,865.	12,110.	177,925.	0.
DIRECTOR MARKETING & COM.,	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CLEA NEWMAN	(i)	137,705.	0.	0.	12,583.	16,176.	166,464.	0.
SERIOUSFUN AMBASSADOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

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.

PART I, LINE 7:

INCLUDED IN COLUMN B(II) ARE AMOUNTS REPRESENTING BONUSES. THESE AMOUNTS

WERE INCLUDED IN THE INDIVIDUAL'S 2020 W-2 AND APPROVED BY THE BOARD.

Schedule J (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

31-1794455

Department of the Treasury	
Internal Revenue Service	

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

Attach to Form 990.

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

SERIOUSFUN CHILDREN'S NETWORK

Art - Works of art (a) (b) Nonceash contribution amounts reported on amounts reported reports reported reports reported on amounts reported reported r	Par	TI I ypes of Property							
2 Art - Historical reserves 3 Art - Historical reserves 4 Books and publications 5 Cothing and household goods 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Publicly traded 11 Securities - Publicly traded 12 Securities - Publicly traded 13 Cualified conservation contribution - Historic structures 14 Qualified conservation contribution - Historic structures 16 Real estate - Residential 17 Real estate - Residential 18 Colling and medical supplies 19 Food inventory 21 Taxiderny 21 Taxiderny 22 Historic attrates 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ ((TOYS AND GAME)) 24 X 25 Other ▶ ((TOYS AND GAME)) 26 Number of Forms 8283 received by the organization during the tax year for contributions 29 Number of Forms 8283 received by the organization any property reported in Part I, lines 1 through 28, that it must hold for at least three holding period? 30a X 31 X 32 Dees the organization neceive by contribution any wonstandard contributions? 31 X 32 Dees the organization neceive policy that requires the review of any nonstandard contributions? 34 <			Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		•	6
2 Art - Historical reserves 3 Art - Historical reserves 4 Books and publications 5 Cothing and household goods 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Publicly traded 11 Securities - Publicly traded 12 Securities - Publicly traded 13 Cualified conservation contribution - Historic structures 14 Qualified conservation contribution - Historic structures 16 Real estate - Residential 17 Real estate - Residential 18 Colling and medical supplies 19 Food inventory 21 Taxiderny 21 Taxiderny 22 Historic attrates 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ ((TOYS AND GAME)) 24 X 25 Other ▶ ((TOYS AND GAME)) 26 Number of Forms 8283 received by the organization during the tax year for contributions 29 Number of Forms 8283 received by the organization any property reported in Part I, lines 1 through 28, that it must hold for at least three holding period? 30a X 31 X 32 Dees the organization neceive by contribution any wonstandard contributions? 31 X 32 Dees the organization neceive policy that requires the review of any nonstandard contributions? 34 <	1	Art - Works of art							
3 At - Fractional interests	2								
4 Books and publications X 1,301,717. FMV 5 Clothing and household goods X 1,301,717. FMV 6 Cars and other vehicles	3								
5 Clothing and household goods X 1,301,717. FMV 6 Cars and other vehicles	4								
6 Cars and other vehicles	5		Х		1,301,717.	FMV			
7 Boats and planes	-								
8 Intellectual property	7								
9 Securities - Publicly traded	8								
10 Securities - Closely held stock	9								
11 Securities - Partnership, LLC, or trust interests 2 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 21 Taxidermy 21 Taxidermy 23 Scientific specimens 24 Archeological atrifacts 25 Other ▶ (MISCELLANEOUS) 27 Other ▶ (MISCELLANEOUS) 28 View P (MISCELLANEOUS) 29 Vuenter of Forms 8283 received by the organization during the tax year for contributions for which the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 26 During the year, did the organization receive by contribution, and which isn't required to be used for exempt purposes for the entire holding period? 21 Taxide the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 30a X 31 X		-							
trust interests									
12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures									
13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory 20 Food inventory 21 Taxidermy 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (TOYS AND GAME) 26 X 27 Other ▶ (MISCELLANEOUS) 28 Value 29 30a 20 During the year, did the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 30a 20 b If "Yes," describe the arrangement in Part II. 30a 30a 30a 30a 30a 30a 30a 30a 30a 30a 30a 30a 30a 30a 30a 30a 30a 30a 30a 30a 30a 30a 30a 30a 30bes the organization have a gift acceptance policy that requires the review of any nonstandard contributions? <t< th=""><th>12</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	12								
14 Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 14 X 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (MISCELLANEOUS) 26 Other ▶ (MISCELLANEOUS) 27 Other ▶ (MISCELLANEOUS) 28 Other ▶ (MISCELLANEOUS) 29 Number of Forms 283 received by the organization during the tax year for contributions for which the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 20 bit "Yes," describe the arrangement in Part II. 30 X 31 X 32 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
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18 Collectibles X 1 22,612.COST 19 Food inventory X 1 22,612.COST 20 Drugs and medical supplies									
19 Food inventory X 1 22,612.COST 20 Drugs and medical supplies									
20 Drugs and medical supplies			X	1	22,612.	COST			
21 Taxidermy					•				
22 Historical artifacts									
23 Scientific specimens									
24 Archeological artifacts									
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28 Other ▶ ()	27								
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30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II. Image: Contribution have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 31 X		for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for 30a X b If "Yes," describe the arrangement in Part II. Image: Control of the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 31 X		<u> </u>		0	······ 			Yes	No
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exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II. Image: Comparization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Image: Comparized organization hire or use third parties or related organizations to solicit, process, or sell noncash Image: Comparized organization hire or use third parties or related organizations to solicit, process, or sell noncash Image: Comparized organization hire or use third parties or related organizations to solicit, process, or sell noncash									
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31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Image: Control of the organization hire or use third parties or related organizations to solicit, process, or sell noncash Image: Control of the organization hire or use third parties or related organizations to solicit, process, or sell noncash Image: Control of the organization hire or use third parties or related organizations to solicit, process, or sell noncash	b								
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash		-	olicy that re	quires the review o	of any nonstandard contribut	ions?	31	Х	
		•		-			32a		Х

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2020

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b If "Yes," describe in Part II.

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

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNT IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS.

Schedule M (Form 990) 2020

31-1794455

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2020.04020 SERIOUSFUN CHILDREN'S NET 01801101

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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



SERIOUSFUN CHILDREN'S NETWORK

Employer identification number 31-1794455

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SERIOUS ILLNESS AND DISCOVER JOY, CONFIDENCE AND A NEW WORLD OF

POSSIBILITIES, ALWAYS FREE OF CHARGE.

FORM 990, PART VI, SECTION A, LINE 2:

BOARD MEMBERS DONALD AND GEORGIA GOGEL SHARE A FAMILY RELATIONSHIP.

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

THE PREPARED 990 IS REVIEWED FOR ACCURACY AND COMPLETENESS BY THE CHIEF

EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER PRIOR TO FILING. THE 990 IS

MADE AVAILABLE TO THE BOARD OF DIRECTORS BEFORE IT IS FILED.

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

ALL MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO ANNUALLY COMPLETE THE CONFLICT OF INTEREST FORM AND SUBMIT IT TO THE CFO. THE CEO AND CFO REVIEW THE COMPLETE FORM TO DETERMINE IF AND WHERE CONFLICTS EXIST. MEMBERS WITH A CONFLICT ARE PROHIBITED FROM PARTICIPATING IN GOVERNING BODY DELIBERATIONS AND DECISIONS IN A CONFLICTED TRANSACTION.

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

AN INDEPENDENT COMMITTEE OF THE BOARD PERFORMS AN ANNUAL REVIEW OF THE CEO

PERFORMANCE. THE COMMITTEE UTILIZES INFORMATION FROM OTHER NONPROFIT

ORGANIZATIONS, THE MEMBERS OWN EMPLOYERS AND INFORMATION FROM PUBLIC

SOURCES REGARDING OTHER NONPROFITS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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 11-20-20

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Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization SERIOUSFUN CHILDREN'S NETWORK	Employer identification number 31-1794455
AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, MO, N	IH , NJ , NY , NC , ND , OH
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT C)F INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE BY PROVIDING CO	PIES UPON WRITTEN
REQUEST. FORM 990 IS AVAILABLE AFTER FILING ON THE ORGANI	ZATION'S WEBSITE
FOR PUBLIC VIEWING.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: FOREIGN CURRENCY TRANSACTION GAIN	23,151.
FORM 990, PART XII, LINE 2C	
THERE HAVE BEEN NO CHANGES MADE TO THE ORGANIZATION'S OVER	SIGHT OR
SELECTION PROCESS DURING THE TAX YEAR. FOREIGN CURRENCY TH	ANSACTION
LOSS	

Schedule O (Form 990 or 990-EZ) 2020

	0000	Stater	nent of Specified Fore	ian Finar	ncial Assots	L	OMB No. 1545-2195
Form	0720		ww.irs.gov/Form8938 for instruc				2020
Departr	nent of the Treasury		Attach to your ta	x return.			Attachment
Internal	Revenue Service		020 or tax year beginning		and ending		Sequence No. 938
			ation statements, check here	. Nui	mber of continuatio		
1	Name(s) shown on re SERT		DREN'S NETWORK		2 Taxpayer 31-17944		on number (TIN)
3	Type of filer					55	
Ŭ	a Specified in	ndividual b	Partnership c	Corporati	on	d 🗌 1	Trust
4			u checked box 3b or 3c, enter the	name and TIN	of the specified indiv		
	•		box 3d, enter the name and TIN of		-		-
(See instructions for	definitions and what to	o do if you have more than one spe	cified individua	al or specified persor	n to list.)	
_	a Name	-	-		b TIN		
Pa	rt I Foreign Do	eposit and Custo	dial Accounts Summary				
1	Number of deposit a	ccounts (reported in Pa	art V)	<u></u>	►		2
	Maximum value of al			<u></u>		\$	214,018.
		accounts (reported in	Part V)		>		
		Il custodial accounts		<u></u>		\$	
5 V	Vere any foreign der	posit or custodial acco eign Assets Sumr	unts closed during the tax year?			XYe	s No
					`		
		ssets (reported in Part)		<u></u>	▶	¢	
		Il assets (reported in Pa				\$	s X No
_	4 4	sets acquired or sold d of Tax Items Δttr	ibutable to Specified Foreig	nn Financia	al Assets (see in	Netruction	
	Guinnary		(c) Amount reported on			reported	15/
(a	Asset category	(b) Tax item	form or schedule	(d) F	orm and line	· ·	Schedule and line
1 Eo	reign deposit and	a Interest	\$	(,		(0) 0	
	stodial accounts	b Dividends	\$				
		c Royalties	\$				
		d Other income	\$				
		e Gains (losses)	\$				
		f Deductions	\$				
		g Credits	\$				
2 Ot	her foreign assets	a Interest	\$				
	5	b Dividends	\$				
		c Royalties	\$				
		d Other income	\$				
		e Gains (losses)	\$				
		f Deductions	\$				
		g Credits	\$				
Par	t IV Excepted	Specified Foreigr	Financial Assets (see inst	ructions)			
lf you	reported specified f	oreign financial assets	on one or more of the following for	ms, enter the	number of such form	s filed. You	do not need to
incluc	le these assets on F	orm 8938 for the tax ye	ear.				
1. Nu	mber of Forms 3520	D	2. Number of Forms 3520-A	·	3. Nu	mber of Fo	rms 5471
4. Nu	mber of Forms 8621	1	5. Number of Forms 8865		_		
D							
Pa			ch Foreign Deposit and Cu	istodial Ac	count Included	in the Pa	rt I Summary
	(see instrue						
			Part V, attach a continuation statem				
1	Type of account	X Deposit	Custodial	8	Account number or 34428234	other desig	nation
3 (Check all that apply				ed during tax year eported in Part III with	n respect to	this asset
4	Maximum value of a	ccount during tax year				\$	166,171.
5	Did you use a foreigr	n currency exchange ra	ate to convert the value of the acco	unt into U.S. c	dollars?	. 🗌 Ye	s X No
6	f you answered "Yes	s" to line 5, complete a	ll that apply.		1		
	a) Foreign currency s maintained	in which account	(b) Foreign currency exchange raconvert to U.S. dollars	ate used to	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service		
LHA	For Paperwork R	Reduction Act Notice,	see the separate instructions.	023021 11-	l -02-20		Form 8938 (2020)
			49				

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Form 8938 (2020) Part V Detailed Information for Eac	ch Foreign Deposit and Cus	Patt I Summary	age 2
(see instructions) (continued)	chronologi Deposit and ous		
7a Name of financial institution in which accou BARCLAYS UK	nt is maintained	b Global Intermediary Identification Number (GIIN) (Optio	nal)
8 Mailing address of financial institution in wh 21-24 MILLBANK	ich account is maintained. Number,	street, and room or suite no.	
9 City or town, state or province, and country LONDON	(including postal code) UNITED KINGDOM	SW1P4QP	
Part VI Detailed Information for Ea	ch "Other Foreign Asset" In		s)
If you have more than one asset to report in Part	VI, attach a continuation statement	for each additional asset. See instructions.	
1 Description of asset	2	Identifying number or other designation	
 Complete all that apply. See instructions for a Date asset acquired during tax year, if appli 			
b Date asset disposed of during tax year, if appr			
c Check if asset jointly owned with sp		eck if no tax item reported in Part III with respect to this asset	
4 Maximum value of asset during tax year (ch			
a 🗌 \$0 - \$50,000 b 🗌 \$50,0	D01 - \$100,000 c 🛄 \$10	00,001 - \$150,000 d s150,001 - \$200,000	
		\$	
5 Did you use a foreign currency exchange ra		nto U.S. dollars? Yes	No
6 If you answered "Yes" to line 5, complete al			
(a) Foreign currency in which asset is	(b) Foreign currency exchange rate		
denominated	convert to U.S. dollars	Treasury Department's Bureau of the Fiscal Serv	ice
7 If asset reported on line 1 is stock of a foreig	n entity or an interest in a foreign er	ntity, enter the following information for the asset.	
a Name of foreign entity		b GIIN (Optional)	
c Type of foreign entity (1)	Partnership (2)	Corporation (3) Trust (4) Esta	ate
d Mailing address of foreign entity. Number, s	treet, and room or suite no.		
e City or town, state or province, and country	(including postal code)		
8 If asset reported on line 1 is not stock of a fo	reign entity or an interest in a foreign	entity, enter the following information for the asset.	
		n statement with the same information for each additional issu	Jer
or counterparty. See instructions.			
a Name of issuer or counterparty			
Check if information is for	Issuer Counterparty		
b Type of issuer or counterparty			
(1) Individual (2)	Partnership (3)	Corporation (4) Trust (5) Esta	ate
c Check if issuer or counterparty is a	U.S. person Discrete	n person	
d Mailing address of issuer or counterparty. N	lumber, street, and room or suite no.		
e City or town, state or province, and country	(including postal code)		
		- 0000	
		Form 8938 (ź	2020)

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Last	Name or Organization Name			Identification Number 31-1794455	Form 8938
Pa	rt V Foreign Deposit and Custor	ial Accounts (see instructions)		51-1/94455	
1	Type of account X Deposit	Custodial		Account number or other designation	
3	Check all that apply a Account op	ened during tax year b X Acco		ed during tax year	
				ported in Part III with respect to this ass	
4	Maximum value of account during tax year			\$	47,847.
5	Did you use a foreign currency exchange ra	te to convert the value of the account ir	nto U.S. c	Iollars? Yes	X No
6	If you answered "Yes" to line 5, complete a	ll that apply.			
	(1) Foreign currency in which account	(2) Foreign currency exchange rate us	sed to	(3) Source of exchange rate used if no	ot from U.S.
	is maintained	convert to U.S. dollars		Treasury Department's Bureau of the F	iscal Service
7a	Name of financial institution in which account	Int is maintained	b Glob	al Intermediary Identification Number (G	IIN) (Optional)
	DEUTSCHE BANK GERMANY				
8	Mailing address of financial institution in w	nich account is maintained. Number, stre	eet, and r	oom or suite no.	
	HERENGRACHT 448				
9	City or town, province or state, and country	(including postal code)			
	AMSTERDAM	1017 CA			
	NETHERLANDS				
1	Type of account Deposit	Custodial	2	Account number or other designation	
3				ed during tax year	t
4				eported in Part III with respect to this ass \$	iel
4 5	Maximum value of account during tax year Did you use a foreign currency exchange ra				No
<u> </u>	If you answered "Yes" to line 5, complete a		10 0.3. 0		
0			and to	(2) Source of exchange rate used if pe	t from LLS
	(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate us convert to U.S. dollars		(3) Source of exchange rate used if no Treasury Department's Bureau of the F	
7a	Name of financial institution in which accou	int is maintained	b Glob	al Intermediary Identification Number (G	IIN) (Optional)
8	Mailing address of financial institution in whether the second se	ich account is maintained. Number, stre	eet, and r	oom or suite no.	
9	City or town, province or state, and country	r (including postal code)			
1	Type of account Deposit	Custodial	2	Account number or other designation	
3				ed during tax year eported in Part III with respect to this ass	set
4	Maximum value of account during tax year		<u></u>	\$	
5	Did you use a foreign currency exchange ra	te to convert the value of the account in	nto U.S. c	Iollars? Yes	No
6	If you answered "Yes" to line 5, complete a	ll that apply.		1	
	(1) Foreign currency in which account is maintained	(2) Foreign currency exchange rate us convert to U.S. dollars	sed to	(3) Source of exchange rate used if no Treasury Department's Bureau of the F	
7a	Name of financial institution in which accou	Int is maintained	b Glob	 al Intermediary Identification Number (G	IIN) (Optional)
8	Mailing address of financial institution in whether the second se	nich account is maintained. Number, stre	eet, and r	oom or suite no.	
9	City or town, province or state, and country	(including postal code)			
		51			

(Rev. January 2020)

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

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

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	ictions.		Taxpayer identification number (TIN)			
print	SERIOUSFUN CHILDREN'S NETWO		31-1794455				
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. g your m. see						
instructions.	City, town or post office, state, and ZIP code. For a for NORWALK, CT 06855	oreign add	ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)				
Applicat	on	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990) or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990)-BL	02	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990)-PF	04	Form 5227			10	
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990)-T (trust other than above) JUSTIN FUSARO	06	Form 8870			12	
Teleph ● If the o ● If this box ▶ 1 I re the ▶ 2 If the	quest an automatic 6-month extension of time until organization named above. The extension is for the org. X calendar year 2020 or tax year beginning tax year entered in line 1 is for less than 12 months, c Change in accounting period	s in the Un Group Exe and atta <u>NOVEI</u> anization's , an heck reaso	Fax No. ▶ ited States, check this box mption Number (GEN)	f this is fo all memb	r the whole g ers the exten npt organizati	roup, check this sion is for.	
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720 / nonrefundable credits. See instructions.	, or 6069, e	enter the tentative tax, less	3a	\$	0.	
b If t	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and				
est	imated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.	
	lance due. Subtract line 3b from line 3a. Include your pa					•	
usi	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.	
instructio		•		453-EO an			
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8	868 (Rev. 1-2020)	

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