PUBLIC INSPECTION COPY

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. 2022 Open to Public Inspection

		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and t	he latest in	formation.	Inspection	
AF	A For the 2022 calendar year, or tax year beginning and ending and ending						
	Check if applicab		C Name of organization D Employer identificat				
	Addre		OUSFUN CHILDREN'S NETWORK				
	Name	e	usiness as		31-179445	5	
	Initial			Room/suite		-	
	 Final returr	230		107	203-562-1	203	
	termi ated	n	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	15,479,223.	
	Amer returr	nded NODW	ALK, CT 06855		H(a) Is this a group ret	urn	
	Appli tion	F Name a	nd address of principal officer: JUSTIN FUSARO		for subordinates?		
	pend	SAME	AS C ABOVE		H(b) Are all subordinates incl	uded? Yes No	
11	Tax-ex	empt status:		or 📃 527	If "No," attach a li	st. See instructions	
	Vebs		SERIOUSFUN.ORG		H(c) Group exemption		
			X Corporation Trust Association Other	L Year	of formation: 2001 M	State of legal domicile: CT	
Pa	art I	Summary					
Ð	1		e the organization's mission or most significant activities: OUR N				
Governance			NITIES FOR CHILDREN AND THEIR FAMI				
ernä	2	Check this bo		ed of more	1 1		
Š	3					40	
ళ	1 .		lependent voting members of the governing body (Part VI, line 1b)			<u>40</u> 38	
ies	5		of individuals employed in calendar year 2022 (Part V, line 2a)			40	
Activities	6		of volunteers (estimate if necessary)			0.	
Ac			d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, Part I, line 11			0.	
		i Net unrelated			Prior Year	Current Year	
	8	Contributions	and grants (Part VIII, line 1h)		13,432,337.	14,265,217.	
anc	9		ce revenue (Part VIII, line 2g)		0.	0.	
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		135,633.	157,660.	
Å	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	225,319.	
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,567,970.	14,648,196.	
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		6,825,977.	8,365,436.	
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.	
ŝ	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)		3,814,283.	4,164,759.	
nse	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)		0.	0.	
Expenses	. b	Total fundraisi	ing expenses (Part IX, column (D), line 25) 866,02	24.			
Ű	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,474,318.	1,643,331.	
	18	=	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,114,578.	14,173,526.	
	19	Revenue less	expenses. Subtract line 18 from line 12		1,453,392.	474,670.	
S OL				Be	ginning of Current Year	End of Year	
Net Assets or	20	Total assets (F			18,366,481.	19,409,045.	
etA	21		(Part X, line 26)		2,523,055.	3,989,713.	
Z: P	<u>22</u> art II		fund balances. Subtract line 21 from line 20		15,843,426.	15,419,332.	
		_	DOCK I declare that I have examined this return, including accompanying schedules	and stateme	inter and to the heet of my l	nowledge 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					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	PATRICIA MCGOWAN	PATRICIA MCGOWAN	06/02	/23 self-employed	P00184514	
Preparer	Firm's name COHNREZNICK LLP			Firm's EIN 22-	1478099	
Use Only	Firm's address 350 CHURCH STREET	, 12TH FLOOR				
	HARTFORD, CT 0610	3		Phone no. 959 –	200-7000	
May the IRS discuss this return with the preparer shown above? See instructions						
232001 12-1	32001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	FAMILIES TO REIMAGINE WHAT IS POSSIBLE BY CREATING INCLUSIVE CAMP AND RECREATIONAL EXPERIENCES, INSPIRING CONFIDENCE AND JOY, AND BUILDING
	COMMUNITY AND CONNECTION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?Yes X No
~	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$12,409,593. including grants of \$8,365,436.) (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 SERIOUSFUN PARTNER PROGRAMS SUPPORT 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
	BENEFITS OF CAMP. THIS NUMBER ALSO INCLUDES FUNDING FOR INNOVATION
	GRANTS TO CAMPS IN THE NETWORK.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	
4c 4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

Form 990 (SERIOUSFUN		S NETWORK
Part IV	Checklist	t of Required Schedule	es	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	~	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		- 13	
U		11b		x
c	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	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	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
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		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	(0000)
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 Form 990 (2022)
 SERIOUSFUN CHILDREN'S NETWORK

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
2 4a	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
	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			
ام	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a discussified person during the voor? (6) Voor?	25a		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		- 23
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
21	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	<u>30</u> 31		X
31 32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If "yes," complete Schedule N, Part I</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	52		
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		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	<u> </u>
1 0	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Vee	
1-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 46		Yes	No
	Enter the number reported in box 3 of Form 1090. Enter -0- if not applicable 1a 1b 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
5	(gambling) winnings to prize winners?	1c	х	
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Form	990 (2022) 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 38			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	х	
b	If "Yes," enter the name of the foreign country UNITED KINGDOM			
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
52		5a		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			<u> </u>
Ua		60		x
h	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	Ch		
-	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).		Х	
	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	~	<u> </u>
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v
_	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
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		<u> </u>
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		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
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 13b			
с	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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 the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		1
	If "Yes," complete Form 6069.			
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		_	Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 40	4		
	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 40			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		2
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		2
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
o a	The governing body?	8a	х	
h	Each committee with authority to act on behalf of the governing body?	8b	X	
9 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
		9		
00	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vaa	
0-	Did the eventiation have lead charters by a filleter	10-	Yes	N Z
	Did the organization have local chapters, branches, or affiliates?	10a		-
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	1		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<u>11a</u>	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
3	Did the organization have a written whistleblower policy?	13	Х	
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filedAL, AK, AZ, AR, CA, CO, CT, FL, GA	,IL	KS.	. K
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)			
0	for public inspection. Indicate how you made these available. Check all that apply.	s only)	avana	010
	X Own website Another's website X Upon request Other <i>(explain on Schedule O)</i>			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JUSTIN FUSARO - 203-562-1203			
	230 EAST AVENUE, 107, NORWALK, CT 06855			
	SEE SCHEDULE O FOR FULL LIST OF STATES	_	1 990	(00

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

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

SERIOUSFUN CHILDREN'S NETWORK

Form 990 (2022)

X

<u>31-1794455</u> Page 6

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	Jiga	11120	(C		ipen	3410	(D)	(E)	(F)
Name and title	Average hours per		Positic (do not check mor box, unless persor		more	than c		Reportable compensation	Reportable compensation	Estimated amount of
	week					r/trust		from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 (1000)	and related
	below	/idual	Institutional trustee	er	Key employee	Highest compensated employee	ner	,		organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) JEFFREY BLAKE MAHER	37.50									
CEO				Х				316,713.	0.	45,206.
(2) SANDRA HIJIKATA	37.50									
CHIEF DEVELOPMENT OFFICER					Х			212,801.	0.	39,223.
(3) JUSTIN FUSARO	37.50									
CFO/TREASURER				Х				206,748.	0.	35,725.
(4) JULIA HARRIS	37.50							1 4 2 4 4 2	•	- 4
OUTGOING DIR. EVENTS & MAJOR GIFTS						X		143,448.	0.	54,880.
(5) WENDY COOK	37.50							100 201	0	16 840
MEDICAL ADVISOR						X		177,391.	0.	16,748.
(6) TARA FISHER	37.50							154 014	0	
CHIEF MARKETING OFFICER					X			154,814.	0.	25,360.
(7) CLEA NEWMAN	37.50							140 057	0	20 620
SERIOUSFUN AMBASSADOR (8) TIM BETHUNE	37.50					X		140,857.	0.	29,638.
(8) TIM BETHUNE DIR. PROGRAMS & GROWTH	37.50					x		100 511	0.	15 261
(9) LAUREN JOHNSON	37.50					<u> </u>		102,511.	0.	45,264.
DIR. CORPORATE PARTNERSHIPS	37.50					x		113,622.	0.	6,609.
(10) ANDY FRY	1.00							113,022.	0.	0,009.
TRUSTEE	1.00	х						0.	0.	0.
(11) CHARLIE CREW	2.00	Λ						0.	0.	0.
TRUSTEE	2.00	х						0.	0.	0.
(12) CAROLE WATKINS	2.00	Δ						0.	0.	0.
TRUSTEE	2.00	х						0.	0.	0.
(13) CAROLYN BECHTEL	2.00									0
TRUSTEE		х						0.	0.	0.
(14) CATHIE BENNETT	1.00								••	
TRUSTEE		х						0.	Ο.	0.
(15) DONALD J. GOGEL	4.00									
VICE CHAIRMAN		х		х				0.	0.	0.
(16) DON O'SULLIVAN	1.00									
TRUSTEE		х						0.	0.	0.
(17) EMAD BIBAWI	2.00									
TRUSTEE		х						0.	Ο.	0.
232007 12-13-22										Form 990 (2022)

Form 990 (2022) SERIOUSF	UN CHILE	RE	'N	S	NE	TW	OR	RΚ	31-1794	455 Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)	
(A) Name and title	(B) Average hours per	box	not ch , unles	s per	itior more rson i	than d is both	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer D	Key employee	Highest compensated sntty.uc		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(18) ERIC FELDSTEIN TRUSTEE	2.00	x						0.	0.	0.
(19) ERIC KARP TRUSTEE	1.00	x						0.	0.	0.
(20) FRAN HOROWITZ TRUSTEE	2.00	x						0.	0.	0.
(21) GEORGIA WALL GOGEL TRUSTEE	2.00	x						0.	0.	0.
(22) GREG KAISER TRUSTEE	1.00	x						0.	0.	0.
(23) JAN BOOTH ZIDE TRUSTEE	1.00	x						0.	0.	0.
(24) JILL MULLEN TRUSTEE	1.00	x						0.	0.	0.
(25) JOE CRONLY TRUSTEE	2.00	x						0.	0.	0.
(26) JOHN FRASCOTTI TRUSTEE	2.00	x						0.	0.	0.
1b Subtotal c Total from continuation sheets to Part V d Total (add lines 1b and 1c) 2 Total number of individuals (including but r	II, Section A	·····	·····	· · · · · · ·	· · · · · ·			1,568,905. 0. 1,568,905. eceived more than \$100,	0 • 0 • 0 • 000 of reportable	298,653. 0. 298,653.
3 Did the organization list any former officer			•	•	-		Ŭ	• •		10 Yes No
 line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> For any individual listed on line 1a, is the s and related organizations greater than \$15 	um of reportabl	e co	mpe	nsat	tion	and	oth	er compensation from th	ne organization	3 X 4 X
5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes." <i>corr</i> Section B. Independent Contractors	•				•			•		5 X
1 Complete this table for your five highest co	•	•							· ·	tion from
the organization. Report compensation for (A) Name and business			ONE					(B) Description of s		(C) compensation
2 Total number of independent contractors (\$100,000 of compensation from the organ SEE PART VII, SECTION	zation				()				Form 990 (2022)
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		npio	yee			ligne	est	Compensated Employe	, ,	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per	(cl	heck		ition that	app	ly)	Reportable compensation from the	Reportable compensation from related	Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	(W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatio from the organization and related organizations
27) JOHN M. FORESTER	2.00	1								
SECRETARY		Х		Х				0.	0.	0
28) KARA LEWIS RUSTEE	1.00	x						0.	0.	C
29) KENICHIRO SASAKI	1.00							Ŭ.		
RUSTEE	1.00	x						0.	0.	(
30) KINGDAR PRUSSIEN	1.00								• •	(
RUSTEE	1.00	x						0.	0.	(
31) LAURA TYSON	1.00									
RUSTEE		x						0.	0.	(
32) LISA SCHWARTZ	1.00	†							~ ~	
RUSTEE		x						0.	0.	(
33) LIZ ROBBINS	1.00									
RUSTEE		х						0.	0.	(
34) MARGARET CROTTY	1.00									
RUSTEE		Х						0.	0.	(
35) MAURICE PRATT	2.00									
CHAIRMAN		Х		Х				0.	Ο.	(
36) MICHAEL BENDER	1.00									
RUSTEE		Х						0.	0.	(
37) MICHAEL KOENIGS	2.00									
RUSTEE		Х						0.	0.	(
38) NICHOLE DUNN	1.00									
RUSTEE		Х						0.	0.	(
39) PAGE ADLER	2.00									
RUSTEE		Х						0.	0.	(
40) PETER CORSELL	1.00									
RUSTEE		Х						0.	0.	(
41) PETER KULLOI	1.00									
RUSTEE		Х						0.	0.	(
42) PRIYA NARANG	1.00								•	
RUSTEE		х						0.	0.	
43) SARA LAHAT	1.00								•	
RUSTEE		Х						0.	0.	
44) SERENA PORCARI	2.00								•	
RUSTEE	1 0 0	Х						0.	0.	
45) SOMESH KHANNA	1.00								•	
		Х						0.	0.	
46) SUE MCDIARMID	2.00	.,,							•	
RUSTEE		Х						0.	0.	

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Form 990SERIOUSFU	RK 31-1794455									
Part VII Section A. Officers, Directors, Tru	Compensated Employees (continued)									
(A) Name and title	(B) Average hours	(cł		(C Posi all t	ition		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) SUNIL SUHAS SOLOMON TRUSTEE	1.00	x						0.	0.	0.
(48) TATIANA NOURISSAT-ROSENFELD TRUSTEE	1.00	x						0.	0.	0.
(49) TIM ROSE	1.00									•••
OUTGOING TRUSTEE		x						0.	0.	0.
(50) VICTOR HERSHAFT	1.00									
OUTGOING TRUSTEE	1 00	Х						0.	0.	0.
(51) WALE AKINWANDE TRUSTEE	1.00	x						0.	0.	0.
Total to Part VII, Section A, line 1c					<u></u>					

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Ра	rt VII			00000000	or noto to onu line	in this Dort VIII			
		Check if Schedule O c	contains a r	esponse	or note to any line	(A)	(B)	(C)	[D]
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
s u	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b			1b					
ي ق	c			1c	1,094,943.				
ifts,	d			1d	, ,				
<u> </u>	e	a		1e					
Sic	f								
her	_	similar amounts not included		1f	13,170,274.				
ĞĘ	a	Noncash contributions included in		1g \$	690,853.				
Cor	h	—				14,265,217.			
<u> </u>					Business Code	· ·			
Ø	2 a								
, Ki	b								
Program Service Revenue	c								
me Sve	d								
n n n n n n n n n n n n n n n n n n n	е								
Pre	f		revenue						
_		Total. Add lines 2a-2f							
	3	Investment income (incluc							
		other similar amounts)	-			157,660.			157,660.
	4	Income from investment o							
	5	Royalties	. <u></u>						
				Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	с	Rental income or (loss)	6c						
	d	Net rental income or (loss))						
	7 a	Gross amount from sales of	(i) Se	ecurities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
ne		and sales expenses	7b						
Revenue	с	Gain or (loss)	7c						
Re	d	Net gain or (loss)		<u></u>					
Jer	8 a	Gross income from fundraising							
otho		including \$ 1,0	094,943.	of					
		contributions reported on							
		Part IV, line 18		<u>8a</u>					
	b	Less: direct expenses		8b	831,027.				
	c	Net income or (loss) from	fundraising	events		222,827.			222,827.
	9 a	Gross income from gamin							
		Part IV, line 19		<u>9a</u>					
	b	Less: direct expenses		9b					
		Net income or (loss) from			·····				
	10 a	Gross sales of inventory, I							
		and allowances							
		Less: cost of goods sold							
	С	Net income or (loss) from	sales of inv	entory					
S					Business Code				
eu ei	11 a								
lane	b	·							
Miscellaneous Revenue	с								
Mis	d	All other revenue			900099	2,492.	2,492.		
		Total. Add lines 11a-11d				2,492.			
	12	Total revenue. See instruction	ons			14,648,196.	2,492.	0.	380,487.
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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	on 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	5,476,109.	5,476,109.		
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	2,889,327.	2,889,327.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	1,036,591.	352,086.	285,335.	399,170.
6	Compensation not included above to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	normalized in continu $(0 \cap 0)(0)(D)$				
7	Other salaries and wages	2,456,993.	1,923,800.	364,135.	169,058.
8	Pension plan accruals and contributions (include	_,,	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_00,000
0	section 401(k) and 403(b) employer contributions)	180,600.	143,992.	25,511.	11 097
9	., ., ,	259,603.	192,731.	42,758.	<u> </u>
-	Other employee benefits	230,972.	153,399.	42,142.	<u>11,097.</u> 24,114. 35,431.
10	Payroll taxes	430,314.		74,194.	JJ, 4 JI•
11	Fees for services (nonemployees):				
	Management	7,718.	5,995.	648.	1 075
b	Legal	55,936.	43,451.	4,697.	<u> 1,075.</u> 7,788.
	Accounting	55,950.	45,451.	4,097.	1,100.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g			205 140	42 1 60	
	column (A), amount, list line 11g expenses on Sch O.)	485,884.	385,149.	43,168.	57,567.
12	Advertising and promotion	405 641	224 024		CT 1C1
13	Office expenses	425,641.	324,924.	33,556.	67,161.
14	Information technology	216,225.	167,964.	18,158.	30,103.
15	Royalties		001 100	00.010	
16	Occupancy	284,745.	221,190.	23,912.	39,643.
17	Travel	49,494.	38,251.	4,081.	7,162.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	49,383.	38,165.	4,072.	7,146.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,870.	12,328.	1,333.	2,209.
23	Insurance	52,435.	40,732.	4,403.	7,300.
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					
b					
c					
d					
	All other expenses				
е 25	Total functional expenses. Add lines 1 through 24e	14,173,526.	12,409,593.	897,909.	866,024.
<u>25</u> 26	Joint costs. Complete this line only if the organization				000,0240
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	Chook hard II Ioliowing SOP 98-2 (ASC 958-720)				Earm 990 (2022)

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		Balance Onect					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			851,175.	1	849,254.
	2	Savings and temporary cash investments			7,695,212.	2	8,176,586.
	3	Pledges and grants receivable, net			418,256.	3	195,664.
	4	Accounts receivable, net			26,264.	4	16,075.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described		6			
s	7	Notes and loans receivable, net	288,888.	7	250,000.		
Assets	8	Inventories for sale or use				8	
As	9	_			226,214.	9	222,083.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	358,817.			
	b	Less: accumulated depreciation		275,470.	104,736.	10c	83,347.
	11	Investments - publicly traded securities			8,755,736.	11	7,994,243.
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15				0.	15	1,621,793.
	16	Total assets. Add lines 1 through 15 (must equa	18,366,481.	16	19,409,045.		
	17	Accounts payable and accrued expenses	2,523,055.	17	2,350,836.		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete I	Part IV o	of Schedule D		21	
S	22	Loans and other payables to any current or form	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
iabi		controlled entity or family member of any of thes	se perso	ons		22	
	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
	25	Other liabilities (including federal income tax, pa	yables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X	•		4 600 000
		of Schedule D			0.		1,638,877.
	26	Total liabilities. Add lines 17 through 25			2,523,055.	26	3,989,713.
6		Organizations that follow FASB ASC 958, che	ck here	• X			
ice		and complete lines 27, 28, 32, and 33.			11 410 400		11 050 051
alar	27				11,418,426.	27	11,958,051.
ä	28				4,425,000.	28	3,461,281.
ŭ		Organizations that do not follow FASB ASC 9					
г		and complete lines 29 through 33.					
ts	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ec		ſ		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	15 042 400	31			
Š	32	Total net assets or fund balances			<u>15,843,426.</u> 18,366,481.	32	15,419,332.
	33	Total liabilities and net assets/fund balances			10,300,401.	33	<u>19,409,045.</u>

Form 990 (2022)

Form 990 (2022)
Part X Balance Sheet

Form	1990 (2022) SERIOUSFUN CHILDREN'S NETWORK	31-	<u>1794455</u>	D Pa	_{ige} 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	14,64		
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,1		
3	Revenue less expenses. Subtract line 2 from line 1	3		74,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,84		
5	Net unrealized gains (losses) on investments	5	-89	98,6	51.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-1	14.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	15,43	<u>19,3</u>	31.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?			X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

232012 12-13-22

15 01380613 147227 0180110-0180110.0990 2022.03050 SERIOUSFUN CHILDREN'S NET 01801101

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

Nan	ne of	the o	rganization							dentification number			
_					LDREN'S NETWO					1-1794455			
Ра	irt I	РК	eason for Public C	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	s.				
The	orgar	nizatio	n is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only o	one box.)						
1		A cł	nurch, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	l)(A)(i).					
2		A so	chool described in sect i	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990).)							
3					nization described in s		(b)(1)(A)(ii	i).					
4	\square		• •		junction with a hospital			•	(iiii). Enter	the hospital's name.			
•			and state:		,				,,,	···- ·· [-····- · ·····,			
5				or the benefit of a col	lege or university owned	l or operat	ed by a do	vernmental u	hit describe	ed in			
5			tion 170(b)(1)(A)(iv). (C		loge of aniversity owned	or operation	ca by a go						
~								(- A)					
6			· · · · ·	-	iental unit described in					e de l'acteur e d'acteur d'ac			
'	7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in												
_			tion 170(b)(1)(A)(vi). (C										
8			-		1)(A)(vi). (Complete Par	-							
9					in section 170(b)(1)(A)(-		-	-			
		or u	niversity or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or			
		univ	ersity:										
10		An o	organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from			
		activ	vities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support f	rom gross investment			
		inco	me and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.			
		See	section 509(a)(2). (Cor	mplete Part III.)									
11		An o	organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).					
12		An c	organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or			
		mor	e publicly supported or	ganizations describe	d in section 509(a)(1) o	r section !	509(a)(2).	See section &	509(a)(3). (Check the box on			
		lines	s 12a through 12d that (describes the type of	supporting organizatior	n and com	plete lines	12e, 12f, and	12g.				
а		_ ту	/pe I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving			
		th	e supported organizatio	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting			
		or	ganization. You must c	omplete Part IV, Se	ctions A and B.								
b		∃ту	/pe II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organizatio	n(s), by hav	/ing			
		СС	ontrol or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported			
		or	ganization(s). You mus	t complete Part IV,	Sections A and C.	-							
с		∃ту	pe III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functional	ly integrate	ed with,			
		-			. You must complete l				, ,				
d		_			orting organization oper				ted organiz	zation(s)			
				•	ation generally must sat				U U				
			-		nplete Part IV, Sections	•		-					
е		_		,	vritten determination fro				I. Type III				
					ally integrated supporti			.,	,				
f	Fnt		number of supported c										
ď			he following information	•									
			ne of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of	monetary	(vi) Amount of other			
		0	rganization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)			
Tota	al												

Schedule A	(Form	990	2022
Concaute / (000	

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

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

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	14586174.	<u>15269218.</u>	14170482.	<u>13432337.</u>	<u>14265217.</u>	71723428.	
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	14506174	1 - 2 - 0 2 1 0	1 4 1 7 0 4 0 0	12422227	14065017	71702400	
	Total. Add lines 1 through 3	14586174.	1270278.	141/0482.	13432337.	14265217.	/1/23428.	
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,						12110672	
~	column (f)						<u>42119673.</u> 29603755.	
	Public support. Subtract line 5 from line 4.						29003755.	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2010	(a) 2020	(4) 2021	(a) 2022	(f) Total	
	Amounts from line 4	14586174.	(b) 2019 15269218	(c) 2020	(d) 2021	(e) 2022		
	Gross income from interest,	113001/11	19209210.	141/0402.	19492997.	11205217.	/1/234200	
0	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	179,478.	239,802.	171,967.	97.015.	157,660.	845,922.	
9	Net income from unrelated business		200,0020		5770200			
Ŭ	activities, whether or not the							
	business is regularly carried on					222.827.	222,827.	
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	17,792.				2,492.	20,284.	
11	Total support. Add lines 7 through 10						72812461.	
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12	•	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)		
	3 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here							
Sec	Section C. Computation of Public Support Percentage							
14	Public support percentage for 2022 (line 6, column (f), d	ivided by line 11, o	column (f))		14	40.66 %	
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	41.40 %	
16a	33 1/3% support test - 2022. If the	organization did no	ot check the box o	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo		
	stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and stop here. The organization qualifies as a publicly supported organization							
17a	7a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b	b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
	more, and if the organization meets the							
	organization meets the facts-and-circ		•					
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a			
	Schedule A (Form 990) 2022							

232022 12-09-22

	Schedule A ((Form	990) 2022
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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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (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 disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1		1		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•					·
_	check this box and stop here		•				·····
	ction C. Computation of Public						
	Public support percentage for 2022 (column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves		•			1 1	
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from						%
19a	33 1/3% support tests - 2022. If the	-					1 line 17 is not
	more than 33 1/3%, check this box a	-	•		•••		
b	33 1/3% support tests - 2021. If the						
~~	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	m ala not check a	box on line 14, 19	a, or 19b, check t	his box and see in		
23202	23 12-09-22					Sche	edule A (Form 990) 2022

2022.03050 SERIOUSFUN CHILDREN'S NET 01801101 01380613 147227 0180110-0180110.0990

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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10b | Schedule A (Form 990) 2022

A (Form 990) 2022	SERIOUSFUN	CHILDREN'S	NETWORK
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2

Pa	rt IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
	supervised argument of the power of the powe		

	supported organizations and what conditions of restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization.	
Section C. Type II Supporting Organizations	

			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		

|--|

Schedule

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization used	d to satisfy the Integral Part	t Test during the vear	(see instructions)
•	Check the DOX heat to the method	<i>inal line organization use</i>			1000 1100 000

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

b		The organization	is the parent of	of each of its	supported of	organizations.	Complete line 3 be	elow.
---	--	------------------	------------------	----------------	--------------	----------------	--------------------	-------

с		The organization	supported a	a governmental entity	Describe in Par	t VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	------------------	-------------	-----------------------	-----------------	----------	-----------------	---------------------	-----------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*232025 12-09-22

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

Schedule A	(Form 990) 2022
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Schedule A	(Form 990)) 2022	SEF	RIOUSFUN	CHILD	REN'S	S NE	TWORK	
Part V	Type III	Non-F	unctionally	/ Integrated	509(a)(3)	Suppo	orting	Organiz	ations

1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970(<i>explain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	complet	e 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		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
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		

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

Schedule A (Form 990) 2022

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-		ILDREN'S NETWOF		31-1794455 Page 7
Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations _{(continued}	0
Secti	on D - Distributions		_	Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			2
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	; ;	3
4	Amounts paid to acquire exempt-use assets			4
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5
6	Other distributions (<i>describe in</i> Part VI). See instructions.		(6
7	Total annual distributions. Add lines 1 through 6.			7
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			8
9	Distributable amount for 2022 from Section C, line 6			9
10	Line 8 amount divided by line 9 amount		1	-
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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.			
2022	AMOUNT:	\$ 2,492.			
232028 12-	09-22		23 2022.03050	Schedule /	A (Form 990) 202

SCHEDU	LE D
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(Form 9	90)
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Supplemental Financial Statements

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

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



Employer identification number

31-1794455

Department of the Treasury Internal Revenue Service
Name of the organization

SERIOUSFUN CHILDREN'S NETWORK

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a а b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c С Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? No Yes 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 2 the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022 232051 09-01-22 30 01380613 147227 0180110-0180110.0990 2022.03050 SERIOUSFUN CHILDREN'S NET 01801101

Sche	dule D (Form 990) 2022 SERIOUS	FUN CHILDRE	N'S NETWOR	RK		31-17	9445	5 р	_{age} 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Sim	nilar Asset	s (contii	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significa	ant use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization's exe	empt pu	irpose in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	art, historical treas	ures, or other simila	ar asset	s	_		_
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatio	n answered "Yes" o	n Form	990, Part IV,	line 9, or		
12	Is the organization an agent, trustee, custodi		any for contributions	or other assets no	tinclud	ed			
Ia			•				Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII					····· ∟			
D			Swillig table.		Г		Amoun	t	
c	Beginning balance				- F.	1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo				oility?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanation has been	provided on Part XII	· I				
Par	t V Endowment Funds. Complete i	f the organization ans	wered "Yes" on Fo	rm 990, Part IV, line	10.		_		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Th	ree years back	(e) Fou	r years	back
1a	Beginning of year balance	1,494,046.	1,318,158.	1,190,050.	50. 1,006,634. 1,100,			000.	
b	Contributions								
с	Net investment earnings, gains, and losses	-229,176.	181,640.	132,510.		187,776.		-93,	366.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	5,211.	5,752.	4,402.		4,360.			
f	Administrative expenses								
g	End of year balance			1,318,158,		1,190,050.	1	,006,	634.
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)) held as:					
а	Board designated or quasi-endowment		_%						
	Permanent endowment100	%							
С		%							
•	The percentages on lines 2a, 2b, and 2c show								
3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held ar	id administered for	ine			Yes	No
	organization by:						20(1)	103	X
	(i) Unrelated organizations						<u>3a(i)</u> 3a(ii)		X
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the						_ 00		
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered		Part IV, line 11a. S	ee Form 990, Part >	(, line 1	0.			
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accum	ulated	(d) Boo	k valu	e
		basis (investm	ent) basis	(other) d	eprecia	tion			
	Land								
	Buildings		-						
	Leasehold improvements			1,265.		<u>,774.</u>	2	4,4	
	Equipment			2,747.		<u>,747.</u>	-	<u> </u>	0.
	Other			4,805.		,949.		<u>8,8</u>	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	<u>, column (B), line 1</u>	Dc.)				3,3	

Schedule D (Form 990) 2022

232052 09-01-22

Schedule D (Form 990) 2022	SERIOUSFUN	CHILDREN'S	S NETWORK
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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) RIGHT OF USE ASSET	1,621,793.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,621,793.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability	(b) Book value
	1

(1) Federal income taxes	
(2) LEASE LIABILITY	1,638,877.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,638,877.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

232053 09-01-22

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part VII, line 12a. 1 Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a 2a 3 Net unrealized gains (losses) on investments 2c 2a 4 Donated services and use of facilities 2b 2c 4 Other (Describe in Part XIII.) 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b 4 Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 7 Total expenses not local statements 1 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: 2a 2b 2 Amounts included on Form 990, Part IX, line 25, but not on line 1: 2a 2a 3	_	edule D (Form 990) 2022 SERIOUSFUN CHILDREN'S N	_	31-1794455 Page 4
1 Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b 4c c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IV, line 12a. 1 1 Total expenses and use of facilities 2a 2 Donated serv	Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	tements With Reven	ue per Return.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 3 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b 4c c Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12</i>) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IV, line 25: 2a a Donated services and use of facilities 2a b Prior year adjustments 2a 2a c </th <th></th> <th>Complete if the organization answered "Yes" on Form 990, Part IV, lir</th> <th>ne 12a.</th> <th></th>		Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4c c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 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: 2 a Donated services and use of facilities 2 b Prior year adjustments 2 c Other losses 2 d Other (Describe in Part XIII.) 2 e Add lines 2a through 2d 2 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, bu	1	Total revenue, gains, and other support per audited financial statements		
b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4a c 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 1 1 1 1 2 2 2 2 3 2 3 2 4 <	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answerd "Yes" on Form 990, Part IV, line 12a. 1 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: 2a a Donated services and use of facilities 2a b Prior year adjustments 2c c Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 a Investment expenses not included on Form 990, Part IVIII, line 7b 4a b Other (Describe in Part XIII.) 2e c Other (Describe in Part XIII.) 4a b Other (Describe in Part XIII.) 4a c Other (Describe in Part XIII.) 4a b Other (Describe in Part	а	Net unrealized gains (losses) on investments	2a	
d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I. line 12</i>) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 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: a a Donated services and use of facilities 2a b Prior year adjustments 2c c Other losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b 0 ther (Describe in Part XII.) 4a	b	Donated services and use of facilities	2b	
e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b 4c c 5 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 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: 2a a Donated services and use of facilities 2b b Prior year adjustments 2c 2c c Other (Describe in Part XIII.) 2d 2e a Subtract line 2e from line 1 3 4 A mounts included on Form 990, Part IX, line 25, but not on line 1: 3 4 a Amounts included on Form 990, Part X, line 25, but not on line 1: 3 4 a Investment expenses not included on Form 990, Part IX, line 7b 4	с	Recoveries of prior year grants	2c	
3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 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: 2a a Donated services and use of facilities 2b b Prior year adjustments 2b c Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4a c	d	Other (Describe in Part XIII.)	2d	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 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: 1 a Donated services and use of facilities 2a b Prior year adjustments 2b c Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4a 4b <	е	Add lines 2a through 2d		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 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: 2a a Donated services and use of facilities 2b b Prior year adjustments 2c c Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IV, line 7b 4a b Other (Describe in Part XIII.) 3 e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 7b 4a <t< th=""><th>3</th><th>Subtract line 2e from line 1</th><th></th><th></th></t<>	3	Subtract line 2e from line 1		
b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 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: 1 a Donated services and use of facilities 2a b Prior year adjustments 2b c Other Iosses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 a Investment expenses not included on Form 990, Part IX, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 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: 2a a Donated services and use of facilities 2a b Prior year adjustments 2b 2c c Other (Describe in Part XIII.) 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IV, line 7b 4a b Other (Describe in Part XIII.) 4b c Atmounts included on Form 990, Part VIII, line 7b 4a 4 Amounts included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5	а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
5 Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 9art XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 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: 1 a Donated services and use of facilities 2a b Prior year adjustments 2b 2c c Other losses 2c 2d d Other (Describe in Part XIII.) 2d 2e 3 Subtract line 2e from line 1 3 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 3 a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4b b Other (Describe in Part XIII.) 4b 4c 5 Total expenses. Add lines 4a and 4b 4c 5	b	Other (Describe in Part XIII.)	4b	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2a Prior year adjustments 2b Cother losses 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4a c Add lines 4a and 4b 4c	с	Add lines 4a and 4b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e 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: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 4c		Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	
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: 2a a Donated services and use of facilities 2a b Prior year adjustments 2b c Other losses 2c 2d d Other (Describe in Part XIII.) 2d 2e e Add lines 2a through 2d 2e 3 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5	Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	atements With Exper	ises per Return.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e 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: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)		Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	
a Donated services and use of facilities 2a 2a b Prior year adjustments 2b 2b c Other losses 2c 2d d Other (Describe in Part XIII.) 2d 2e e Add lines 2a through 2d 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5	1	Total expenses and losses per audited financial statements		1
b Prior year adjustments 2b	2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
c Other losses 2c 2d d Other (Describe in Part XIII.) 2d 2e e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b 4c c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5	а	Donated services and use of facilities	2a	
d Other (Describe in Part XIII.) 2d 2e e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5	b	Prior year adjustments	2b	
e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b 4c c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5	с	Other losses	2c	
3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>) 5	d	Other (Describe in Part XIII.)	2d	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5	е	Add lines 2a through 2d		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5	3	Subtract line 2e from line 1		
b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18,) 5	4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
c Add lines 4a and 4b 4c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5	а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5	b	Other (Describe in Part XIII.)	4b	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information.	с	Add lines 4a and 4b		4c
Part XIII Supplemental Information.	5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	<u>8.)</u>	
	Pa	rt XIII Supplemental Information.		

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

PART X, LINE 2:

THE ORGANIZATION HAS NO UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION'S

FEDERAL INFORMATION RETURNS PRIOR TO FISCAL YEAR 2019 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, IT 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.

232054 09-01-22

Schedule D	1	(Form	990)	2022

		Sched	ule D (Form 990) 20
2055 09-01-22		22.104	= (. e.m. 666) 20

Part I General Info	rmation on A	ctivities Out	side the United States. Compl	ete if the organization answered "Y	′es" on
Form 990, Part I	V, line 14b.				
1 For grantmakers. Does	the organizatior	n maintain record	ds to substantiate the amount of its gra		
the grantees' eligibility f	or the grants or a	assistance, and t	he selection criteria used to award the	grants or assistance? X	Yes 🗌 No
2 For grantmakers. Desc	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.		0	C C	0	
3 Activities per Region. (T	he following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)	
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a program service,	(f) Total expenditures for and investments in the region
				GRANTS TO PARTNER	
				ORGANIZATIONS AND GRANTS	
EAST ASIA AND THE				AND PASS THROUGH	
PACIFIC	0	0	PROGRAM SERVICES	DONATIONS FOR PROGRAMS	231,488.
EUROPE (INCLUDING				GRANTS TO PARTNER	
ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	ORGANIZATIONS	2,048,010.
MIDDLE EAST AND					
NORTH AFRICA -					
ALGERIA, BAHRAIN,				GRANTS TO PARTNER	
DJIBOUTI, EGYPT,	0	0	PROGRAM SERVICES	ORGANIZATIONS	232,965.
SUB-SAHARAN AFRICA -					,
ANGOLA, BENIN,					
BOTSWANA, BURKINA				GRANTS TO PARTNER	
FASO,	0	0	PROGRAM SERVICES	ORGANIZATIONS	213,439.
SOUTH ASIA -					,
AFGHANISTAN,					
, BANGLADESH, BHUTAN,				GRANTS TO PARTNER	
INDIA, MALDIVES,	0	0	PROGRAM SERVICES	ORGANIZATIONS	80,509.
CENTRAL AMERICA AND					, ,
THE CARIBBEAN -					
ANTIGUA & BARBUDA,				GRANTS TO PARTNER	
ARUBA, BAHAMAS,	0	0	PROGRAM SERVICES	ORGANIZATIONS	82,916.
3 a Subtotal	0	0			2,889,327.
 b Total from continuation sheets to Part I 	0	0			0.
c Totals (add lines 3a					
and 3b)	0	0			2,889,327.
LHA For Paperwork Reduct	ion Act Notice.	see the Instruc	tions for Form 990.	Schedule E	Form 990) 2022

Department of the Treasury Internal Revenue Service

Name of the organization

SERIOUSFUN CHILDREN'S NETWORK

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

ZZ

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L

Inspection

Employer identification number

31-1794455

Open to Public

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.

232071 10-17-22

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.

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	1840001.	WIRE TRANSFER	208,008.	T-SHIRTS	FMV
		EAST ASIA AND THE	GRANTS TO PROMOTE					
		PACIFIC -	CAMP SUSTAINABILITY.					
		AUSTRALIA,	CAMPS PROMOTE					
		BRUNEI, BURMA,	PSYCHOSOCIAL	229,360.	WIRE TRANSFER	2,129.	T-SHIRTS	FMV
		MIDDLE EAST AND	GRANTS TO PROMOTE					
		NORTH AFRICA -	CAMP SUSTAINABILITY.					
		ALGERIA, BAHRAIN,	CAMPS PROMOTE					
		DJIBOUTI, EGYPT,	PSYCHOSOCIAL	232,965.	WIRE TRANSFER	0.		FMV
		SUB-SAHARAN	GRANTS TO PROMOTE					
		AFRICA - ANGOLA,	CAMP SUSTAINABILITY.					
		BENIN, BOTSWANA,	CAMPS PROMOTE					
		BURKINA FASO,	PSYCHOSOCIAL	213,439.	WIRE TRANSFER	0.		FMV
		SOUTH ASIA -	GRANTS TO PROMOTE					
		AFGHANISTAN,	CAMP SUSTAINABILITY.					
		BANGLADESH,	CAMPS PROMOTE					
		BHUTAN, INDIA,	PSYCHOSOCIAL	80,509.	WIRE TRANSFER	0.		FMV
		CENTRAL AMERICA	GRANTS TO PROMOTE					
		AND THE CARIBBEAN	CAMP SUSTAINABILITY.					
		- ANTIGUA &	CAMPS PROMOTE					
		BARBUDA, ARUBA,	PSYCHOSOCIAL	82,916.	WIRE TRANSFER	0.		FMV
			ecognized as charities by the to counsel has provided a sect			•		14

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

SERIOUSFUN	CHILDREN'	S	NETWORK
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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) 2022

Т

		SERIOUSFUN	CHILDREN'S	NETWORK
Part IV	Foreign Form	S		

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</i> (see Instructions for Form 926)	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? <i>If</i> "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) 2022

Schedule F (Form 990) 2022 SERIOUSFUN CHILDREN'S NETWORK 31-1794455 Page 5
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 232075 10-17-22 Schedule F (Form 990) 2022 39 01380613 147227 0180110-0180110.0990 2022.03050 SERIOUSFUN CHILDREN'S NET 01801101

Schedule F (Form 990) 2022 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.

(A) REGION:

CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,

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

PROMOTE PSYCHOSOCIAL PROGRAMMING IN A RESIDENTIAL CAMP FACILITY.

Schedule F (Form 990) 2022

40 2022.03050 SERIOUSFUN CHILDREN'S NET 01801101

232075 10-17-22

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivit	ties	OMB No. 1545-0047		
(Form 990)		e organization answered "Yes" on	or if the	2022						
	organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.									
Department of the Treasury Internal Revenue Service	Go t	o www.irs.gov/Form990 for instruct				ı.		Open to Public Inspection		
Name of the organization							Employer ic	lentification number		
		FUN CHILDREN'S NET					31-179			
	Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
 Indicate whether th a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization key employees list 	e organization rais tions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising e ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Ye			
(i) Name and addres or entity (fund		(ii) Activity	fùndr have c	ustody trol of	(iv) Gross receipts from activity	tò (or fu	mount paid retained by undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No						
Total			<u></u>							
 List all states in whi or licensing. 	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified i	it is e	kempt from I	registration		

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

Schedule G (Form 990) 2022

232081 10-27-22

41 01380613 147227 0180110-0180110.0990 2022.03050 SERIOUSFUN CHILDREN'S NET 01801101

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributio n 990-EZ lines 1 and 6b List events with a , ¢5 000 E pinto otor the - A - in

		of fundraising event contributions and gro			, , ,	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
lue			(((
Revenue	1	Gross receipts	2,148,797.			2,148,797.
	2	Less: Contributions	1,094,943.			1,094,943.
	3	Gross income (line 1 minus line 2)	1,053,854.			1,053,854.
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs	316,031.			316,031.
Direct Expenses	7	Food and beverages	162,510.			162,510.
ā	0	Entotainment	324,642.			324,642.
	8 9	Entertainment Other direct expenses	27,844.			27,844.
	-	Direct expense summary. Add lines 4 through		I		831,027.
	11	Net income summary. Subtract line 10 from li				222,827.
	rt I					· · · ·
		\$15,000 on Form 990-EZ, line 6a.				
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Hevenue				bingo/progressive bingo		col. (a) through col. (c)
ğ∣						
	1	Gross revenue				
es	2	Cash prizes				
xpense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
+	5		Yes %	Yes %	Yes %	
	6	Volunteer labor	/₀ No	□ No //		
		Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7				
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming ac				Yes No
b	lf "I	No," explain:				
)a	We	re any of the organization's gaming licenses re	woked, suspended, or te	erminated during the tax	year?	Yes No
		Yes," explain:				
200	0 10	-27-22			Sah	edule G (Form 990) 202
.08	≤ IU	-21-22			3016	

	hedule G (Form 990) 2022 SERIOUSFUN CHILDREN'S NETWORK		<u>1794</u>		Page 3
	Does the organization conduct gaming activities with nonmembers?			Yes	No.
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other en	ntity formed			
	to administer charitable gaming?			Yes	No.
13	Indicate the percentage of gaming activity conducted in:				
а	a The organization's facility		13a		ç
	b An outside facility		13b		c.
14	Enter the name and address of the person who prepares the organization's gaming/special events bo	ooks and records:			
	Name				
	Address				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming	g revenue?		Yes	🗌 No
h	b If "Yes," enter the amount of gaming revenue received by the organization \$\$	and the amount			
	of gaming revenue retained by the third party \$				
	c If "Yes," enter name and address of the third party:				
U					
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	· - ·				
	Description of services provided				
	Description of services provided				
	Description of services provided				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Director/officer Employee Independent contractor				
17	Director/officer Employee Independent contractor	ds to			
17 a	Director/officer Employee Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceed retain the state gaming license?			Yes	
17 a b	Director/officer Employee Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceed retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organization			Yes	No
17 a b	Director/officer Employee Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceed retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organization organization's own exempt activities during the tax year \$	tions or spent in the			
17 a b	Director/officer Employee Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceed retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organization organization's own exempt activities during the tax year \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, colur	tions or spent in the mns (iii) and (v); and Pa			
17 a b	Director/officer Employee Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceed retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organization organization's own exempt activities during the tax year \$	tions or spent in the mns (iii) and (v); and Pa			
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17 a b	Director/officer Employee Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceed retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organization organization's own exempt activities during the tax year \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, colur	tions or spent in the mns (iii) and (v); and Pa			
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17 a b Par	Director/officer Employee Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceed retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organization organization's own exempt activities during the tax year \$ art IV Supplemental Information. Provide the explanations required by Part I, line 2b, colur	tions or spent in the mns (iii) and (v); and Pans.	art III, lin	ues 9, 9	

Schedule G	990)
D /	

		Schedule G (Form 99
32084 04-01-22	44	

SCHEDULE I (Form 990)	Go	irants and Oth vernments, an ete if the organizatio	d Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury	Comple	ete il the organizatio	Attach to Form		1 t 1 v , iiie 2 i 0i 22.		Open to Public
Internal Revenue Service		Go to www.irs	.gov/Form990 for		ation.		Inspection
Name of the organization SERIOUSFU	N CHILDREI	N'S NETWORK					Employer identification number $31 - 1794455$
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's pro- 	tance?						on 🔀 Yes 🗌 No
Part II Grants and Other Assistance to I recipient that received more than S	-				anization answered "Y	es" on Form 990, Parl	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICAN FRIENDS OF JORDAN RIVER VILLAGE – 244 MADISON AVE. STE 482 – NEW YORK, NY 10016	36-4558884	501(C)(3)	50,496.	0.			OPERATING AND CAPITAL NEEDS
BARRETSTOWN FOUNDATION USA P.O. BOX 4435 NEW YORK, NY 10017	83-0943744	501(C)(3)	144,113.	0.			OPERATING AND CAPITAL NEEDS
CAMP BOGGY CREEK 30500 BRANTLEY BRANCH RD EUSTIS, FL 32736	59-3012889	501(C)(3)	420,410.	64,243.	FMV	T-SHIRTS, FOOD, TOYS	OPERATING AND CAPITAL NEEDS
CAMP KOREY 28901 NE ARNATION FARM RD CARNATION, WA 98014	20-3829742	501(C)(3)	497,747.	56,603.	FMV	T-SHIRTS, FOOD, TOYS	OPERATING AND CAPITAL NEEDS
DOUBLE H RANCH 97 HIDDEN VALLEY RD LAKE LUZERNE, NY 12846	14-1752888	501(C)(3)	437,405.	66,264.	FMV	T-SHIRTS, TOYS	OPERATING AND CAPITAL NEEDS
FLYING HORSE FARMS 5260 STATE RTE 95 MT GILEAD, OH 43338	20-3498125		898,226.	46,975.	FMV	T-SHIRTS, TOYS, N95 MASKS	OPERATING AND CAPITAL NEEDS
 2 Enter total number of section 501(c)(3) at 3 Enter total number of other organizations 		•	e line 1 table				11.

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

Schedule I (Form 990) 2022

Schedule I (Form 990) SERIOUSFUN CHILDREN'S NETWORK

31-1794455 Page 1

							01-1/94455 Pa	
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
HOLE IN THE WALL GANG								
555 LONG WHARF DRIVE						T-SHIRTS,	OPERATING AND CAPITAL	
NEW HAVEN, CT 06511	06-1157655	501(C)(3)	415,298.	51,767.	FMV	FOOD, TOYS	NEEDS	
NORTH STAR REACH								
300 NORTH INGALSS STREET RM NI4C01							OPERATING AND CAPITAL	
ANN ARBOR, MI 48109	26-0347065	501(C)(3)	386,099.	15,606.	FMV	T-SHIRTS, FOOD	NEEDS	
ROUNDUP RIVER RANCH								
P.O. BOX 8589	20-4632248	F(1/2)/2	441,006.	74,751.	EM37		OPERATING AND CAPITAL NEEDS	
AVON, CO 81620	20-4032240	501(C)(3)	441,008.	/4,/51.	FMV	T-SHIRTS, TOYS	NEEDS	
THE PAINTED TURTLE						T-SHIRTS,		
17000 ELIZABETH LAKE ROAD						FOOD, TOYS,	OPERATING AND CAPITAL	
LAKE HUGHES, CA 93532	95-4612481	501(C)(3)	903,104.	47,956.	EM()	N95 MASKS	NEEDS	
LAKE HUGHES, CA 95552	9J-4012401	501(0)(3)	303,104.	47,950.	r MV	NJJ MASKS	NEEDS	
VICTORY JUNCTION								
4500 ADAMS WAY						T-SHIRTS,	OPERATING AND CAPITAL	
	56-2215292	501(C)(3)	375,468.	56,342.	E-M17	FOOD, TOYS	NEEDS	
RANDLEMAN, NC 27317	50-2215292	501(C)(3)	375,400.	50,542.	FMV	FOOD, TOTS	NEEDS	

Schedule I (Form 990)

SERIOUSFUN CHILDREN'S NETWORK

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:

Schedule I (Form 990) 2022

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.

31-1794455

SCHEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	7 7)
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		-
Department of the Treasu			Open to		
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Name of the organi		Employer i			mber
Devit I Ourse	SERIOUSFUN CHILDREN'S NETWORK	31-1	79445	5	
Part I Ques	ions Regarding Compensation				
		000		Yes	No
	ropriate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	n A, line 1a. Complete Part III to provide any relevant information regarding these items. or charter travel Housing allowance or residence for perso	naluaa			
	or charter travel Housing allowance or residence for person companions Payments for business use of personal re				
	Inification and gross-up payments Health or social club dues or initiation fee				
	ary spending account				
		ii, chei)			
b If any of the b	xes on line 1a are checked, did the organization follow a written policy regarding payment or				
-			1b		
	ation require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
-	fficers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3 Indicate which	if any, of the following the organization used to establish the compensation of the organization's	5			
	Director. Check all that apply. Do not check any boxes for methods used by a related organizati				
	ensation of the CEO/Executive Director, but explain in Part III.				
	ation committee Written employment contract				
	ent compensation consultant I Compensation survey or study				
	of other organizations X Approval by the board or compensation of	ommittee			
4 During the year	, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
organization c	a related organization:				
a Receive a sev	rance payment or change-of-control payment?		4a		X
b Participate in	r receive payment from a supplemental nonqualified retirement plan?		4b		X
c Participate in	r receive payment from an equity-based compensation arrangement?		4c		X
If "Yes" to any	of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	01(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
-	ted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
-	he revenues of:				37
	n?				X
	anization?		5b		X
	5a or 5b, describe in Part III.				
-	ted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
-	he net earnings of:				v
	n?				XX
	anization?		<u>6b</u>		
	6a or 6b, describe in Part III.				
	ted on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		7	х	
	on lines 5 and 6? If "Yes," describe in Part III			~	
			8		x
	8, did the organization also follow the rebuttable presumption procedure described in		····· 0		
			9		
	ction 53.4958-6(c)? 'k Reduction Act Notice, see the Instructions for Form 990.		ule J (Forn	1 990	1 2022
	R neutron Act House, see the instructions for Form soo.	Scheu		. 550)	

232111 10-18-22

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Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	compensation			reported as deferred on prior Form 990
		compensation	compensation	compensation				
(1) JEFFREY BLAKE MAHER	(i)	291,713.	25,000.	0.	26,398.	18,808.	361,919.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) SANDRA HIJIKATA	(i)	202,801.	10,000.	0.	16,249.	22,974.	252,024.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JUSTIN FUSARO	(i)	198,748.	8,000.	0.	18,247.	17,478.	242,473.	0.
CFO/TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JULIA HARRIS	(i)	138,843.	4,605.	0.	12,977.	41,903.	198,328.	0.
OUTGOING DIR. EVENTS & MAJOR GIFTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) WENDY COOK	(i)	176,891.	500.	0.	15,920.	828.	194,139.	0.
MEDICAL ADVISOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) TARA FISHER	(i)	149,814.	5,000.	0.	13,665.	11,695.	180,174.	0.
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CLEA NEWMAN	(i)	140,857.	0.	0.	12,898.	16,740.	170,495.	0.
SERIOUSFUN AMBASSADOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

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 2022 W-2 AND APPROVED BY THE BOARD.

Schedule J (Form 990) 2022

SCHEDUL	.е м
(Form 990))

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

ſ

Employer identification number

31-1794455

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

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

Name of the organization

SERIOUSFUN CHILDREN'S NETWORK

Pal	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts repor Form 990, Part VI	ted on	(d Method of d noncash contrib	letermin		6
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests						,		
4	Books and publications								
5	Clothing and household goods	X		557	,936.	FMV			
6	Cars and other vehicles				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	X	1	15	,243.	СОЅТ			
20	Drugs and medical supplies				<u></u>				
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
23 24	Archeological artifacts								
2 4 25	Other (MISCELLANEOUS)	X	2	117	,674.	FMV			
	· / _		<u> </u>		,0/4•	1 11 0			
26	Other ()								
27	Other ()								
28	Other ()	- 41	1						
29	Number of Forms 8283 received by the organize	-							
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement	29		——		
								Yes	No
30a	During the year, did the organization receive by								
	must hold for at least 3 years from the date of the			•					
	exempt purposes for the entire holding period?						<u>30a</u>		X
b									
31	Does the organization have a gift acceptance p	•	-	-		ions?	31	X	
32a	Does the organization hire or use third parties o contributions?		•				32a		х
b									-
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column	(a) is cher	ked			
	describe in Part II.								
LHA		he Instruct	tions for Form 990).		Schedule	M (Form	n 990)	2022
				••		Concadie			

232141 09-09-22

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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) 2022

31-1794455

Page 2

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SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



SERIOUSFUN CHILDREN'S NETWORK

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.

01380613 147227 0180110-0180110.0990

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

Schedule O (Form 990) 2022 Name of the organization	Employer identification number
SERIOUSFUN CHILDREN'S NETWORK	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	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE BY PROVIDING CC	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:	
CHANGE IN FOREIGN CURRENCY	-114.

232212 10-28-22

Foi	8938	Stater ► Go to v	OMB No. 1545-2195					
	v. November 2021)		Attach to your ta		Attachment			
Department of the Treasury Internal Revenue Service For calendar year			2022 or tax year beginning	and ending		Sequence No. 938		
	lf you		onal statements, check here	Number of additiona	l statement	s		
1	Name(s) shown on re SERI		DREN'S NETWORK	2 Taxpayer identification number (TIN) 31-1794455				
3	Type of filer							
	a Specified in	idividual b	Partnership c	Corporation	d 🔄 Trust			
4	If you checked box 3	8a, skip this line 4. If yo	ou checked box 3b or 3c, enter the	name and TIN of the specified in	dividual who	o closely holds the		
	partnership or corpo	ration. If you checked	box 3d, enter the name and TIN of	the specified person who is a cu	rrent benefi	ciary of the trust.		
	(See instructions for	definitions and what to	o do if you have more than one spe	cified individual or specified pers	on to list.)			
	a Name	-		b TIN				
F	Part I Foreign De	eposit and Custo	dial Accounts Summary					
5	Number of deposit a	ccounts (reported in P	art V)		▶	1		
6	Maximum value of al	I deposit accounts			\$	145,586.		
7	Number of custodial	accounts (reported in	Part V)					
8	Maximum value of al	l custodial accounts			\$			
9	Were any foreign dep	oosit or custodial acco	ounts closed during the tax year?		. 🗌 Y	les X No		
P	art II Other Fore	eign Assets Sumi	mary					
10	Number of foreign as	ssets (reported in Part	VI)		▶			
<u>11</u>	Maximum value of al	l assets (reported in P	art VI)		\$			
12	Were any foreign ass	sets acquired or sold d	uring the tax year?			res X No		
<u> </u>	art III Summary	of Tax Items Attr	ibutable to Specified Foreig		instructio	ons)		
	(a) Asset category	(b) Tax item	(c) Amount reported on		e reported			
	() 3)		form or schedule	(d) Form and line	(e)	Schedule and line		
13	Foreign deposit and	a Interest	\$					
	custodial accounts	b Dividends	\$					
		c Royalties	\$					
		d Other income	\$					
		e Gains (losses)	\$					
		f Deductions	\$					
		g Credits	\$					
14	Other foreign assets	a Interest	\$					
		b Dividends	\$					
		c Royalties	\$					
		d Other income	\$					
		e Gains (losses)	\$					
		f Deductions	\$					
		g Credits	\$					
Ρ	art IV Excepted	Specified Foreig	n Financial Assets (see inst	ructions)				
			on one or more of the following for		rms filed. Yo	ou do not need to		
-	lude these assets on Fe	•	· ·					
	Number of Forms 352		16 Number of Forms 3520-	۹ 17	Number of	Forms 5471		
	Number of Forms 862		19 Number of Forms 8865					

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

Form 8938 (Rev. 11-2021)

223021 04-01-22

55 01380613 147227 0180110-0180110.0990 2022.03050 SERIOUSFUN CHILDREN'S NET 01801101

	(Rev. 11-2021)			F
Part V	Detailed Information for Each Foreign	Deposit and Custodial Ac	ccount Included in the Part I	Summary

(see instructions)

	Type of account	a		Deposit				21	Account numb	er or other c	lesignatioi	า	
	- *	b Custodial 00027202						-					
22	Check all that apply				ened during tax year	b [ed during tax ye				
		С			ntly owned with spouse				ported in Part I		ct to this		,586
	Maximum value of a										Yes		
	If you answered "Ye				ate to convert the value	orthe	account	Into 0.5.	dollars?	A	jres		No
-	(a) Foreign currency is maintained	y in w	hich	account	(b) Foreign currency e convert to U.S. dollars		ge rate u	sed to	(c) Source of Treasury Depa				
	Name of financial ins	stituti	on ir	which acco	unt is maintained			b Glob	al Intermediary	Identificatio	n Number	(GIIN) (C	ptional)
27													
	WEST MALLI	NG			nd ZIP or foreign postal UNITED B	KING	-		ME19 40				
Pa	rt VI Detailed I	nfor	mat	tion for Ea	ach "Other Foreig	n Asse	et" Inc	luded ir	the Part II	Summary	/ (see i	nstruct	ions)
f you	have more than one	asse	t to r	report in Parl	: VI, attach a separate s	tatemer	nt for eac	ch additio	nal asset. See ir	nstructions.			
29	Description of asset						30 I	dentifying	number or othe	er designatio	n		
b c	Date asset disposed	l of du et join	uring tly oʻ	ı tax year, if a wned with sj								to this a	sset
32		sset o		Ĩ, `	heck box that applies)		-	001 015	0.000	d 🗌 \$	150,001 -	୧୦୦୦ ୦୦	_
a e	· · · ,)0. lis	b t val	;	001 - \$100,000	c 🗌		,001 - \$15	,		,	φ200,00	J
e	If more than \$200,00		t val	ue				· · · · · · · · · · · · · · · · · · ·	, 	·····	,	¥es	
е 33	If more than \$200,00	n curi	t val	ue y exchange r	ate to convert the value			· · · · · · · · · · · · · · · · · · ·	, 	·····	,) N
е 33	If more than \$200,00 Did you use a foreig	n curi s" to	t val rency line (ue y exchange r 33, complete	ate to convert the value	e of the exchan	asset int	o U.S. do	, 	exchange ra	. \$ 	Yes not fron	<u> </u>
<u>e</u> <u>33</u> 34	If more than \$200,00 Did you use a foreig If you answered "Ye (a) Foreign currency denominated	<u>n curi</u> s" to y in w	t val rency line (ue y exchange r 33, complete asset is	ate to convert the value all that apply. (b) Foreign currency of convert to U.S. dollars	e of the	asset int ge rate u	sed to	(c) Source of Treasury Depa	exchange ra artment's Bu	. \$ ate used if areau of th	Yes not fron e Fiscal	<u> </u>
<u>e</u> 33 34 35	If more than \$200,00 Did you use a foreig If you answered "Ye (a) Foreign currency denominated	n cun s" to y in w line 2	t val rency line (ue y exchange r 33, complete asset is	ate to convert the value all that apply. (b) Foreign currency e	e of the	asset int ge rate u	sed to	(c) Source of Treasury Depa	exchange ra artment's Bu	. \$ ate used if areau of th	Yes not fron e Fiscal	<u> </u>
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(Rev. January 2022)

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	Taxpayer identification number (TIN)						
print	SERIOUSFUN CHILDREN'S NETWO	31-1794455						
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 230 EAST AVENUE, 107							
return. See instructions.	See							
Enter the	Return Code for the return that this application is for (fil	r (file a separate application for each return)						
Applicati	ion	Return	Application		Retur			
ls For		Code	Is For		Code			
Form 990) or Form 990-EZ	01	Form 1041-A			08		
Form 472	20 (individual)	03	Form 4720 (other than individual)					
Form 990)-PF	04	Form 5227			10		
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990	0-T (trust other than above)	06	Form 8870			12		
Form 990)-T (corporation) JUSTIN FUSARO	07						
 If the off this box ▶ 1 I ree the b 2 If the b 	ne tax year entered in line 1 is for less than 12 months, c	Group Exe and atta NOVEI anization's , an heck reaso	mption Number (GEN) I <u>ch a list with the names and TINs of</u> <u>MBER 15, 2023</u> , to file return for: d ending on: Initial return	f this is fo all memb	r the whole g ers the exter npt organizat	group, check this nsion is for.		
	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less		^	0.		
	y nonrefundable credits. See instructions.	<u>3a</u>	\$	0.				
	his application is for Forms 990-PF, 990-T, 4720, or 6069	3b	\$	0.				
	imated tax payments made. Include any prior year overp lance due. Subtract line 3b from line 3a. Include your pa				Ψ	0.		
	ng EFTPS (Electronic Federal Tax Payment System). See	•		3c	¢	0.		
Caution: instructio	If you are going to make an electronic funds withdrawal	(direct deb	bit) with this Form 8868, see Form 84			_		