# TAX RETURN FILING INSTRUCTIONS

FORM 990

# FOR THE YEAR ENDING

JUNE 30, 2022

### PREPARED FOR:

CHILDREN'S GUILD, LTD 6802 MCCLEAN BLVD BALTIMORE, MD 21234

### PREPARED BY:

BD & COMPANY, INC. 11155 RED RUN BLVD, STE 410 OWINGS MILLS, MD 21117

### AMOUNT DUE OR REFUND:

NOT APPLICABLE

### MAKE CHECK PAYABLE TO:

NOT APPLICABLE

# MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

# **RETURN MUST BE MAILED ON OR BEFORE:**

NOT APPLICABLE

### SPECIAL INSTRUCTIONS:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY MAY 15, 2023.

0070 TE	IRS e-file Signature Authorization for a Tax Exempt Entity	OMB No. 1545-0047
Form 8879-TE		m <sup>2</sup> <sup>2</sup>
	For calendar year 2021, or fiscal year beginning <u>JUL 1</u> , 2021, and ending <u>JUN 30</u> , ► Do not send to the IRS. Keep for your records.	<sup>,20</sup> <u>44</u>   2021
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879TE for the latest information.	
Name of filer		EIN or SSN
CHILDF	EN'S GUILD, LTD	47-1095684
Name and title of officer or p		
	CHIEF FINANCIAL OFFICER	
	Return and Return Information	
Form 5330 filers may enter or <b>10a</b> below, and the arr whichever is applicable, b than one line in Part I.	urn for which you are using this Form 8879-TE and enter the applicable amount, if any, fror er dollars and cents. For all other forms, enter whole dollars only. If you check the box on li ount on that line for the return being filed with this form was blank, then leave line <b>1b, 2b</b> , lank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable	line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, e line below. Do not complete more
	here $\dots$ <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) $\dots$	
	eck here <b>b Total revenue,</b> if any (Form 990-EZ, line 9)	
3a Form 1120-POL		
4a Form 990-PF ch		
5a Form 8868 check		
6a Form 990-T chec		
7a Form 4720 check 8a Form 5227 check		
9a Form 5330 check		8b
<b>10a Form 8038-CP</b> c		9b line 22) 10b
	tion and Signature Authorization of Officer or Person Subject to Tax	
Under penalties of periury	, I declare that X I am an officer of the above entity or I am a person subject to ta	ax with respect to (name
of entity)	, (EIN) and	
financial institution to deb later than 2 business day payment of taxes to recei	ution account indicated in the tax preparation software for payment of the federal taxes of it the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financ s prior to the payment (settlement) date. I also authorize the financial institutions involved i ve confidential information necessary to answer inquiries and resolve issues related to the mber (PIN) as my signature for the electronic return and, if applicable, the consent to elect	cial Agent at 1-888-353-4537 no in the processing of the electronic e payment. I have selected a
PIN: check one box only		o enter my PIN 21117
A l authorize BL		o enter my PIN 21117 Enter five numbers, but
	ERO firm name	do not enter all zeros
with a state age	e on the tax year 2021 electronically filed return. If I have indicated within this return that a ency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the afor disclosure consent screen.	.,
return. If I have	person subject to tax with respect to the entity, I will enter my PIN as my signature on the indicated within this return that a copy of the return is being filed with a state agency(ies) is program, I will enter my PIN on the return's disclosure consent screen.	regulating charities as part of the
Signature of officer or person subj		Date May 11, 2023
Part III Certifica	ation and Authentication	
-	our six-digit electronic filing identification         y your five-digit self-selected PIN.         Do not enter all zeros	2
•	meric entry is my PIN, which is my signature on the 2021 electronically filed return indicate ccordance with the requirements of <b>Pub. 4163,</b> Modernized e-File (MeF) Information for A	
ERO's signature 🕨 BR3	AN HAINES Date Date	/10/23
	ERO Must Retain This Form - See Instructions	6 a
	Do Not Submit This Form to the IRS Unless Requested To Do S	
LHA For Privacy act an	d Paperwork Reduction Act Notice, see instructions.	Form <b>8879-TE</b> (2021)

Form	8868
(Rev.	January 2022)

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

OMB No. 1545-0047

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.

Туре о	r Name of exempt organization or other filer, see inst		Taxpayer identification number (TIN							
print	CHILDREN'S GUILD, LTD		47-1095	684						
File by th due date filing you return. S	for Number, street, and room or suite no. If a P.O. box,	, see instruct	ions.							
	nstructions.       City, town or post office, state, and ZIP code. For a foreign address, see instructions.         BALTIMORE, MD       21234         Enter the Return Code for the return that this application is for (file a separate application for each return)       0 1									
Enter t	he Return Code for the return that this application is for (	file a separat	e application for each return)			0 1				
Applic	ation	Return	Application			Return				
Is For			Is For			Code				
Form §	90 or Form 990-EZ	01	Form 1041-A			08				
Form 4	720 (individual)	03	Form 4720 (other than individual)			09				
Form §	90-PF	04	Form 5227			10				
Form §	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11				
Form §	90-T (trust other than above)	06	Form 8870			12				
Form §	90-T (corporation)	07								
box	request an automatic 6-month extension of time until he organization named above. The extension is for the or ▶ calendar year or ▶ X tax year beginningJUL 1, 2021 f the tax year entered in line 1 is for less than 12 months,	and atta	ch a list with the names and TINs of         X       15, 2023       , to file         return for:         d ending       JUN 30, 2022	all memb	ers the extension	n is for.				
3a	Change in accounting period f this application is for Forms 990-PF, 990-T, 4720, or 606	69, enter the	tentative tax, less							
i	any nonrefundable credits. See instructions. 3a \$					0.				
<ul> <li>b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and</li> <li>estimated tax payments made. Include any prior year overpayment allowed as a credit.</li> <li>3b \$</li> </ul>					-					
9	stimated tax payments made. Include any prior year ove	rpayment all	owed as a credit.	\$	0.					
c Balance due. Subtract line 3b from line 3a. Include your pa			n this form, if required, by			-				
	ising EFTPS (Electronic Federal Tax Payment System). S			3c	\$	0.				
Cautio instruc	n: If you are going to make an electronic funds withdraw tions.	al (direct det	bit) with this Form 8868, see Form 8	453-TE an	d Form 8879-TE	for payment				

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

			EXTENDED TO MA	-			OMB No. 1545-0047
For	<b>_ Q</b>	90	Return of Organization E Under section 501(c), 527, or 4947(a)(1) of the Inte				0004
FOI		50	Do not enter social security numbers		•	• •	
		of the Treasury nue Service	Go to www.irs.gov/Form990 for ins		-	-	Open to Public Inspection
AF	or the	e 2021 calend	ar year, or tax year beginning JUL 1,202			JUN 30, 2022	
	heck if	e: <b>C</b> Name of	organization			D Employer identifie	cation number
	Addre	cHIL	DREN'S GUILD, LTD				
	Name chang		usiness as THE CHILDREN'S GUILI	D PUBLIC	CHAR	47-10956	84
	Initial		and street (or P.O. box if mail is not delivered to street add	dress)	Room/suite	E Telephone number	
	Final return/ termin		MCCLEAN BLVD			410-444-	
_	ated Ameno	City or t	own, state or province, country, and ZIP or foreign po ${\tt IMORE}$ , ${\tt MD}$ 21234	ostal code		G Gross receipts \$	11,422,714.
	_lreturn ∏Applic		IMORE, MD 21234 nd address of principal officer: CHRIS ZIMMER	RMAN		H(a) Is this a group re for subordinates	
	_ltion pendir	<sup>ng</sup> 6802	MCCLEAN BLVD, BALTIMORE, MD	21234		H(b) Are all subordinates in	
11	ax-exe	empt status:		4947(a)(1) o			list. See instructions
			TCGDC.ORG			H(c) Group exemptio	
			X Corporation Trust Association (	Other 🕨	L Year	of formation: 2014	State of legal domicile: DC
Pá	art I	Summary					<u>OF</u>
e	1		e the organization's mission or most significant activit RMATION EDUCATION TO PREPAR	THES: TO UN	AL NE	PHILOSOPHY	
Governance			$x \models \square$ if the organization discontinued its operation				
veri			ing members of the governing body (Part VI, line 1a)	-		3	11
			ependent voting members of the governing body (Par				11
es So	5	Total number	of individuals employed in calendar year 2021 (Part V,	, line 2a)			0
Activities &						6	0
Act		Total unrelate		0.			
	<u>d</u>	Net unrelated	business taxable income from Form 990-T, Part I, line	911		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)			1,031,653.	2,821,259.
Revenue			ce revenue (Part VIII, line 2g)			10,446,513.	8,336,136.
eve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)			0.	0.
£	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11	e)		186,894.	265,319.
			- add lines 8 through 11 (must equal Part VIII, column	n (A), line 12)		11,665,060.	11,422,714.
			nilar amounts paid (Part IX, column (A), lines 1-3) to or for members (Part IX, column (A), line 4)			0.	0.
	40		compensation, employee benefits (Part IX, column (A)	A), lines 5-10)		0.	0.
Expenses	16a		undraising fees (Part IX, column (A), line 11e)			0.	0.
per	b		ng expenses (Part IX, column (D), line 25)		0.		
Û	''		es (Part IX, column (A), lines 11a-11d, 11f-24e)			10,657,447.	10,873,464.
			s. Add lines 13-17 (must equal Part IX, column (A), line			10,657,447.	10,873,464.
<u> </u>		Revenue less	expenses. Subtract line 18 from line 12			1,007,613.	549,250.
ets or	20	Total assets (F	Part X, line 16)			eginning of Current Year 7,589,592.	End of Year 8,219,458.
Assets	21		(Part X, line 26)			4,319,516.	4,400,132.
Fund			fund balances. Subtract line 21 from line 20			3,270,076.	3,819,326.
	art II	Signature					
			signare, that I have examined this return, including accompa				knowledge and belief, it is
true	correc	ct, and complete	Declaration of preparer (other than officer) is based on all in	ntormation of wh	licn preparer	May 11, 2	2023
Sig	n	Signater	// 0F 6Ffi50450			Date	
Her			S ZIMMERMAN, CHIEF FINANCIA	AL OFFIC	ER		
		Type or p	rint name and title				
		Print/Type pre		ure		Date Check	
Paic		BRIAN H			(	)5/10/23 self-employ	<u>ed</u> <u>₽00347662</u> 45-1135289
	oarer Only		▶ BD & COMPANY, INC. ▶ 11155 RED RUN BLVD, STE 4	410			4J-11JJ207
030	Jiny	aduless	OWINGS MILLS, MD 21117			Phone no (4	10)415-9700
May	<u>the</u> IF	RS discuss this	return with the preparer shown above? See instruction	ions			X Yes No
	01 12-0	9-21 LHA F	or Paperwork Reduction Act Notice, see the separ	rate instructio			Form <b>990</b> (2021)
	S	EE SCHE	DULE O FOR ORGANIZATION MIS	SSION ST.	ATEMEI	NT CONTINUAT	ION

FOR ORGANIZATION MISSION STATEMENT CONTINUATI

		7-1095684	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	🛛
1	Briefly describe the organization's mission: THE CHILDREN'S GUILD DISTRICT OF COLUMBIA PUBLIC CHARTER SC	CHOOL'S	
	MISSION IS TO USE THE PHILOSOPHY OF TRANSFORMATION EDUCATION		
	PREPARE SPECIAL NEEDS AND GENERAL EDUCATION STUDENTS FOR CO		
	CAREER READINESS, AND CITIZENSHIP IN THEIR COMMUNITY BY DEV		N
2	Did the organization undertake any significant program services during the year which were not listed on the	<u></u>	
2	prior Form 990 or 990-EZ?		XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Ves	XNo
Ũ	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 meas	sured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the		nd
	revenue, if any, for each program service reported.		
4a		8,601,	<b>455.</b> )
	THE CHILDREN'S GUILD PUBLIC CHARTER SCHOOL OPENED ITS DOORS	J IN	,
	WASHINGTON, DC IN SEPTEMBER 2015 OUR SCHOOL VALUES THE UNIC		S
	OF YOUR CHILD WE OFFER A PERSONALIZED LEARNING ENVIRONMENT	THE	
	CHILDREN'S GUILD'S PHILOSOPHY OF TRANZED DEVELOPS CARING, C		AND
	CONTRIBUTING YOUNG PEOPLE FOR A CAUSE BIGGER THAN THEMSELVE		
	CULTURE OF OUR SCHOOL IS REINFORCED THROUGHOUT OUR SCHOOL O	GALS,	
	CURRICULUM, ENVIRONMENT AND SYSTEMS AT THE HEART IS OUR STU	JDENT	
	CENTERED APPROACH TO TEACHING AND LEARNING WHERE OUR PRINCI	PLES ARE	
	GUIDED BY THE WAY WE THINK, ACT, CARE AND REFLECT.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		)
4.0			<u>`</u>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 9,377,564.		
		Form 9	<b>90</b> (2021)

Form	<u>990 (2021)</u> CHILDREN'S GUILD, LTD 47-1095	684	Р	age <b>3</b>
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X 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?			v
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		x
	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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		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		- 23	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
<u> </u>	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
		20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
400	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	990	<b></b> (2021)
132003	3 12-09-21	rorm	550	(2021)

	<u>1 990 (2021)</u> CHILDREN'S GUILD, LTD 47–1095	5684	Р	age <b>4</b>
Pa	rt 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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		- 23
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c	х	
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200	23	x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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			v
00	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O           rt V         Statements Regarding Other IRS Filings and Tax Compliance	30	71	I
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	2		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	_		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form	990 (2021) CHILDREN'S GUILD, LTD 47-1095	584	Pa	age <b>5</b>					
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 <b>2a</b>								
-									
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?								
0-	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file. See instructions.								
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		<u> </u>					
	<ul> <li>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i></li> <li>d At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a</li> </ul>								
44	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
h	If "Yes," enter the name of the foreign country	4a		X					
5	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	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?	5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	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					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			37					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h							
h 8									
U	sponsoring organization have excess business holdings at any time during the year?	8							
9									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
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.	12-							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
b	organization is licensed to issue qualified health plans								
с	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15 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		Х					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			I					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

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Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	respon	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a1			
	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 11			
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		X
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	Х	
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	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
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	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	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	
b	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.			
16a	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	onlv)	availal	ble
. 2	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website       X       Another's website       X       Upon request       Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.		- 141	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
-0	CHRIS ZIMMERMAN - 410-444-3800			
	6802 MCCLEAN BLVD, BALTIMORE, MD 21234			

Form 990 (2021)	CHILDREN'S GUILD, LTD	47-1095684	Page <b>7</b>						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employe	ees, and Independent Contractors								
Check if So	chedule O contains a response or note to any line in this Part VII								
Section A. Officers,	Directors, Trustees, Key Employees, and Highest Compensated Employee	S							
1a Complete this table	e for all persons required to be listed. Report compensation for the calendar yea	ar ending with or within the organization's	tax year.						
<ul> <li>List all of the orga</li> </ul>	anization's current officers, directors, trustees (whether individuals or organiza	ations), regardless of amount of compensations	ation.						
Enter -0- in columns (D)	), (E), and (F) if no compensation was paid.								

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

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

• 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.

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

(A)	(B) (C)						(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one					Reportable	Estimated		
	hours per	box	box, unless person i officer and a directo			n is both an		compensation	compensation	amount of
	week		cer ar I	nd a di I	irecto	r/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	Istee	truste		æ	bensi		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	ional		ploye	t com		1099-NEC)		and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ROBERT SEABROOKS	1.00				×	1 0	ш.			
BOARD CHAIR		x		x				0.	Ο.	0.
(2) MICHAEL CURRAN	1.00									
DIRECTOR		Х						0.	0.	0.
(3) CASANDRA BLASSINGAME	1.00									
DIRECTOR		Х						0.	0.	0.
(4) JESSICA RIOS	1.00									
DIRECTOR		Х						0.	0.	0.
(5) CLEOPATRA GREEN-CLARK	1.00									_
DIRECTOR		Х						0.	0.	0.
(6) MAYRA D. FIGUEROA-CLARK	1.00									
DIRECTOR	1	Х						0.	0.	0.
(7) YOLANDA LUSANE	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(8) DR. JASON HENDERSON	1.00								0	0
DIRECTOR	1 0 0	Х						0.	0.	0.
(9) REV. CHARLES W. MCNEILL, JR.	1.00	x							0	0
DIRECTOR (10) MARK LERNER	1.00	A						0.	0.	0.
(10) MARK LERNER DIRECTOR	1.00	х						0.	0.	0.
(11) ANGELO WONG III	1.00	^				-		0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(12) JENNY LIVELLI	1.00								0.	0.
CHIEF EXECUTIVE OFFICER	1.00			x				0.	0.	0.
<u></u>				11				<b>Ŭ</b>		
		1								
		1								
		1								
		1								

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Par	Section A. Onicers, Directors, Trus		oloy	ees,			ghes	t C		, ,			<i>(</i> <b>-</b> )	
	(A) Name and title	<b>(B)</b> Average hours per week	box	not c , unle:	Pos heck i ss per	more son i	than c s both r/trust	ı an	(D) Reportable compensation from	<b>(E)</b> Reportable compensatio from related	n	Est ame	(F) imate ount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Form er	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)		orga	m the nizati relate	e on ed
	0.1.1.1								0.		0.			0.
с	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.		0.			0.
2	Total number of individuals (including but n							o re	-	000 of reportable	-			0
	compensation from the organization											,	Yes	No
3	Did the organization list any <b>former</b> officer,	,					·	0	, , ,	5		3		Х
4	line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the su	im of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4		X
Sec	rendered to the organization? <i>If "Yes," corr</i> tion B. Independent Contractors	plete Schedule	e J fo	or sı	ich r	oers	on .					5		Х
1	Complete this table for your five highest co the organization. Report compensation for	•	•							· · ·	pensat	ion fror	n	
	(A) Name and business			ONE					(B) Description of s		С	(C) ompen	satior	<u>ו</u>
2	Total number of independent contractors (ii	•	ot lin	nitec	d to t			ted	above) who received me	ore than				
	\$100,000 of compensation from the organiz	zation 🕨				C	)							

			2021) CHILDREN'S GU	UILD, LTD			47-1095	684 Page 9
Ра	rt V	/111						
			Check if Schedule O contains a response	or note to any line	<u>e in this Part VIII …</u> (A) Total revenue	<b>(B)</b> Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
ice Contributions, Gifts, Grants and Other Similar Amounts		b c d e f <u>g</u> h	Federated campaigns       1a         Membership dues       1b         Fundraising events       1c         Related organizations       1d         Government grants (contributions)       1e         All other contributions, gifts, grants, and similar amounts not included above       1f         Noncash contributions included in lines 1a-1f       1g \$         Total. Add lines 1a-1f       PER PUPIL REVENUE	2,821,259. Business Code 611110	2,821,259. 8,336,136.	8,336,136.		
Program Service Revenue			All other program service revenue		8,336,136.			
	3 4 5 6	a b c d	Investment income (including dividends, inter- other similar amounts) Income from investment of tax-exempt bond p Royalties Gross rents Less: rental expenses Rental income or (loss) Gross amount from sales of (i) Securities	est, and				
Other Revenue		c d	assets other than inventory     7a       Less: cost or other basis     7b       Gain or (loss)     7c       Net gain or (loss)     7c       Gross income from fundraising events (not including \$ of contributions reported on line 1c). See     of       Part IV, line 18     8a					
	9 10	c a b c a b	Less: direct expenses       8b         Net income or (loss) from fundraising events       Gross income from gaming activities. See         Part IV, line 19       9a         Less: direct expenses       9b         Net income or (loss) from gaming activities       Gross sales of inventory, less returns and allowances         Less: cost of goods sold       10a         Net income or (loss) from sales of inventory       10a	······				
Miscellaneous Revenue	11	a b c d	MISCELLANEOUS REVENUE	Business Code 900099	265,319.	265,319.		
			Total. Add lines 11a-11d		265,319.	8,601,455.	0.	0.
	12		Total revenue. See instructions	🕨 🖊	··, *22,/14.	I 0,001,400.	ı <sup>.</sup>	ı .

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	on 501(c)(3) and 501(c)(4) organizations must comp		r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in t	his Part IX		
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.				<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·		•
	and domestic governments. See Part IV, line 21				
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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
•	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):	1,370,726.		1,370,726.	
-	Management	40,274.	40,274.	1,570,720.	
b	Legal	97,026.		97,026.	
d	Lobbying	57,020.		57,020.	
ц Б	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
5	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	114,307.	114,307.		
13	Office expenses	501,687.	501,687.		
14	Information technology	71,980.	55,180.	16,800.	
15	Royalties				
16	Occupancy	1,871,785.	1,871,785.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,980.	9,980.		
20	Interest	11,348.		11,348.	
21	Payments to affiliates	400 504	400 504		
22	Depreciation, depletion, and amortization	420,504.	420,504.		
23	Insurance	97,422.	97,422.		
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	CONTRACTED SERVICES	5,392,311.	5,392,311.		
b	TRANSPORTATION AND FIEL	742,595.	742,595.		
С	CONTRACTORS	124,552.	124,552.		
d	EDUCATION	6,967.	6,967.		

9,377,564.

1,495,900.

10,873,464.

 e All other expenses
 25 Total functional expenses. Add lines 1 through 24e
 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ \_\_\_\_\_\_ if following SOP 98-2 (ASC 958-720)

0.

	1 990 (/ r <b>t X</b>	2021) CHILDREN'S GUILD, LTD Balance Sheet		47-	1095684 Page <b>11</b>
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,826,333.	1	2,719,946.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,941,769.	4	2,099,426.
	5	Loans and other receivables from any current or former officer, director,			, ,
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ú	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	900.	9	0.
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 6,195,603.			
	b	Less: accumulated depreciation 10b 2,980,517.	3,635,590.	10c	3,215,086.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	185,000.	15	185,000.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	7,589,592.	16	8,219,458.
	17	Accounts payable and accrued expenses	694,900.	17	482,303.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	2 604 616		2 01 7 000
		of Schedule D	3,624,616.	25	3,917,829.
	26	Total liabilities. Add lines 17 through 25	4,319,516.	26	4,400,132.
s		Organizations that follow FASB ASC 958, check here 🕨 🗴			
JCe		and complete lines 27, 28, 32, and 33.	2 270 076		3,819,326.
alaı	27	Net assets without donor restrictions	3,270,076.	27	5,019,520.
ар	28	Net assets with donor restrictions		28	
'n		Organizations that do not follow FASB ASC 958, check here			
or F	29	and complete lines 29 through 33. Capital stock or trust principal, or current funds		29	
ets	29 30	Paid-in or capital surplus, or land, building, or equipment fund		29 30	
Net Assets or Fund Balances	30			30	
et /	32	Total net assets or fund balances	3,270,076.	32	3,819,326.
Ż	33	Total liabilities and net assets/fund balances	7,589,592.	33	8,219,458.
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		000

Form **990** (2021)

Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI       I         1       Total revenue (must equal Part VIII, column (A), line 12)       1       11, 422, 714.         2       Total expenses (must equal Part IX, column (A), line 25)       2       10, 873, 464.         3       Revenue less expenses. Subtract line 2 from line 1       3       549, 250.         4       43, 270, 076.       5         5       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       3, 270, 076.         6       5       Net unrealized gains (losses) on investments       6       7         6       7       Investment expenses       7       7         7       7       7       7       7         8       9       0.       9       0.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       3, 819, 326.         Part XII       Financial Statements and Reporting       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrua	Form	990 (2021) CHILDREN'S GUILD, LTD	47-1	095684	Pag	<sub>ge</sub> 12
1       Total revenue (must equal Part VIII, column (A), line 12)       1       11, 422, 714.         2       Total expenses (must equal Part IX, column (A), line 25)       2       10, 873, 464.         3       Revenue less expenses. Subtract line 2 from line 1       3       549, 250.         4       3, 270, 076.       4       3, 270, 076.         5       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       3, 270, 076.         6       Donated services and use of facilities       6       7       7         7       Investment expenses       8       9       0ther changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       3, 819, 326.         Part XII       Financial Statements and Reporting       X       X       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated	Par	t XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       10,873,464.         3       Revenue less expenses. Subtract line 2 from line 1       3       549,250.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       3,270,076.         5       5       5       5       5         6       7       6       7         7       8       7       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       8,819,326.       10       3,819,326.         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       ft eorganization's financial statements compiled or reviewed by an independent accountant?       2a       X         2       Were the organization's financial statements and its attements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         1       Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X		Check if Schedule O contains a response or note to any line in this Part XI				
2       Total expenses (must equal Part IX, column (A), line 25)       2       10,873,464.         3       Revenue less expenses. Subtract line 2 from line 1       3       549,250.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       3,270,076.         5       5       5       5       5         6       7       6       7         7       8       7       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       8,819,326.       10       3,819,326.         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       ft eorganization's financial statements compiled or reviewed by an independent accountant?       2a       X         2       Were the organization's financial statements and its attements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         1       Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X						
2       Total expenses (must equal Part IX, column (A), line 25)       2       10,873,464.         3       Revenue less expenses. Subtract line 2 from line 1       3       549,250.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       3,270,076.         5       5       5       6       5         6       7       7       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       3,819,326.         Part XII       Financial Statements and Reporting       X       Yes         Check if Schedule O contains a response or note to any line in this Part XII       X       Yes         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       ft eorganization's financial statements compiled or reviewed by an independent accountant?       2a       X         16       Separate basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       2b       X         1       Yes, 'check a box below to indicate whether the financial statements for the year were audited on a separate	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       3,270,076.         5       Net unrealized gains (losses) on investments       5       6         6       7       7       6         7       8       9       7       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       3, 819, 326.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       Yes         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 O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Consolidated basis, or both:       2a       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:       2b       X         If "Yes," check a box below to indicate whether the financial	2		2	10,873	3,40	64.
5       Net unrealized gains (losses) on investments       5         6       0onated services and use of facilities       6         7       1       6         8       9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       3, 819, 326.         Yes         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         Yes No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis.       Separate basis       Consolidated basis, or both:       2b       X       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:       2b       X       I         Were the organization's financial statements audited by an independent accountant?       2b       X       I         If "Yes," check a box below to indicate whether the financial statements for the yea	3		3	549	),2!	50.
6       Donated services and use of facilities         7       Investment expenses         8       Prior period adjustments         9       Other changes in net assets or fund balances (explain on Schedule O)         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))         10       3,819,326.         Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash         1       Accounting method used to prepare the Form 990:       Cash         2       Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.         2       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a         1       "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       Donsolidated basis         5       Were the organization's financial statements audited by an independent accountant?       2b       X         1       "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         1       Were the	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,270	),0'	76.
6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       3, 819, 326.         Yes         Part XII         Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII         Yes <no< td="">         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other      </no<>	5	Net unrealized gains (losses) on investments	5			
7 Investment expenses 7   8 Prior period adjustments 9   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10   10 3, 819, 326.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII    1 Accounting method used to prepare the Form 990:   1 Acccural   1 Other   If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   2a X   If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. Consolidated basis, or both:   Separate basis Consolidated basis   b Were the organization's financial statements audited by an independent accountant?   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:   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:   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:   If "Yes," check a box below to indicate whether the financial statements for the year were audited on a sepa	6		6			
8 Prior period adjustments 8   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10   3,819,326.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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 O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis b Were the organization's financial statements audited basis Both consolidated and separate basis, consolidated basis, or both: X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Consolidated basis Both consolidated and separate basis K If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Consolidated basis, or both: X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X If "Yes," check	7		7			
9 Other changes in net assets or fund balances (explain on Schedule O) 9 0.   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 3,819,326.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Accounting financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Detuction of the year were audited and separate basis Detuction of the year were audited and separate basis Detu	8		8			
column (B))       10       3,819,326.         Part XII       Financial Statements and Reporting       X         Check if Schedule O contains a response or note to any line in this Part XII       X         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 O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Both consolidated and separate basis       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:       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:       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:       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:       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:       2b <th>9</th> <td></td> <td>9</td> <td></td> <td></td> <td>0.</td>	9		9			0.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         I       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 O.       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       Both consolidated and separate basis       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:       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:       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:       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:       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:       2b       X	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Construct to the consthe construct to the consthe construct to the		column (B))	10	3,819	, 32	26.
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Par	t XII Financial Statements and Reporting				
Yes       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Cash image: Cas		Check if Schedule O contains a response or note to any line in this Part XII				X
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2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       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:       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:       2b       X         If "Yes," check a box below to indicate basis       Both consolidated and separate basis       2b       X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
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:       If "Yes," check a box below to indicate whether the financial statements for the year were basis       If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis         b       Were the organization's financial statements audited by an independent accountant?       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:       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:       If "Yes," check a box below to indicate basis       If the year were audited on a separate basis, consolidated basis, or both:         If       If were the basis       If the year were audited on a separate basis, consolidated basis, or both:       If the year were audited and separate basis       If the year were basis       If the year were basis		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
separate basis, consolidated basis, or both:       Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         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:       Example 1       Example 2       Image: Consolidated basis       Image: C	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         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:       X       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       X		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
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:       X       X         X       Separate basis       Consolidated basis       Both consolidated and separate basis       X		separate basis, consolidated basis, or both:				
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:       Image: Consolidated basis         Image: Consolidated basis       Image: Consolidated basis       Image: Consolidated basis		Separate basis Consolidated basis Both consolidated and separate basis				
consolidated basis, or both:       Image: Consolidated basis       Image: Both consolidated and separate basis         Image: Consolidated basis       Image: Consolidated basis       Image: Consolidated basis	b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
X       Separate basis       Consolidated basis       Both consolidated and separate basis		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:				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,		X Separate basis Consolidated basis Both consolidated and separate basis				
	с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
review, or compilation of its financial statements and selection of an independent accountant?				2c	x	1
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	3a					
Act and OMB Circular A-133?			-			Х
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b		ed audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		L

Form **990** (2021)

SCHEDULE A (Form 990)				omplete if the organ 494	rity Status an nization is a section 501 47(a)(1) nonexempt cha	(c)(3) orga ritable tru	anization ( Ist.			OMB No. 1545-0047
		nue Service	►		Attach to Form 990 or F //Form990 for instructio			nformation.		Inspection
Nam	e of t	the organization	on	DREN'S GUI						identification number $7-1095684$
Pa	rt I	Reason	for Public C	Charity Status.	(All organizations must c	omplete tł	nis part.) S	ee instructior	IS.	
The	organ	ization is not a	private found	ation because it is: (I	For lines 1 through 12, cl	neck only	one box.)			
1		A church, cor	vention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2	X	A school dese	cribed in <b>sect</b> i	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	ı 990).)				
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
	city, and state:									
5					llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in
•		-		Complete Part II.)	and a low the state of the state of the			4.5		
6 7				-	nental unit described in s					a de la contra din
'		-		omplete Part II.)	ntial part of its support fr	on a gove	mmentai		le general	
8		•		. ,	(1)(A)(vi). (Complete Part					
9	$\square$	-			in section 170(b)(1)(A)(i	-	ed in coniu	unction with a	land-grant	college
		-	-		ulture (see instructions).		-		-	-
		university:			``````````````````````````````````````				C C	
10		An organizati	on that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	nip fees, an	d gross receipts from
		activities relat	ted to its exem	npt functions, subjec	t to certain exceptions; a	nd (2) no	more than	33 1/3% of it	s support f	rom gross investment
					(less section 511 tax) fro	m busines	ses acqui	red by the org	ganization a	after June 30, 1975.
				mplete Part III.)		_				
11		-	-	-	vely to test for public saf	•				
12		-	-		vely for the benefit of, to	-			-	
					d in section 509(a)(1) o					Sheck the box on
а		-	-	• •	f supporting organization upervised, or controlled l				-	aivina
u					gularly appoint or elect a	•	-		••••••	
			-	complete Part IV, Se						
b		<b>Type II.</b> A s	upporting org	anization supervised	or controlled in connect	ion with it:	s supporte	ed organizatio	n(s), by hav	ving
		control or n	nanagement o	f the supporting orga	anization vested in the sa	ime perso	ns that co	ntrol or mana	ge the supp	ported
		organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
с		Type III fun	ctionally inte	grated. A supporting	g organization operated i	n connect	tion with, a	and functiona	lly integrate	ed with,
			•	. , .	). You must complete F			-		
d			-	• •	orting organization oper				Ũ	
					ation generally must sati				an attentiv	/eness
•		-			nplete Part IV, Sections written determination from					
е	L		•		nally integrated supportir			турет, туре	п, туре п	
f	Ente	er the number of								
g				about the supporte						
		(i) Name of suppo	orted	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount o		(vi) Amount of other
		organization			above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
Tota										

			GUILD, L				5684 Page 2
Pa	ITT II Support Schedule for						
	(Complete only if you checked fails to qualify under the tests				n failed to qualify	under Part III. If the	organization
Se	ction A. Public Support	noted below, plet					
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		(6) 2010	(0) 2010	(4) 2020		
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	•	•	•	•	•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi					1 1	
14	Public support percentage for 2021 (I					14	9
15	Public support percentage from 2020					15	9
16a	<b>33 1/3% support test - 2021.</b> If the o						
	stop here. The organization qualifies						
k	<b>33 1/3% support test - 2020.</b> If the o						
<i>.</i> –	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	: VI how the organiz	ation
-	meets the facts-and-circumstances te	-					
k	10% -facts-and-circumstances test		-				10% or
	more, and if the organization meets the						► <b></b>
40	organization meets the facts-and-circu		÷ .		• •		
10	Private foundation. If the organization	in dia not check à	box on line 13, 16	a. 100. 1/a. 0r 1/1	U. CHECK THIS DOX 2	and see instructions	5 <b>P</b>

Schedule A (Form 990) 2021

#### CHILDREN'S GUILD, LTD Schedule A (Form 990) 2021 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support **(a)** 2017 Calendar year (or fiscal year beginning in) 🕨 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge ... 6 Total. Add lines 1 through 5 ..... 7a Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year **c** Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (d) 2020 (b) 2018 (c) 2019 (e) 2021 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses

с	Add lines 10a and 10b	
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on	

acquired after June 30, 1975

12	Other income. Do not include gain or loss from the sale of capital		
	assets (Explain in Part VI.)		
13	Total support. (Add lines 9, 10c, 11, and 12.)		

14	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,
	check this box and stop here

Se	ction C. Computation of Public Support Percentage		
15	Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	%
Se	ction D. Computation of Investment Income Percentage		
17	Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from 2020 Schedule A, Part III, line 17	18	%
19a	a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 3	3 1/3	%, and line 17 is not
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	tion	
ŀ	33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is mo	re tha	an 33 1/3%, and
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly support	orted of	organization 🕨 🗌
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see ins	tructi	ons ►

### CHILDREN'S GUILD, LTD

1

Yes

No

 Part IV
 Supporting Organizations

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

Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

Schedule A (Form 990) 2021

- 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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	edule A (Form 990) 2021 CHILDREN'S GUILD, LTD 47-10	9568	<b>4</b> Pa	age <b>5</b>
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		
	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			
0	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 <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structior	i <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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			
			1	

**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.* 

3b | Schedule A (Form 990) 2021

3a

Schedule A (Form 990) 2021

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

CHILDREN'S GUILD, LTD

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

Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021 CHILDREN'S GU	ILD, LTD		47-1095684 Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continuea</sub>	)
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		3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	4	5	
6	Other distributions (describe in Part VI). See instructions.			6
7	Total annual distributions. Add lines 1 through 6.			7
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.			8
9	Distributable amount for 2021 from Section C, line 6		9	9
10	Line 8 amount divided by line 9 amount		10	<u> </u>
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
			FIE-2021	
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
C	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
C	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	CHILDREN'S	GUILD,	LTD	47-1095684 Page 8
Part VI	Part IV, Section A, lines 1,	2, 3b, 3c, 4b, 4c, 5a,	6, 9a, 9b, 9c, 1	required by Part II, line 10; Part II, l 11a, 11b, and 11c; Part IV, Sectior s 1c, 2a, 2b, 3a, and 3b; Part V, lin	ine 17a or 17b; Part III, line 12; b B, lines 1 and 2; Part IV, Section C, e 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Section	E, lines 2, 5, a	nd 6. Also complete this part for a	ny additional information.

90	SCHEDULE D Supplemental Financial Statements						
	n 990)		anization answered "Yes" on Form 990,		2021		
•			, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public		
	ment of the Treasury I Revenue Service		90 for instructions and the latest informat	ion.	Inspection		
Nam	e of the organization			Emp	ployer identification number		
De	CHILDREN'S GUILD, LTD 47-1095684						
Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.						
	organization		(a) Donor advised funds	(b) Fun	ids and other accounts		
1	Total number at en	nd of year					
2		f contributions to (during year)					
3		f grants from (during year)					
4	Aggregate value at	end of year					
5	Did the organizatio	on inform all donors and donor advisors in v	writing that the assets held in donor advised	funds			
	-		exclusive legal control?		Yes No		
6	•		dvisors in writing that grant funds can be us	•			
			r donor advisor, or for any other purpose co	•			
Pa	impermissible priva		ganization answered "Yes" on Form 990, Pa		Yes No		
1		ervation easements held by the organization		rerv, inte 7.			
•		of land for public use (for example, recrea		historically	important land area		
		f natural habitat	Preservation of a	-			
	Preservation	of open space					
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form of	a con <u>serva</u>	tion easement on the last		
	day of the tax year				Held at the End of the Tax Year		
а	Total number of co	onservation easements		2a			
b	-						
С			ucture included in (a)				
d			after 7/25/06, and not on a historic structure				
-							
3		vation easements modified, transferred, rel	eased, extinguished, or terminated by the or	ganization	during the tax		
4	year	 where property subject to conservation eas	sement is located				
5		tion have a written policy regarding the per					
-	Ũ	orcement of the conservation easements it			Yes No		
6			handling of violations, and enforcing conser				
	▶						
7	Amount of expense	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservatio	n easemen <sup>.</sup>	ts during the year		
	▶\$						
8		,	e satisfy the requirements of section 170(h)(	,,,,,,			
•							
9		•	on easements in its revenue and expense sta note to the organization's financial statement				
		ounting for conservation easements.		s that uest			
Pa	rt III Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Othe	er Simila	r Assets.		
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and	balance sł	neet works		
	of art, historical tre	asures, or other similar assets held for put	olic exhibition, education, or research in furth	nerance of p	oublic		
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items.				
b	-	-	8, to report in its revenue statement and bal				
			exhibition, education, or research in further	ance of pul	olic service,		
	•	ng amounts relating to these items:			•		
					\$		
0			asuras, or other similar assots for financial a		۵		
2	•	received or neid works of art, historical treating interaction and the reported under FASB A	asures, or other similar assets for financial g	an, provide	;		
а	-		SC 956 relating to these items.	►	\$		
		eduction Act Notice, see the Instructions			* Schedule D (Form 990) 2021		

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		N'S GUILD,							95684		<sub>ge</sub> 2
	rt III Organizations Maintaining C								continu	ed)	
3	Using the organization's acquisition, accession	on, and other record	s, checł	k any of the	following that	make sig	gnificant i	use of its			
2	collection items (check all that apply): Public exhibition		• 🗆		shango progra	m					
a L		C			change progra						
b	Scholarly research Preservation for future generations	e		Other							
C A		alloctions and evaluit	n how th	ov furthor t	ha organizatio	n'a avar	ant nurna	oo in Dort	VIII		
4	<ul> <li>Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.</li> <li>During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets</li> </ul>										
5	to be sold to raise funds rather than to be ma								Yes		No
Par	rt IV Escrow and Custodial Arran								_		NO
I UI	reported an amount on Form 990, Pa			e organizatio	JIT all Swelleu	res on	F0111 990	, Fart IV, I	ine 9, 0i		
10	Is the organization an agent, trustee, custodi		liany for	contribution	e or other ass	ote not i	ncluded				
Ia									Yes		No
h	on Form 990, Part X?							······ L	165		NU
D		and complete the lo	nowing	lable.					Amount		
~	Reginning balance						1c		,		
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
f 20	Ending balance Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.						• • • • • • • •		_	$\square$	NO
Par											
		(a) Current year		Prior year	(c) Two year			/ears back	(e) Four y	ears b	ack
10	Beginning of year balance	(u) our one your	(2)	nor your		0 Buok	(4) 11100	ouro buon	(0) Four y		<u></u>
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
	Administrative expenses										
-	End of year balance										
2	Provide the estimated percentage of the curr			g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
	Permanent endowment										
С		%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are held a	nd administer	ed for the	e organiza	ation		,	<u>.                                    </u>
	by:									'es	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment 1	funds.							
Par	t VI Land, Buildings, and Equipm					<b>D</b> 1 V 1					
	Complete if the organization answere			1							
	Description of property	(a) Cost or o basis (investr			t or other (other)	• •	ccumulate preciation		(d) Book	value	
1a	Land										
	Buildings										
	Leasehold improvements			5,20	3,513.	2,3	308,3	12.	2,895	,20	1.
	Equipment			74	193.	6	572,2	05.	67	,98	8.
	Other				51,897.				251		
	I. Add lines 1a through 1e. <i>(Column (d) must e</i>		X colur	•					3,215	-	
	5 ···· (Oolamin (a) must c	gaar onn ooo, r art			<u>,</u>			Schodulo		-	

Schedule D (Form 990) 2021

Part		GUILD, LTD	47	7-1095684 Page
(a) D				
	Complete if the organization answered "Yes			
	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
	nancial derivatives			
	osely held equity interests			
3) Ot	her			
(A)				
(B) (C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨	•		
Part	VIII Investments - Program Related.			
	Complete if the organization answered "Yes			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u> (8)				
(9)				
	(Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨	•		
Part		•		
	Complete if the organization answered "Yes	" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
		) Description		
	(a	Description		(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·	Description		(b) Book value
(1) (2)	· · · ·			(b) Book value
				(b) Book value
(2) (3) (4)				(b) Book value
(2) (3) (4) (5)	·			(b) Book value
(2) (3) (4) (5) (6)				(b) Book value
(2) (3) (4) (5) (6) (7)				(b) Book value
(2) (3) (4) (5) (6) (7) (8)				(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal.	(Column (b) must equal Form 990, Part X, col. (B) lii			(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) <sup>[</sup> otal.	(Column (b) must equal Form 990, Part X, col. (B) lii	,		
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. Part	(Column (b) must equal Form 990, Part X, col. (B) lin X Other Liabilities.	,		
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. Part	(Column (b) must equal Form 990, Part X, col. (B) lints <b>X</b> Other Liabilities. Complete if the organization answered "Yes (a) Description of liability	,		
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. Part	(Column (b) must equal Form 990, Part X, col. (B) lints (Column (b) must equal Form 990, Part X, col. (B) lints (a) Description answered "Yes (a) Description of liability Federal income taxes DEFERRED RENT	,		(b) Book value 3 , 278 , 213
(2) (3) (4) (5) (6) (7) (8) (9) Total. Part	(Column (b) must equal Form 990, Part X, col. (B) lii <b>X</b> Other Liabilities. Complete if the organization answered "Yes (a) Description of liability Federal income taxes DEFERRED RENT	,		(b) Book value 3 , 278 , 213
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. Part I. (1) (2)	(Column (b) must equal Form 990, Part X, col. (B) lii <b>X</b> Other Liabilities. Complete if the organization answered "Yes (a) Description of liability Federal income taxes DEFERRED RENT DUE TO RELATED PARTIES	,		(b) Book value 3 , 278 , 213
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. Part I. (1) (2) (3)	(Column (b) must equal Form 990, Part X, col. (B) lii <b>X</b> Other Liabilities. Complete if the organization answered "Yes (a) Description of liability Federal income taxes DEFERRED RENT DUE TO RELATED PARTIES	,		(b) Book value 3 , 278 , 213
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. Part I. (1) (2) (3) (4)	(Column (b) must equal Form 990, Part X, col. (B) lii <b>X</b> Other Liabilities. Complete if the organization answered "Yes (a) Description of liability Federal income taxes DEFERRED RENT DUE TO RELATED PARTIES	,		(b) Book value 3 , 278 , 213
(2) (3) (4) (5) (6) (7) (8) (9) (7) (6) (1) (2) (3) (4) (5) (6) (7)	(Column (b) must equal Form 990, Part X, col. (B) lin <b>X</b> Other Liabilities. Complete if the organization answered "Yes (a) Description of liability Federal income taxes DEFERRED RENT DUE TO RELATED PARTIES	,		(b) Book value 3,278,213
(2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (7) (8) (9) (7) (7) (8) (9) (7) (7) (7) (8) (9) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	(Column (b) must equal Form 990, Part X, col. (B) lin (X) Other Liabilities. Complete if the organization answered "Yes (a) Description of liability Federal income taxes DEFERRED RENT DUE TO RELATED PARTIES	,		

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

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

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 CHILDREN'S GUILD, LTD		47-	1095684 Page 4
	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Rever		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	11,422,714.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	11,422,714.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			11,422,714.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With Expe	nses per Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total expenses and losses per audited financial statements		1	10,873,464.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			10,873,464.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	10,873,464.
Pa	t XIII Supplemental Information.			

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

SC	HEDULE E	Schools	OME	3 No. 15	545-004	17
(For	m 990)	Complete if the organization answered "Yes" on Form 990,		20	21	
		Part IV, line 13, or Form 990-EZ, Part VI, line 48.	2	<b>1</b> U/		
	nent of the Treasury Revenue Service	Attach to Form 990 or Form 990-EZ.		en to		ic
	e of the organizatio	► Go to www.irs.gov/Form990 for the latest information.		pecti		
Name	e of the organizatio	CHILDREN'S GUILD, LTD	Employer identifi 47-10			nber
Pa	rt I	CHILDREN S GOILD, LID	47-10	950	004	
Iu					YES	NO
1	Does the organiza	tion have a racially nondiscriminatory policy toward students by statement in its charter,	Г			
•	-	erning instrument, or in a resolution of its governing body?		1	х	
2		tion include a statement of its racially nondiscriminatory policy toward students in all its broch				
_	•	ther written communications with the public dealing with student admissions, programs, and s		2	х	
3		on publicized its racially nondiscriminatory policy on its primary publicly accessible Internet				
		mes during its taxable year in a manner reasonably expected to be noticed by visitors to the				
	homepage, or thro	hugh newspaper or broadcast media during the period of solicitation for students, or during the	э			
	registration period	if it has no solicitation program, in a way that makes the policy known to all parts of the gene	ral			
	community it serv	es? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	L	3	Х	
	THE ORGAN	IZATION MAINTAINS COMPLIANCE WITH ALL POLICIES				
		RACIAL DISCRIMINATION AS REQUIRED BY THE DISTR				
		IA. THESE POLICIES ARE INCLUDED IN VARIOUS PRIN				
	MEDIA WHI	CH IS DISTRIBUTED DURING THE REGISTRATION PROCE	SS.			
4	Does the organiza	tion maintain the following?				
а		the racial composition of the student body, faculty, and administrative staff?	F	4a	X	
b		ting that scholarships and other financial assistance are awarded on a racially nondiscriminate	pry basis?	4b		X
с		ogues, brochures, announcements, and other written communications to the public dealing				
		ssions, programs, and scholarships?		4c	X X	
d		rial used by the organization or on its behalf to solicit contributions?	·····  -	4d	<u> </u>	
		No" to any of the above, please explain. If you need more space, use Part II. IZATION DOES NOT PROVIDE SCHOLARSHIPS OR FINANC	тат			
		E - IT IS A PUBLIC CHARTER SCHOOL.				
	1001011110					
5	Does the organiza	tion discriminate by race in any way with respect to:				
-		r privileges?		5a		x
		principal de la companya de la compa	F	5b		x
		culty or administrative staff?		5c		х
		her financial assistance?		5d		Х
		es?		5e		Х
				5f		X
g		?		5g		X
	Other extracurricu	lar activities?		5h		X
	If you answered "	<code>/es"</code> to any of the above, please explain. If you need more space, use Part II.				
		tion receive any financial aid or assistance from a governmental agency?		6a	X	
b		on's right to such aid ever been revoked or suspended?		6b		X
	If you answered "	/es" on either line 6a or line 6b, explain on Part II.				
	-					
7	Does the organiza	tion certify that it has complied with the applicable requirements of sections 4.01 through 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II		7	х	

132061 10-18-21

 Schedule E (Form 990) 2021
 CHILDREN'S GUILD, LTD
 47-1095684
 Page 2

 Part II
 Supplemental Information.
 Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.

# LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE ORGANIZATION RECEIVES A STUDENT ALLOCATION FROM THE DISTRICT OF

COLUMBIA, AS WELL AS FEDERAL ENTITLEMENT FUNDING. THE STUDENT ALLOCATION

IS ON A PER-PUPIL BASIS AND INCLUDES ACADEMIC YEAR FUNDING, SPECIAL

EDUCATION FUNDING, AND A FACILITIES ALLOWANCE.

SCHEDULE L	1	Transad	ctions	s W	/ith	Inte	rested	P	ersons			ON	/IB No.	1545-00	)47
(Form 990)	Complete if	•	or 28c, or	Form	ו 990-	EZ, Par	t V, line 38a	or	line 25a, 25b, 2 40b.	6, 27,	28a,			02	
Department of the Treasury Internal Revenue Service	► G	in to www.irs					orm 990-EZ		st information.				pen T spect		olic
Name of the organizatio			.gov/ron	111550		1511 4011		ate	st mormation.	Inspection Employer identification number				mber	
		EN'S GU	ILD.	LTD	)						-	956		•	
Part I Excess	Benefit Trans					on 501(	c)(4), and sec	ctior	1 501(c)(29) orga						
	if the organization														
1 (a) Name of disqual		(b) Relations		een di	squal				escription of tran				(d) Corrected Yes No		
														_	
2 Enter the amount of section 4958		0		•				Ũ			•		I	I	
3 Enter the amount of	of tax, if any, on lii										► \$				
Part II Loans to	and/or From	n Intereste	d Perso	ons.											
Complete i	f the organizatior	answered "Y	es" on Fo	orm 99	90-EZ.	Part V.	line 38a or F	orm	990. Part IV. lin	e 26: d	or if th	e oraa	nizatio	on	
•	n amount on Forn					,				,		0			
(a) Name of interested person	<b>(b)</b> Relation with organi			( <b>d)</b> Loa from organiza	the		Original Dal amount				In iult?	(h) Approve by board or committee?		d or	
				То	From					Yes	No	Yes	No	Yes	No
Total							<b>&gt;</b> \$								1
	or Assistance	Benefiting	Intere	sted	Per	sons.	Ψ Ψ								
	if the organizatior	-	•				e 27.								
(a) Name of intere	-	(b) Relat interes	ionship b ted perso organizat	etwee	en	(c)	Amount of ssistance		<b>(d)</b> Type assistan			•	) Purp assista		f
			organizat												
LHA For Paperwork R	eduction Act No	l tice, see the	Instructio	ons fo	or For	m 990 c	or 990-EZ.				Sche	dule L	. (Fori	n 990	) 2021

### Schedule L (Form 990) 2021 CHILDREN'S GUILD, LTD

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's jues?
				Yes	No
THE CHILDREN'S GUILD INC.	COMMON OFFICER	490,165.	THE CHILDRE		X

#### Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: THE CHILDREN'S GUILD INC.

(D) DESCRIPTION OF TRANSACTION: THE CHILDREN'S GUILD, INC. EXTENDED A

LINE OF CREDIT TO THE ORGANIZATION DURING THE TAX YEAR. THE ORGANIZATIONS

SHARE A COMMON OFFICER, AND THIS OFFICER HAD NO VOTING RIGHTS OR

DECISIONS IN THE MATTER. AN INDEPENDENT BOARD OF DIRECTORS MAKES THE

MANAGEMENT DECISIONS OF THE ORGANIZATION.

47-1095684 Page 2

SCHEDULE O	OMB No. 1545-0047					
(Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		2021			
Department of the Treasury Internal Revenue Service	tment of the Treasury Attach to Form 990 or Form 990-EZ.					
Name of the organization	CHILDREN'S GUILD, LTD		identification number 095684			

FORM 990, ITEM C, DOING BUSINESS AS:

THE CHILDREN'S GUILD PUBLIC CHARTER SCHOOL D.C. CAMPUS

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

EDUCATION STUDENTS FOR COLLEGE, CAREER READINESS, AND CITIZENSHIP IN

THEIR COMMUNITY BY DEVELOPING IN THEM CRITICAL THINKING AND CREATIVE

PROBLEM SOLVING SKILLS, SELF-DISCIPLINE, AND A COMMITMENT TO SERVE A

CAUSE LARGER THAN THEMSELVES.

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

THEM CRITICAL THINKING AND CREATIVE PROBLEM SOLVING SKILLS,

SELF-DISCIPLINE AND A COMMITMENT TO SERVE A CAUSE LARGER THAN

THEMSELVES.

FORM 990, PART VI, SECTION A, LINE 3:

THE CHILDREN'S GULD, INC HAS ASSISTED THE ORGANIZATION IN ESTABLISHING ITS

PROGRAM, OBTAINING FINANCING, AND PERFORMING MANAGEMENT AND GENERAL

ACTIVITIES ON THE ORGANIZATION'S BEHALF.

FORM 990, PART VI, SECTION A, LINE 7A:

DIRECTORS OF THE BOARD SHALL BE ELECTED BY EXISTING DIRECTORS FOR SUCH

TERMS AS PROVIDED BY THE BYLAWS.

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

THE FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM FROM INFORMATION

PROVIDED BY FINANCE STAFF OF THE GUILD. THE BOARD REVIEWS THE FORM 990

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization CHILDREN'S GUILD, LTD	Employer identification number $47 - 1095684$

BEFORE IT IS SUBMITTED FOR THE PRESIDENT'S REVIEW AND SIGNATURE.

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

THE BOARD OF DIRECTORS REQUIRES BOARD MEMBERS TO SUBMIT AND SIGN AN ANNUAL

CONFLICT OF INTEREST DISCLOSURE STATEMENT AND THE BOARD REVIEWS AND

APPROVES ALL TRANSACTIONS WITH BOARD MEMBERS TO ENSURE ANY TRANSACTIONS

WERE REASONABLE AND APPROPRIATE BASED UPON THE BUSINESS AND FINANCIAL

OBJECTIVES INVOLVED.

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

THE INDEPENDENT BOARD OF DIRECTORS REVIEWS AND APPROVES COMPENSATION FOR THE PRESIDENT ANNUALLY, AND THE PRESIDENT DOES SO FOR THE OFFICERS. BOTH EMPLOY WHATEVER RESOURCES DEEMED NECESSARY, INCLUDING REVIEWING COMPARABLE POSITIONS IN OTHER ORGANIZATIONS AND ENGAGING A COMPENSATION CONSULTANT.

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

ALL ARE AVAILABLE FOR INSPECTION AT OUR ADMINISTRATIVE OFFICES AT 6802

MCCLEAN BOULEVARD IN BALTIMORE.

FORM 990, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.