Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A	For the	e 2021 calend	lar year, or tax year beginning 01/01/2021 and ending		12/31/2	2021	-
в	Check if	f applicable:	C Name of organization ALLIANCE FOR CHILDREN EVERYWHERE			D Emplo	yer identification number
~	Address	s change	Doing business as				91-1704751
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)	/suite	E Teleph	one number	
	Initial re	turn	4401 2nd Ave NE			206-420-6689	
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code				
	Amende	ed return		G Gross	receipts \$ 1,071,349		
	Applicat	tion pending	F Name and address of principal officer: Gabriel Walder		H(a) Is this a gro	oup return fo	r subordinates? 🗌 Yes 🗹 No
			4401 2nd AVE NE, SEATTLE, WA 98105		H(b) Are all su	ubordinate	es included? 🗌 Yes 🗌 No
I	Tax-exe	empt status:	✓ 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527		If "No," attach	n a list. Se	e instructions.
J	Website	e: 🕨 www.ch	ildreneverywhere.org		H(c) Group e>	emption	number 🕨
к	Form of	organization: 🖌	Corporation ☐ Trust ☐ Association ☐ Other ► L Year of form	mation:	1995	M State	of legal domicile: WA
Ρ	art I	Summa	Ŷ				
	1	Briefly des	cribe the organization's mission or most significant activities: PROV	VIDIN	G SCHOOLI	NG, FO	DD, AND BABY
ce		FORMULA	FOR IMPOVERISHED CHILDREN OF ZAMBIA, AFRICA				
Activities & Governance							
ver	2		box \blacktriangleright if the organization discontinued its operations or dispose			25% of	its net assets.
ĝ	3	Number of	voting members of the governing body (Part VI, line 1a)			3	9
<u>م</u>	4	Number of	independent voting members of the governing body (Part VI, line 1	b) .		4	9
ties	5	Total numb	per of individuals employed in calendar year 2021 (Part V, line 2a)			5	10
ť	6	Total numb	per of volunteers (estimate if necessary)			6	10
Ac	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12			7a	0
	b	Net unrelat	ed business taxable income from Form 990-T, Part I, line 11			7b	0
					Prior Year		Current Year
Ð	8	Contributio	ns and grants (Part VIII, line 1h)		1,1	79,950	1,070,113
Revenue	9	Program se	ervice revenue (Part VIII, line 2g)			0	0
eve	10	Investment	income (Part VIII, column (A), lines 3, 4, and 7d)			741	1,236
щ	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0	0
	12	Total reven	ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,1	80,691	1,071,349
	13	Grants and	similar amounts paid (Part IX, column (A), lines 1–3)		1,0	67,662	859,570
	14	Benefits pa	aid to or for members (Part IX, column (A), line 4)			0	0
S	15	Salaries, ot	her compensation, employee benefits (Part IX, column (A), lines 5–10)		3	33,889	515,689
Expenses	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)			0	0
xpe	b	Total fundr	aising expenses (Part IX, column (D), line 25) 205,207				
Ш	17	Other expe	nses (Part IX, column (A), lines 11a–11d, 11f–24e)		2	36,991	310,019
	18	Total expe	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1,6	38,542	1,685,278
	19	Revenue le	ss expenses. Subtract line 18 from line 12		-4	57,851	-613,929
Net Assets or Fund Balances				Begi	nning of Curre	ent Year	End of Year
sets	20	Total asset	s (Part X, line 16)		1,2	29,189	495,240
t As: d Bé	21	Total liabili	ties (Part X, line 26)		1	70,938	50,918
Fun	22		or fund balances. Subtract line 21 from line 20		1,0	58,251	444,322
	art II		re Block			•	· · · ·
110	day nana						

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

Sign Here	Signature of officer <u>Gabriel Walder, Executive Director</u> Type or print name and title	r		Date	•		
Paid	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN	
Preparer Use Only	Firm's name	Firm's EIN ►					
	Firm's address ►	Phone no.					
May the IRS	discuss this return with the preparer	shown above? See instructions				Yes	🗌 No
	d. D. d. allow A. Charles and the second	-1		,		- 0	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 99	(2021) Page	2
Part I		
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	IN ZAMBIA, AFRICA WE OPERATE CRISIS NURSERIES FOR ORPHANS AND ABANDONED CHILDREN, PROVIDE INFANT	
	FORMULA TO BABIES AT RISK OF ABANDONMENT OR STARVATION, AND OFFER A FREE CHRISTIAN EDUCATION TO	
	CHILDREN WHO CANNOT OTHERWISE ATTEND SCHOOL DUE TO FAMILY POVERTY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	—
-	prior Form 990 or 990-EZ?	•
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	>
	f "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured t	эγ
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 1,120,830 including grants of \$ 852,370) (Revenue \$ 0)	
	IN ZAMBIA, AFRICA WE OPERATE CRISIS NURSERIES FOR ORPHANS AND ABANDONED CHILDREN, PROVIDE INFANT	
	FORMULA TO BABIES AT RISK OF ABANDONMENT OR STARVATION, AND OFFER A FREE CHRISTIAN EDUCATION TO	
	CHILDREN WHO CANNOT OTHERWISE ATTEND SCHOOL DUE TO FAMILY POVERTY.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	—
40		
4d	Other program services (Describe on Schedule O.)	_
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
4e	Total program service expenses ► 1,120,830	_

Form 99	0 (2021)		I	Page 3
Part	V Checklist of Required Schedules			
	Is the experimentian described in section $501(c)(2)$ at $4047(c)(1)$ (other than a private foundation)? If "Vec."		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	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	~	
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		~
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? <i>If "Yes," complete Schedule C, Part II</i>	4		~
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		~
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		~
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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	~	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		~
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		~
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f		~
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
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		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		~
	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	~	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	~	
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18		~
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		~
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		~

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Part	IV Checklist of Required Schedules (continued)			
00	Did the experimetion report more than #5,000 of exerts or other excitations to ar for demostic individuals or		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		~
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? <i>If "Yes," complete Schedule J</i> .	00		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		~
2.0	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		~
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		~
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
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? <i>If "Yes," complete Schedule L, Part III</i>	27		~
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):	21		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	~	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		~
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		~
33	complete Schedule N, Part II	32		~
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	33		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		~
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		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		~
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	~	
Part				
			Yes	No
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a6Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable0Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
-	reportable gaming (gambling) winnings to prize winners?	1c		

	0 (2021) Statements Pagarding Other IPS Filings and Tax Compliance (continued)			Page 5
Part			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
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> .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country ►			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F -		
5a h	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		レ レ
b c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		~
6a	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		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
č	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7.		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7.11		
-	sponsoring organization have excess business holdings at any time during the year?	8		
)	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
)	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
	Section 501(c)(12) organizations. Enter:			
a ⊾	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.)			
2a	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 12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
~	the organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b		
5	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		~
	If "Yes," see the instructions and file Form 4720, Schedule N.			
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		~
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Part	V Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	nstruc	tions
Secti	ion A. Governing Body and Management	<u> </u>	<u> </u>	
0000			Yes	No
1a	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 2	Enter the number of voting members included on line 1a, above, who are independent . 1b 9 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		~
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		~
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	4 5 6		ソ ソ ソ
b	one or more members of the governing body?	7a 7b		~ ~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a b 9	The governing body?	8a 8b 9	ン ン	· ·
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	1
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	~	
12a b c	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	ン ン	
13	describe on Schedule O how this was done.	12c 13	ン ン	
14 15	Did the organization have a written document retention and destruction policy? 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?	14	2	
a b	The organization's CEO, Executive Director, or top management official	15a 15b	~	~
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		~
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		
Secti	ion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► See Schedule O, Statement 1 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	T (sec	tion 5	501(c

✓ Own website
 ✓ Another's website
 ✓ 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 financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ► Gabriel Walder, (360)216-5872

Form 990 (2021)

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

				(0	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and title	Average	(do not check more than one						Reportable	Reportable	Estimated amount
	hours					or/trust		compensation	compensation	of other
	per week (list any					-		from the	from related	compensation from the
	hours for	Individual trustee or director	stitu	Officer	Key employee	ghe	Former	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	organization and
	related	dual	tion		ldu	st cc yee	1	1099-NEC)	1099-NEC)	related organizations
	organizations below	r trus	al tr		byee	mp				
	dotted line)	tee	Institutional trustee			Highest compensated employee				
			ŏ			ated				
Gabriel Walder	40.00									
Executive Director	0.00			~				113,454	0	0
Clare Boals	1.00									
Co-Chair	0.00	~		~				0	0	0
Pam Hove	1.00									
Co-Chair	0.00	~		~				0	0	0
Carmen Morris	1.00									
Treasurer	0.00	~		~				0	0	0
Laura Ozinga	1.00									
Secretary	0.00	~		~				0	0	0
Bwalya Melu	1.00									
Director	0.00	~						0	0	0
Dr Nkechy Ekere Ezeh	1.00									
Director	0.00	~						0	0	0
Virginia Woods	1.00									
Director	0.00	~						0	0	0
Barbara Hughes	1.00									
Director	0.00	~						0	0	0
Kevin Biekert	1.00									
Director	0.00	~						0	0	0
										– – – – – – – – – –

Part	VII Section A. Officers, Directors, 1	Trustees,	Key I	Emj	olo	yee	s, an	d F	lighest Compe	nsated	Emplo	yees (c	contin	ued)
	(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	Pos neck is pe	rson irect	e than c is both or/trust emplo	n an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/	(E) Report compen from re organizatic 1099-N	able sation lated ons (W-2/	of comp fro	(F) ted amo other pensatic om the zation a	on
		related organizations below dotted line)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	er	1099-NEC)	1099-1	NEC)	related c	organiza	tions
			-											
			-											
			-											
			-											
			-											
			-											
			-											
			-											
1b c d	Subtotal Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio		•		 	•		113,454 113,454		0			0
2	Total number of individuals (including but reportable compensation from the organ	t not limited				ed a	above	e) w		e than \$1	•	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete a							mpl 	oyee, or highes	t compe	ensated	3	Yes	No V
4	For any individual listed on line 1a, is the organization and related organizations individual													~
5	Did any person listed on line 1a receive of for services rendered to the organization									tion or ind				~
Secti 1	on B. Independent Contractors Complete this table for your five high compensation from the organization. Rep													
	(A) Name and business add	lress							(B) Description of serv	vices	((C) Compens	ation	
None														

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to an	ny line in this Pa	rt VIII...	 	 	

				•			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaigns 1a	0				
irants ounts	b	Membership dues 1b	0				
β	с	Fundraising events 1c	0				
ts, ⊿	d	Related organizations 1d	0				
ilai	е	Government grants (contributions) 1e	0				
Contributions, Gifts, Grants, and Other Similar Amounts	f	All other contributions, gifts, grants,					
		and similar amounts not included above 1f	1,070,113				
	q	Noncash contributions included in	1,070,110				
d tri	5	lines 1a–1f	\$ 234,240				
and	h	Total. Add lines 1a–1f		1,070,113			
<u> </u>			Business Code	1,070,113			
Program Service Revenue	2a						
vic							
Jram Ser Revenue	b						
n S /en	c						
rar ₹e∖	d						
60. H	е						
<u>م</u>	f	All other program service revenue					
	g	Total. Add lines 2a–2f	🕨	0			
	3	Investment income (including dividends					
		other similar amounts)		1,236			1,236
	4	Income from investment of tax-exempt bo		0			
	5	Royalties <u></u>		0			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c 0	0				
	d	Net rental income or (loss)	🕨				
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
Ð	b	Less: cost or other basis					
Revenue		and sales expenses . 7b					
eVe	с	Gain or (loss) 7c 0	0				
Ř	d	Net gain or (loss)					
her	8a	Gross income from fundraising					
Othe	ou	events (not including \$ 0					
		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising even	nts 🕨				
		Gross income from gaming					
		activities. See Part IV, line 19 . 9a					
	h	Less: direct expenses 9b					
		Net income or (loss) from gaming activitie	es 🕨				
		Gross sales of inventory, less	🚩				
	iou	returns and allowances 10a					
	h	Less: cost of goods sold 10b					
		Net income or (loss) from sales of invento	prv 🕨				
			Business Code				
Miscellaneous Revenue	11-		DUSITIESS CODE				
oer nec	11a						
scellanec Revenue	b						
Sev Cel	c						
Alis F	d						
2	е	Total. Add lines 11a–11d		0			
	12	Total revenue. See instructions	🕨	1,071,349	0	0	1,236
							Form 990 (2021)

					Page 10
	IX Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must compl	ate all columns All	other organizations	must complete colun	<u>ρη (Δ)</u>
Secuc	Check if Schedule O contains a response				
Dono	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	<u></u> (D)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		chpeneee	general expenses	c.ponoco
	and domestic governments. See Part IV, line 21 .	0			
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	859,570	859,570		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	94,226	42,401	21,672	30,153
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	329,844	148,429	75,865	105,550
7 8	Other salaries and wages				
	section 401(k) and 403(b) employer contributions)	5,695	2,562	1,310	1,823
9	Other employee benefits	50,809	22,864	11,686	16,259
10 11	Payroll taxes	35,115	15,802	8,076	11,237
a b	Management				
c		22,561		22,561	
d					
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	138,617		110,892	27,725
13	Office expenses	77,314	11,597	61,851	3,866
14	Information technology	14,932	745	7,467	6,720
15	Royalties				
16	Occupancy	11,812		11,812	
17 18	Travel	37,468	16,860	18,734	1,874
19	Conferences, conventions, and meetings .				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	335		335	
23	Insurance	1,640		1,640	
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 O.)				
а					
a b					
c					
d					
е	All other expenses	5,340		5,340	
25	Total functional expenses. Add lines 1 through 24e	1,685,278	1,120,830	359,241	205,207
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)				
					- 000

Form 990 (2021)

 Balance Sheet Check if Schedule O contains a response or note to any line in this Par Cash—non-interest-bearing Savings and temporary cash investments Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Accounts receivable, net 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments—publicly traded securities Investments—other securities. See Part IV, line 11 Savings and temporary cash investments—other securities. See Part IV, line 11 Savings and temporary cash investments—other securities. See Part IV, line 11 Savings and temporary cash investments—other securities. Savings and temporary cash investments—other securities.	(A) Beginning of year 114,425 342,301 600,500 	1 2 3 4 5 5 6 7 8 9	
Savings and temporary cash investments	Beginning of year 114,425 342,301 600,500 	2 3 4 5 5 6 7 8	End of year 190,426 243,963 50,000
Savings and temporary cash investments	342,301 600,500 160,776 10,715	2 3 4 5 5 6 7 8	243,963 50,000
Pledges and grants receivable, net Accounts receivable, net Accounts receivable, net 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 Image: Controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Image: Controlled entity or sale or use Prepaid expenses and deferred charges Image: Controlled entity of Schedule D a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation Investments—publicly traded securities Image: Control of the securities	600,500 	3 4 5 6 7 8	50,000
Accounts receivable, net	160,776 10,715	4 5 6 7 8	0
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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net . Inventories for sale or use . Prepaid expenses and deferred charges a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation Investments—publicly traded securities 10b	10,715	5 6 7 8	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 5,901 b Less: accumulated depreciation 10b 5,765	10,715	6 7 8	
controlled entity or family member of any of these persons	10,715	6 7 8	
Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . Inventories for sale or use . Prepaid expenses and deferred charges . Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 5,901 b Less: accumulated depreciation Investments—publicly traded securities .	10,715	6 7 8	
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D b Less: accumulated depreciation Investments—publicly traded securities	10,715	7 8	
Notes and loans receivable, net	10,715	7 8	
Inventories for sale or use	10,715	8	
Prepaid expenses and deferred charges	10,715		
Prepaid expenses and deferred charges	10,715	9	10,715
basis. Complete Part VI of Schedule D 10a 5,901 b Less: accumulated depreciation 10b 5,765 Investments—publicly traded securities . . .	472		
b Less: accumulated depreciation 10b 5,765 Investments—publicly traded securities . . .	472		
b Less: accumulated depreciation 10b 5,765 Investments—publicly traded securities . . .	472		
Investments-publicly traded securities		10c	136
		11	
		12	
Investments-program-related. See Part IV, line 11		13	
		-	
-			
	1 229 189		495,240
			50,918
			0
		-	
		21	
controlled entity or family member of any of these persons		22	
Secured mortgages and notes payable to unrelated third parties			
		-	
parties, and other liabilities not included on lines 17-24). Complete Part X			
		25	
	170 938	-	50,918
	110,700		00,710
	458 251	27	394,322
			50,000
	000,000		50,000
		29	
		-	
	1 058 251	-	444,322
			495,240
	 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 33) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other 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 Secured mortgages and notes payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 	4 Intangible assets	4 Intangible assets 14 5 Other assets. See Part IV, line 11 15 7 Accounts payable and accrued expenses 10,162 7 Accounts payable and accrued expenses 10,162 7 Grants payable 16,776 8 Grants payable 16,776 9 Deferred revenue 160,776 10 Tax-exempt bond liabilities 20 11 Escrow or custodial account liability. Complete Part IV of Schedule D 21 12 Loans and other 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 22 3 Secured mortgages and notes payable to unrelated third parties 23 4 Unsecured notes and loans payable to unrelated third parties 24 5 Other liabilities (including federal income tax, payables to related third parties 25 6 Total liabilities. Add lines 17 through 25 170,938 26 Organizations that follow FASB ASC 958, check here ▶ □ 30 30 30 7 Net assets with donor restrictions 458,251 27 30 30

Form **990** (2021)

	0 (2021)			Pa	age
Part	XI Reconciliation of Net Assets				r
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses. Subtract line 2 from line 1	3			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1,05	8,2
5	Net unrealized gains (losses) on investments	5			
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		44	4,3
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	Ν
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain o	ī		
00	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		
Za	If "Yes," check a box below to indicate whether the financial statements for the year were com reviewed on a separate basis, consolidated basis, or both:				•
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	V	
-	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ed on a		-	
	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 over	ersight o	f		,071,344 ,685,278 -613,924 ,058,25 ⁻ () () () () () () () () () () () () ()
	the audit, review, or compilation of its financial statements and selection of an independent accounta		2c	~	
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	plain oi	י <u>י</u>		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in the	e		
	Single Audit Act and OMB Circular A-133?		- 3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a		3b		1

Form **990** (2021)

SCH	EDL	JLI	E.	Α	
(Form	990	or	90	90-	EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Employer identification number

ALLIANCE FOR CHILDREN EVERYWHERE	91-1704751
•	

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ✓ An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

3		·····(·)	-			
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Secti	on A. Public Support			-			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization'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						
	on B. Total Support		1	1	1	1	1
	dar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						
9	similar sources						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the organization, check this box and stop here	organization'	s first, second	l, third, fourth,	or fifth tax ye	12 ear as a sectio	
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2021 (line 6			11. column (f))		14	%
15 16a	Public support percentage from 2020 Sch 33 ¹ /3% support test-2021. If the organi	nedule A, Part ization did not	II, line 14 . check the box	 x on line 13, a	 nd line 14 is 3	15 3 ¹ /3% or more,	% check this
b	box and stop here. The organization qual 33 ¹ / ₃ % support test — 2020. If the organization this box and stop here. The organization	zation did not	check a box o	on line 13 or 16	Sa, and line 15	is 331/3% or m	nore, check
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization m Part VI how the organization meets the organization .	eets the facts facts	-and-circumst umstances tee	ances test, ch st. The organiz	eck this box a	and stop here.	. Explain in
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organizatio in Part VI how the organization meets the organization	n meets the fa e facts-and-cir	acts-and-circu cumstances te	mstances test, est. The organ	, check this bo ization qualifie	ox and stop he	re. Explain
18	Private foundation. If the organization of instructions						

Schedule A (Form 990 or 990-EZ) 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.)

Secti	on A. Public Support				•	,	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			1 101 170	1 170 050	1 070 112	7 140 722
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	1,519,450	2,188,040	1,191,179	1,179,950	1,070,113	7,148,732
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 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	1,519,450	2,188,040	1,191,179	1,179,950	1,070,113	7,148,732
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	602,230	46,236	543,142	514,950	442,154	2,148,712
с	Add lines 7a and 7b	602,230	46,236	543,142	514,950	442,154	2,148,712
8	Public support. (Subtract line 7c from line 6.)	002,230	40,230	343,142	314,730	442,134	
Secti	on B. Total Support						5,000,020
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	1,519,450	2,188,040	1,191,179	1,179,950	1,070,113	7,148,732
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	203	209	149	741	1,236	2,538
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		207	,		1,200	
С	Add lines 10a and 10b	203	209	149	741	1,236	2,538
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	1,519,653	2,188,249	1,191,328	1,180,691	1,071,349	7,151,270
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	organization's	s first, second	, third, fourth,	or fifth tax ye		1 501(c)(3)
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2021 (line a	B, column (f), d	ivided by line 1	3, column (f))		15	69.92 %
16	Public support percentage from 2020 Scl					16	68.33 %
	on D. Computation of Investment In					1 1	
17	Investment income percentage for 2021 (•	())	17	0.04 %
18	Investment income percentage from 2020					18 001 01	0.03 %
19a	$33^{1}/_{3}\%$ support tests - 2021. If the organ						·
b	17 is not more than 33 ¹ / ₃ %, check this box 33 ¹ / ₃ % support tests-2020. If the organiz	ation did not cl	neck a box on	line 14 or line 1	9a, and line 16	is more than 3	3 ¹ /3%, and
20	line 18 is not more than 33 ¹ / ₃ %, check this Private foundation. If the organization di	-	-	-			
			,	, <u> </u>		edule A (Form 990	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Page 5 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 A person who directly or indirectly controls, either alone or together with persons described on lines 11b and а 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 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.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

1

3

2a

2b

3a

3b

Yes No

Yes No

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

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

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 or 990-EZ) 2021

Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continue	ed)	
Sect	on D—Distributions				Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	ponsive	8	
9	Distributable amount for 2021 from Section C, line 6			9	
0	Line 8 amount divided by line 9 amount			10	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required — <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
е					
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI.</i> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in</i> Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990 or 990-EZ) 2021



SCHEDULE I	C
(Form 990)	

Supplemental Financial Statements

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

2021 Open to Public Inspection

OMB No. 1545-0047

Departm	nent of the Treasury		Attach to Form 990.			Open to Public
Internal	Revenue Service	► Go to www.irs.gov/Form9	90 for instructions and	d the latest informatio	on.	Inspection
Name o	of the organization	1		En	nployer identifica	ation number
ALLIA	NCE FOR CHIL	DREN EVERYWHERE			91-	1704751
Par	tl Organ	izations Maintaining Donor Advi	sed Funds or Othe	er Similar Funds o	or Accounts	6.
	Comp	lete if the organization answered "	Yes" on Form 990,	Part IV, line 6.		
	•	0	(a) Donor advi		(b) Funds a	nd other accounts
1	Total number	at end of year				
2		lue of contributions to (during year)				
3		lue of grants from (during year)				
4		lue at end of year				
5		nization inform all donors and donor a	dvisors in writing th	at the assets held i	n donor advi	eed
5		organization's property, subject to the				
6		nization inform all grantees, donors, ar	-	-		
0		table purposes and not for the benefit				
		permissible private benefit?				
Par		ervation Easements.	<pre>/ " =</pre>	D		
		lete if the organization answered "				
1		conservation easements held by the o				
		n of land for public use (for example, recrea	ation or education)		-	
	Protection	of natural habitat	[Preservation of a	certified histo	ric structure
		on of open space				
2		es 2a through 2d if the organization hel	d a qualified conserv	ation contribution in	the form of a	conservation
	easement on	the last day of the tax year.			Held a	at the End of the Tax Yea
а	Total number	of conservation easements			2a	
b	Total acreage	e restricted by conservation easements			2b	
С	Number of co	onservation easements on a certified hi	storic structure inclu	ded in (a)	2c	
d	Number of c	onservation easements included in (c) acquired after 7/2	25/06, and not on a	a	
	historic struct	ture listed in the National Register .			2d	
3	Number of co	onservation easements modified, trans	ferred, released, exti	nguished, or termina	ated by the or	ganization during th
	tax year 🕨					
4	Number of sta	ates where property subject to conserv	vation easement is lo	cated ►		
5		ganization have a written policy reg		monitoring, inspect	ion, handling	of
	violations, and	d enforcement of the conservation eas	ements it holds? .			· 🗌 Yes 🗌 No
6	Staff and volur	nteer hours devoted to monitoring, inspec	ting, handling of violati	ions, and enforcing co	nservation eas	ements during the ve
		5, T	<u>,</u>	, 0		U
7	Amount of exp	penses incurred in monitoring, inspecting	a, handling of violation	ns, and enforcing con	servation ease	ements during the ve
	▶\$,,			
8		onservation easement reported on line 2	(d) above satisfy the	requirements of sec	tion 170(h)(4)(l	B)(i)
-		70(h)(4)(B)(ii)?				
9		escribe how the organization reports co				
		t, and include, if applicable, the text of				
		s accounting for conservation easemer		0		
Part		nizations Maintaining Collections		Treasures or Oth	er Similar /	lecete
- r en l		lete if the organization answered "				
10	•	ation elected, as permitted under FAS			tatement and	halance sheet work
ia	0	cal treasures, or other similar assets	•			
		de in Part XIII the text of the footnote t				
Ŀ						lanaa ahaat wadaa
b	•	ation elected, as permitted under FAS	· · ·			
		treasures, or other similar assets held	-	education, or resear	ch in furthera	nce of public service
	-	bllowing amounts relating to these item				
	(i) Revenue in	ncluded on Form 990, Part VIII, line 1			► \$	
	(ii) Assets inc	luded in Form 990, Part X			🕨 \$	
2	If the organiz	ation received or held works of art,	historical treasures,	or other similar ass	ets for financ	cial gain, provide th
	following amo	ounts required to be reported under FA	SB ASC 958 relating	to these items:		

а	Revenue included on Form 990, Part VIII, line 1									\$
b	Assets included in Form 990, Part X									\$

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year f Ending balance	Schedu	e D (Form 990) 2021									Page 2
collection items (check all that apply): a Collection items (check all that apply): b Collection items (check all that apply): a Collection items (check all that apply): b Collection items (check all that apply): b Collection items (check all that apply): b Collection items (check all that apply): </th <th>Part</th> <th>III Organizations Maintaining</th> <th>Coll</th> <th>ections of</th> <th>Art, His</th> <th>torical 1</th> <th>Freasures</th> <th>, or O</th> <th>ther Similar A</th> <th>ssets (co</th> <th>ntinued)</th>	Part	III Organizations Maintaining	Coll	ections of	Art, His	torical 1	Freasures	, or O	ther Similar A	ssets (co	ntinued)
b Scholarly research e Other c Prevention for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solicit or naceive donations of art, historical treasures, or other similar essets to be sold to raise funds rather than to be maintained as part of the organization's collection?	3			sion, and of	ther reco	rds, chec	k any of th	e follov	wing that make	significant	use of its
c Precise a description of future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	а	Public exhibition			d	🗌 Loan	or exchang	e prog	ram		
c Precise a description of future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	Scholarly research			е	Other					
XIII. S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	С	Preservation for future generations	3								
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X?	4		tion's	collections	and expl	ain how t	hey further	the org	ganization's exe	mpt purpo	ose in Part
Complete if the organization an swered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Ves No c Beginning balance 1d Id Id <t< th=""><th>5</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>s 🗌 No</th></t<>	5										s 🗌 No
990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Image: State Sta	Part	IV Escrow and Custodial Arra	ange	ments.							
included on Form 990, Part X? □ □ □ b If "Yes," explain the arrangement in Part XIII and complete the following table: □ □ c Beginning balance □ □ □ d Additions during the year □ □ □ □ d Additions during the year □ <td< th=""><td></td><td></td><td>n ansv</td><td>wered "Yes</td><td>" on Foi</td><td>m 990, I</td><td>Part IV, line</td><td>e 9, or</td><td>reported an a</td><td>mount on</td><td>Form</td></td<>			n ansv	wered "Yes	" on Foi	m 990, I	Part IV, line	e 9, or	reported an a	mount on	Form
c Beginning balance . Image: Control of the set	1a					-					s 🗌 No
c Beginning balance . Image: Control of the set	b	If "Yes," explain the arrangement in P	art XII	II and compl	ete the fo	blowing t	able:				
d Additions during the year 1d e Distributions during the year 1d 1e 1e 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ia Beginning of year balance Ia Reginning of year balance Ia Grants or scholarships									4	Amount	
d Additions during the year 1d e Distributions during the year 1d 1e 1e 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ia Beginning of year balance Ia Reginning of year balance Ia Grants or scholarships	С	Beginning balance						10			
f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Dot Tress," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. No Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ia Beginning of year balance Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ia Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ia Contributions Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. Id Grants or scholarships Image: Complete if the current year end balance (line 1g, column (a)) held as: Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. I Administrative expenses Image: Complete if the organizations Image: Complete if the organizations I Administrative expenses Image: Complete if the organizations Image: Complete if the organizations </th <td>d</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>10</td> <td>t l</td> <td></td> <td></td>	d							10	t l		
f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Dot Tress," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. No Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ia Beginning of year balance Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ia Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ia Contributions Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. Id Grants or scholarships Image: Complete if the current year end balance (line 1g, column (a)) held as: Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. I Administrative expenses Image: Complete if the organizations Image: Complete if the organizations I Administrative expenses Image: Complete if the organizations Image: Complete if the organizations </th <td>е</td> <td>Distributions during the year</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>16</td> <td>•</td> <td></td> <td></td>	е	Distributions during the year						16	•		
2a Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? □ Yes □ No bit f*Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. □ Part VI Endowment Funds. □ Ia Beginning of year balance (e) Current year (e) Prior year (e) Two years back (e) Three years back (e) Four years back b Contributions □ □ □ □ □ □ c Net investment earnings, gains, and losses □	f							11	F		
Part V Endowment Funds. (a) Current year (b) Prior year (c) Two years back (d) Four years back (e) Four years back (d) Four years back <th< th=""><td>2a</td><td>Did the organization include an amou</td><td>nt on</td><td>Form 990, P</td><td>art X, line</td><td>e 21, for e</td><td>escrow or co</td><td>ustodia</td><td>l account liabilit</td><td>y? 🗌 Ye</td><td>s 🗌 No</td></th<>	2a	Did the organization include an amou	nt on	Form 990, P	art X, line	e 21, for e	escrow or co	ustodia	l account liabilit	y? 🗌 Ye	s 🗌 No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. In Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Contributions Image: Contretres Image: Contributions <th< th=""><td>b</td><td>If "Yes," explain the arrangement in P</td><td>art XII</td><td>II. Check her</td><td>re if the e</td><td>xplanatio</td><td>n has been</td><td>provid</td><td>ed on Part XIII .</td><td></td><td></td></th<>	b	If "Yes," explain the arrangement in P	art XII	II. Check her	re if the e	xplanatio	n has been	provid	ed on Part XIII .		
1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions	Par	V Endowment Funds.									
1a Beginning of year balance Image: Contributions Image: Contributions b Contributions Image: Contributions Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributis is indiced or contrib		Complete if the organization	n ansv	wered "Yes	<u>s" on For</u>	m 990, I	Part IV, line	e 10.			
b Contributions Image: Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions d Grants or scholarships Image: Contributions Image: Contributions Image: Contributions f Administrative expenses Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions Image: Contributions Image: Contributions g End of year balance Image: Contributions Image: Contributions <td< th=""><td></td><td></td><td>(a)</td><td>Current year</td><td>(b) Pr</td><td>ior year</td><td>(c) Two year</td><td>rs back</td><td>(d) Three years bac</td><td>k (e) Four</td><td>years back</td></td<>			(a)	Current year	(b) Pr	ior year	(c) Two year	rs back	(d) Three years bac	k (e) Four	years back
c Net investment earnings, gains, and losses	1a	Beginning of year balance									
losses image: scholarships image: scholarships e Other expenditures for facilities and programs image: scholarships f Administrative expenses image: scholarships g End of year balance image: scholarships g Description in Scholarships image: scholarships g Term endowment image: scholarships % G Term endowment image: scholarships % i) Unrelated organizations image: scholarships g Ipse: on line 3a(ii), are the related organiza	b										
e Other expenditures for facilities and programs	С										
programs	d	Grants or scholarships									
g End of year balance	е	•									
g End of year balance	f	Administrative expenses									
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% d The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment tunds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? d Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land 0 0 0 0 b Buildings 0 0 0 0 c 0 0 0 0 0 Description of property (a) Cost or other basis (b) Cost or other basis (c) Accu		•									
a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Term endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes (i) Unrelated organizations 3a(i) 3a(i) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii) 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 0 0 0 0 0 0 0 1a Land 0 0 0 b Buildings 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 <t< th=""><td>-</td><td>,</td><td>the cu</td><td>irrent year er</td><td>nd baland</td><td>ce (line 1c</td><td>, column (a</td><td>ı)) held</td><td>as:</td><td><u> </u></td><td></td></t<>	-	,	the cu	irrent year er	nd baland	ce (line 1c	, column (a	ı)) held	as:	<u> </u>	
b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations	а			,	%		, (,,			
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value (e) Accumulated (d	b										
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. (a(i) 3a(i) 3a(i) 3a(i) 3b 1 (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 0 <td>с</td> <td>Term endowment ► %</td> <td>)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	с	Term endowment ► %)								
organization by: Yes No (i) Unrelated organizations 3a(i) 3b 3c 3c <td></td> <td>The percentages on lines 2a, 2b, and</td> <td>2c sh</td> <td>ould equal 1</td> <td>00%.</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		The percentages on lines 2a, 2b, and	2c sh	ould equal 1	00%.						
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii) 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (i) vestment) (b) Cost or other basis (other) 1a Land 0 0 b Buildings 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 <td>3a</td> <td>Are there endowment funds not in th</td> <td>e pos</td> <td>session of th</td> <td>he organi</td> <td>zation th</td> <td>at are held</td> <td>and ac</td> <td>Iministered for t</td> <td>he</td> <td></td>	3a	Are there endowment funds not in th	e pos	session of th	he organi	zation th	at are held	and ac	Iministered for t	he	
(ii) Related organizations 3a(ii) 3a(ii) a lif "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 0 0 0 0 b Buildings 0 0 0 0 0 c Leasehold improvements 4,238 0 4,238 0 4,238 0 4,238 0 e Other 1,663 0 1,527 136		organization by:								· · · · · · · · · · · · · · · · · · ·	Yes No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value Ia Land Land		(i) Unrelated organizations								3a(i)	
4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.		(ii) Related organizations								3a(ii)	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	b	If "Yes" on line 3a(ii), are the related of	organiz	zations listed	d as requ	ired on So	chedule R?			3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1aLand00000bBuildings00000cLeasehold improvements00000dEquipment4,23804,2380eOther1,66301,527136					on's end	owment f	unds.				
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1aLand0000bBuildings0000cLeasehold improvements0000dEquipment4,23804,2380eOther1,66301,527136	Part										
1a Land (investment) (other) depreciation 1a Land . . 0		Complete if the organization	n ansv	wered "Yes	" on Fo	<u>m 990, l</u>	Part IV, line	e 11a.	See Form 990	, Part X, I	ine 10.
b Buildings		Description of property		.,		1.1				(d) Bool	< value
b Buildings	1a	Land			0		0				0
c Leasehold improvements 0	b				0		0		0		0
d Equipment . . 4,238 0 4,238 0 e Other . . 1,663 0 1,527 136	с	-			0		0		0		0
e Other		-			4,238		-		-		
	е						-				
	Total.			equal Form 9	90, Part	X, columr	n (B), line 10)c.) .			

Schedule D (Form 990) 2021

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on Form 990, Part	IV line 11h See	Form 990 Part X line	e 12
	(including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year mark	ion:
(1) Financial				
• •	neld equity interests			
(3) Other	· ·			
(A)				
(D)				
(F)				
(G)				-
(H) Total (Colu	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ►			
Part VIII	Investments – Program Related.			
n ant viir	Complete if the organization answered "Yes" on Form 990, Part	IV line 11c See F	Form 990 Part X line	e 13
	(a) Description of investment	(b) Book value	(c) Method of valuati	
		(2) 2001 Talao	Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ►			
Part IX	Other Assets.	N/ line 11d Cool	Server 000 Devit V lies	- 15
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11d. See f	b) Book v	
(1)	(a) Description			alue
(1) (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.)		. ►	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 11e or 11f	. See Form 990, Par	tΧ,
	line 25.			
1.	(a) Description of liability		(b) Book v	alue
(1) Federal in	ncome taxes			
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(7)				
(9)				
	mn (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 .

Schedu	le D (Form 990) 2021			Page 4
Part			Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,071,349
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	0		
b	Donated services and use of facilities	0		
С	Recoveries of prior year grants	0		
d	Other (Describe in Part XIII.)	0		
е	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	1,071,349
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	0		
b	Other (Describe in Part XIII.)	0		
_c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)		5	1,071,349
Part			er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements		1	1,685,278
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	0	-	
b	Prior year adjustments	0		
C.	Other losses	0		
d	Other (Describe in Part XIII.)	0		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	1,685,278
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	_		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	0		
b	Other (Describe in Part XIII.)	0		
с 5	Add lines 4a and 4b		4c 5	0
Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information.	<u>· · · · · ·</u>	5	1,685,278
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,	lines 1h and 2h	· Part V lin	a ∕l· Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			ie 4, i art X, inte
,		-		

	EDULE F	State	ement of	f Ac tivitie	s Outside the Uni	ted States	, L	OMB No. 1545-0047
(Forr	n 990)				ed "Yes" on Form 990, Part I			2021
	nent of the Treasury Revenue Service		io to <i>www.irs</i>		ach to Form 990. for instructions and the latest	t information.		Open to Public nspection
	of the organization							dentification number
ALLIA	ANCE FOR CHILE	REN EVERYW	HERE				ç	01-1704751
Par		Information		ies Outside	the United States. Con	nplete if the orga	anization a	answered "Yes" or
1		ce, the grante	es' eligibility	/ for the gran	cords to substantiate the a ts or assistance, and the s	selection criteria		🗹 Yes 🗌 No
2	outside the Ur	ited States.		-	's procedures for monitorir	-		d other assistance
	Activities per F (a) Regior		Ilowing Part (b) Number of offices in the region	I, line 3 table of employees, agents, and independent contractors in the region	 (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) 	(e) If activity liste a program s describe specif service(s) in th	ed in (d) is ervice, ic type of	(f) Total expenditures for and investments in the region
(1)	Sub-Saharan Afr	ica	0	0	Grantmaking			852,370
(2)		100			Grannanng			002,010
(3)								
(4)								
(5)								
(6) (7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								

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

0

0

Subtotal

Total from continuation

(16)

(17)

3a

b

852,370

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Sub-Saharan Africa	PROVIDING OPERATI	618,130	WIRE TRANSFER	234,240	FOOD AND SUPPLIES	FMV
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2				sted above that are re which the grantee or ce					1
3				ties					1

Schedule F (Form 990) 2021

Part III

Part III can be duplica					-	1	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Page 3 Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Schedule F (Form 990) 2021

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

Schedule F (Form 990) 2021

Part V Supplemental Information

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

Schedule F, Part I, Line 2 - ACE ACCOMPLISHES ITS PURPOSE THROUGH A PARTNERSHIP AGREEMENT WITH A NONPROFIT
CHRISTIAN CORPORATION REGISTERED IN ZAMBIA. THE FOREIGN NONPROFIT PROVIDES DAY-TO-DAY OPERATIONAL
SERVICES IN ZAMBIA WITH OVERSIGHT AND SUBSTANTIAL FUNDING FROM ACE. THE PARTNERSHIP AGREEMENT REQUIRES
TWO BOARD MEMBERS OF ACE TO BE ON THE BOARD OF THE FOREIGN NONPROFIT TO ALLOW FOR OVERSIGHT.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2021

Open to Public

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

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

Name of the organization

	Inspection
Employer identificat	ion number

91-1704751

ALLIANCE FOR CHILDREN EVERYWHERE

Part	I ypes of Property				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art-Works of art				
2	Art-Historical treasures				
3	Art-Fractional interests				
4	Books and publications				
5	Clothing and household				
	goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities-Publicly traded				
10	Securities – Closely held stock				
11	Securities-Partnership, LLC,				
	or trust interests				
12	Securities-Miscellaneous				
13	Qualified conservation				
	contribution-Historic				
	structures				
14	Qualified conservation				
	contribution-Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate-Other				
18	Collectibles				
19	Food inventory	~	5	234,240	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► ()				
26	Other ► ()				
27	Other ► ()				
28	Other ► ()				
29	Number of Forms 8283 received				
	which the organization completed	Form 8283	3, Part V, Donee Acknowled	dgement	29
					Yes No
30a	During the year, did the organization				
	28, that it must hold for at least t				
	to be used for exempt purposes		e noiding period?		· · · 30a 🖌
b	If "Yes," describe the arrangemen				
31	Does the organization have a				
	contributions?				· · · · 31 🗸

- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash If "Yes," describe in Part II. b
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

32a

~

Schedule M (Form 990) 2021 Page 2				
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.			
Schedule M	, Part I, Line 19 - THE ORGANIZATION RECEIVED FIVE SHIPMENTS OF FOOD INVENTORY			

SCHE	DUL	E ()
(Form	990	or	990-EZ

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or Form 990-EZ.

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



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

ALLIANCE FOR CHILDREN EVERYWHERE	91-1704751
Form 990, Part VI, Section B, Line 11b - THE EXECUTIVE DIRECTOR AND TREASURER REVIEW THE FOR	M 990 ON BEHALF OF THE
BOARD BEFORE FILING	
Form 990, Part VI, Section B, Line 12c - BOARD MEMBERS ARE REQUIRED TO ANNOUNCE SUCH MATTE	RS AS THEY ARISE AT THE
NEXT BOARD MEETING	
Form 990, Part VI, Section B, Line 15 - THE ACE BOARD OF DIRECTORS ANNUALLY EVALUATE THE EXE	CUTIVE DIRECTOR ON
HIS/HER PERFORMANCE, AND ASK FOR HIS/HER INPUT ON MATTERS OF PERFORMANCE AND COMPE	
BOARD CHAIR OBTAINS RESEARCH AND INFORMATION TO MAKE A RECOMMENDATION TO THE FULL	
COMPENSATION (SALARY AND BENEFITS) OF THE EXECUTIVE DIRECTOR (AND OTHER HIGH COMPEN	
CONSULTANTS) BASED ON A FULL BOARD REVIEW OF PERFORMANCE AGAINST APPROVED ANNUAL	
RELATIVE WAGE-BASED COST OF LIVING INCREASE METRICS. IN ADDITION, AT LEAST EVERY THREE	
CHAIR SECURES DATA THAT DOCUMENTS COMPENSATION LEVELS AND BENEFITS FOR SIMILARLY C	
INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS. THIS DATA MAY INCLUDE TH	
AND BENEFIT COMPENSATION STUDIES BY INDEPENDENT SOURCES, 2. WRITTEN JOB OFFERS FOR P	
ORGANIZATIONS, 3. DOCUMENTED TELEPHONE CALLS ABOUT SIMILAR POSITIONS AT BOTH NONPRO	
ORGANIZATIONS, AND 4. INFORMATION OBTAINED FROM THE IRS FORM 990 FILINGS OF SIMILAR ORG	
Form 990, Part VI, Section C, Line 19 - ALL GOVERNING DOCUMENTS AND 990S ARE AVAILABLE FOR P	
ORGANIZATION'S OFFICE	

Cat. No. 51056K

Schedule O, Statement 1 ALLIANCE FOR CHILDREN EVERYWHERE Form: Form 990 (2021) EIN: 91-1704751 Page: 6 Part VI, Section C, Line 17 States Where Copy Of Return Is Filed States AK AL CA СТ FL GA KS KΥ MD MI NC OK OR PA RI SC ΤN WI WV