

December 16, 2022

Family & Children's Place, Inc. 525 Zane Street Louisville, Kentucky 40203

Re: Public Disclosure of Exempt Organization Income Tax Return(s)

The attached copy of your organization's Exempt Organization Income Tax Return(s) is to be used as your Public Disclosure Copy. As you may be aware, the income tax law now requires tax exempt organizations to provide and/or make available copies of their income tax returns for the most recent three years to any person requesting them. In addition, the organization must provide and/or make available a copy of its Application for Recognition of Tax Exempt Status (Form 1023) if the organization had a copy in its files in July 1987 or later.

All information in the Exempt Organization Income Tax Return(s) and Form 1023 must be provided, except donors' names may be masked on Schedule B, if applicable.

We have prepared the attached "Public Disclosure" copy of the Exempt Organization Income Tax Return(s) for your organization to use in making copies when requested, and we recommend that you assign someone on your staff to establish a procedure for addressing requests for copies. The IRS may impose significant penalties when organizations do not provide copies of their Exempt Organization Income Tax Return(s) and Form 1023.

Dening, Molone, Lieusay & Ortroff

Should you have questions regarding the public disclosure requirements, please feel free to call us.

Yours very truly,

Enclosures

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	± 2021 calendar year, or tax year beginning $\pm JUL/1$, ± 2021 and ϵ	ل ending	UN 30, 2022	
	heck if pplicabl	C Name of organization		D Employer identific	cation number
	Addre chang	FAMILY & CHILDREN'S PLACE, INC.			
	Name chang	Doing business as		61-05495	61
	_initial _return _Final _returni	525 7 אוד פייטדייייי	Room/suite	E Telephone number (502)893	
	lermin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts S	44 969 306
	Amen			H(a) Is this a group re	eturn
	Applic			for subordinates	
	pendi	SAME AS C ABOVE			cluded? Yes No
į T	ax-ex	empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) o	r 527	If "No," attach a	list. See instructions
		e: > WWW.FAMILYANDCHILDRENSPLACE.ORG		H(c) Group exemptio	n number 🕨
		organization: X Corporation	L Year		A State of legal domicile; KY
		Summary	•		
	1	Briefly describe the organization's mission or most significant activities: ${ m { t TO}}{ m { t PF}}$	COTECT	CHILDREN, I	FAMILIES
Ç		AND COMMUNITIES FROM VIOLENCE, ABUSE AND 1	NEGLEC	T AND HELP	THEM HEAL.
Activities & Governance	1	Check this box if the organization discontinued its operations or dispose			
ver		*		3	20
Ĝ	1	Number of independent voting members of the governing body (Part VI, line 1b)			20
ශ් ග	1	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			120
itie	1	Total number of volunteers (estimate if necessary)		[]	246
- ≩		Total unrelated business revenue from Part VIII, column (C), line 12		ł l	0.
ĕ		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		9,520,162.	8,720,412.
Ď		Program service revenue (Part VIII, line 2g)		1,374,931.	1,615,798.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	ſ	64,187.	170,871.
ď	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		201,437.	277,746.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		11,160,717.	10,784,827.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
6	4.5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,886,736.	4,123,410.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	22,000.
ber	b	Total fundraising expenses (Part IX, column (D), line 25) > 576,24			
ЩX	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,771,787.	7,406,749.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,658,523.	11,552,159.
	1	Revenue less expenses. Subtract line 18 from line 12		502,194.	-767,332.
5%			Ве	ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		10,713,422.	8,791,657.
ASS	21	Total liabilities (Part X, line 26)		4,911,210.	3,569,825.
Set	22	Net assets or fund balances. Subtract line 21 from line 20		5,802,212.	5,221,832.
Pa	art II	Signature Block			
Und	er pena	ilties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	/ knowledge and belief, it is
true,	, correc	at, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
Sign	n	Signature of officer		Date	
Her	e	PAM DARNALL, PRESIDENT/CEO			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check [PTIN
Paid	1	SARAH K. ANTLE SARAH K. ANTLE		2/16/22 ser-employ	
Prep	arer	Firm's name DEMING MALONE LIVESAY & OSTROFF		Firm's EIN ▶	61-1064249
Use	Only	Firm's address > 9300 SHELBYVILLE ROAD SUITE 1100			
_		LOUISVILLE, KY 40222-5187	<u></u>	Phone no. (5	02)426-9660
May	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No

(Expenses \$ 1,742,586 ⋅ including grants of \$ e Total program service expenses ► 10,420,314 ⋅

Form **990** (2021)

685,541.1

) (Revenue \$

4d Other program services (Describe on Schedule O.)

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A Х 2 Is the organization required to complete Schedule B. Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? # "Yes," complete Schedule D, Part # 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Х 8 Schedule D. Part III 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? Х If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х 10 or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 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 Х assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII c. Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 Х Part X, line 16? If "Yes," complete Schedule D, Part IX Х e Did the organization report an amount for other fiabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 Х 14b or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), fine 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines Х 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "Yes." 19 Х complete Schedule G, Part III Х 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II.

Form 990 (2021)

Pai	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			٠,
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_	<u> </u>
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes," complete	-	x	
	Schedule J	23		\vdash
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a	ĺ	x
h	Schedule K. If "No," go to line 25a	24a 24b	<u> </u>	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		\vdash
c		24c		
ام ا	any tax-exempt bonds? Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		\vdash
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
25a	transaction with a disqualified person during the year? If "Yes." complete Schedule L. Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? # "Yes," complete			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
07	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
00	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
28	instructions for applicable filing thresholds, conditions, and exceptions):			
_	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		28a		х
L	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? #	200		
Ç	·	28c		х
20	'Yes," complete Schedule L, Part IV	29	х	
29	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		一
30	-	30		х
24	contributions? If 'Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, complete			
32		32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
34	· · · · · · · · · · · · · · · · · · ·	34		х
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	300		
ь	within the meaning of section 512(b)(13)? If 'Yes," complete Schedule R, Part V, line 2	35b		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00.5		
36	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	 		 -
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	 		<u> </u>
30	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	_ ~~		
	Check if Schedule O contains a response or note to any line in this Part V			
	Chapter Contracts Contains a respective or new to dry me in one care?		Yes	No
4.~	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 30		,,,,	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	İ		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning	İ		
٠	(gambling) winnings to prize winners?	1c	Х	
13200	3 12 09-21			(2021)

132004 12-09-21

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes Nο 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, 120 filed for the calendar year ending with or within the year covered by this return Х 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 e-file. See instructions. X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? **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). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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? Х 6a **b** If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Х Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a 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? 9Ы 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 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.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand. X 14a Did the organization receive any payments for indoor tanning services during the tax year? b. If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O ... 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.

09581216 757979 0570301

FAMILY & CHILDREN'S PLACE, INC. 61-0549561 Form 990 (2021) Part VI Governance, Management, and Disclosure. For each 'Yes" response to lines 2 through 7b below, and for a "No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 20 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. 20 b Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х Х b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х 9 organization's mailing address? If 'Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c. Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х on Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 Х 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a Х b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 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? Section C. Disclosure

17	List the stat	tes with v	vhich a	сору	of this	Form	990 is	required	to be	filed	$\blacktriangleright \underline{\mathbf{K}}\underline{\mathbf{Y}}$

525 ZANE STREET, LOUISVILLE, KY

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request

Other (explain on Schedule O)

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.

State the name, address, and telephone number of the person who possesses the organization's books and re ADAM FARIS, FAMILY & CHILDREN'S PLACE, INC. - 502-893-3

cords	▶	
900		

40203

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.

(A) Name and title	(B) Average hours per week	(do box,		(C Posi neck r	ition	l than d s both	one nan	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustae or director	histituttana mustaa	Ollise	Key emalayes	Highest compensated employee	Ferme:	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) PAM DARNALL	57.00									
PRESIDENT/CEO				Х		<u> </u>		147,973.	0.	6,798.
(2) ADAM FARIS	37.50								_	
VICE PRESIDENT OF FINANCE				Х				74,599.	0.	6,065.
(3) CHARMAINE SMITH	37.50									
COO (EFFECTIVE 10.18.21)				Х		L		16,347.	0.	0.
(4) KEVIN MERIWEATHER	1.00						•			
DIRECTOR		Х						0.	0.	0.
(5) DALLAS SELVY	1.00									
DIRECTOR		X						0.	0.	0.
(6) TIFFANY KOLLER	1.00									
DIRECTOR		X						0.	0.	0.
(7) EARL JONES	1.00									
DIRECTOR		X						0.	0.	<u>0.</u>
(9) JILL JACOBI-VESSELS	1.00									
DIRECTOR		Х					<u> </u>	0.	0.	0.
(9) SHANA RIGGS	1.00									
DIRECTOR		Х				<u> </u>		0.	0.	0.
(10) RICH GARNER	1.00									
VICE CHAIRPERSON		X		Х				0.	0.	0.
(11) TERRENCE SPENCE	1.00									
DIRECTOR		X						0.	0.	0.
(12) BILL EHRIG	1.00									
DIRECTOR		Х						0.	0.	0.
(13) TONY SCHWALLIE	1.00									
DIRECTOR		Х						0.	0.	0.
(14) HARRIET LAIR	1.00		Γ"							
CHAIRPERSON		Х		Х				0.	0.	0.
(15) DOUGLAS HAYNES	1.00									
DIRECTOR		Х			L			0.	0.	0.
(16) MARY EAVES	1.00									
DIRECTOR		X						0.	0.	0.
(17) KIM FRIEND	1.00									
SECRETARY/TREASURER		Х		Х				0.	0.	0.

132007 12-09-21

Form 990 (2021)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
(A)		(B)			(C	-			(D)	(E)			(F)	
Name and	title	Average	ida	not ch		ition		nne	Reportable	Reportable		Es	timated	
		hours per	бох	unles	s per	son i	s both	ar	compensation	compensatio		аг	nount of	
		week	 	cer and	3 8 01	recto	or/ (musi	ee;	from	from related			other	
		(list any hours for	clos						the	organizations (W-2/1099-MIS			pensation	1
		related	, o .	125			pates		organization (W-2/1099-MISC/	1099-NEC)		1	om the anization	
		organizations	rusle	ŝ		6.5	ned L		1099-NEC)	1033-NEO,			d related	
		below	Individual trustee or deector	institutional trustae	_	nphay	S; C0	123	10001120,				anizations	
		line)	Indix	Instit	Отпер	Key emptoyee	Highest compensated employee	Fèrmer				J		
(18) SHELLIE BENOVITZ		1.00												
DIRECTOR			X						0.	<u></u>	0.		0	
(19) TY ANDERSON		1.00												
DIRECTOR			X						0.		0.		0	•
(20) DR. STACIE GROSS	FELD	1.00										•		
DIRECTOR			X				╙		0.		0.		0	•
(21) KELLY MRSIC		1.00							_		_		_	
DIRECTOR			X				<u> </u>		0.		0.		0	•
(22) BRITNEY SMITH		1.00												
DIRECTOR			Х				┝		0.		0.		0	•
(23) CHERI COLLIS WHI	TE	1.00											0	
DIRECTOR			Х				-	_	0.		0.		0	•
							\vdash	-						—
							}							
				H							-			—
			ĺ											
Al- C. ba-4-1		L	<u> </u>			<u> </u>	<u> </u>		238,919.		0.	1	2,863	—
1b Subtotal c Total from continuat									0.		ŏ.		0	
d Total (add lines 1b a									238,919.		0.	1	2,863	
							a) wh	io re	eceived more than \$100,	000 of reportable			_, , , , ,	Ť
compensation from th		QC IIII III GG LG CI		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 0.0	, , , ,	,, ,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					1
oon parious in the second													Yeş No	o-
3 Did the organization li	st any former officer,	director, truste	ee, k	еу е	mpl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," com												3	Х	
									ner compensation from t	he organization				
									for such individual			4	Х	
									ed organization or individ					
rendered to the organ	ization? If "Yes," com	olete Schedule	e <i>J f</i>	or su	ch i	oers	on					5	Х	
Section B. Independent C	Contractors													
 Complete this table for 	or your five highest co	mpensat <mark>ed i</mark> nd	lepe	nder	nt co	ontra	acto	rs th	hat received more than \$	100,000 of comp	ensat	tion fro	om	
the organization. Repo	ort compensation for	the calendar ye	ear e	ndin	g w	ith c	or wi	thir	the organization's tax y	ear.				_
	(A)								(B)		_)	
	Name and business	address							Description of s	services		ompe	nsation	
IMPACTV						~ ~	_		3 000 I D I D I D I D I D I D I D I D I D	DDITTORG		1 7		
3630 DUTCHMANS			<u> </u>	Υ .	4 U	20	2		ACCOUNTING S	ERVICES		Τ2	3,602	•
ADVANCED BUSIN			3.7	40	20	_			MECINICI COV G	maoaan		11	4 740	
1745 PAYNE STR	EET, LOUISV	TTTE, K	<u>Y</u>	40.	2 U	0			TECHNOLOGY S	OFFORT		<u> </u>	4,740	•
														
		<u>.</u> .												_
2 Total number of indep	endent contractors (ii	ncluding but no	ot lir	nited	to	thos	se lis	ted	above) who received m	ore than				
\$100,000 of compens							2							

						LDREN'S PI	LACE, INC.		61-0549	561 Page 9
Par	τ 1	/111								;J
			Check if Schedule O	conta	ins a response	or note to any line	e in this Part VIII (A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded
2 %	1	а	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues							İ
وَق			Fundraising events							
ar A			Related organizations							
S,S		е	Government grants (contr	ibutio	ns) 1e	7,543,817.				
E S		f	All other contributions, gifts,	grants	s, and					
퓵			similar amounts not included	above	3 1f	1,176,595.				
들일		g	Noncash contributions included in	lines 1a	anf 1g \$	89,342.				
<u>ပရိ</u>		ħ	Total. Add lines 1a-1f				8,720,412.			
						Business Code				
ey	2	а	PROGRAM SERVICE FEE:	S		900099	1,615,798.	1,615,798.		
E K		ь								
ည်ရှိ		С								
튽졁		d						1		
Program Service Bevenue		e								
<u>~</u>			All other program service	rever	iue		1 615 300			
			Total. Add lines 2a-2f				1,615,798.	<u> </u>	 	
	3		Investment income (include	-			111 200			111 200
			other similar amounts)				111,209.	-		111,209.
	4		Income from investment of		exempt bond	proceeds				
	5		Royalties		(i) Real	(ii) Personal		1		
		_	C		160,832]		
	ь		Gross rents	6a 6b	100,002					
			Less: rental expenses Rental income or (loss)	ВС	160,832				i	
1			Net rental income or (loss			· l	160 832.	160,832.		
	7		Gross amount from sales of	"	(i) Securities	(ii) Other				
	,	_	assets other than inventory	7a	337,161					
		b	Less: cost or other basis		· · · · · · · · · · · · · · · · · · ·			:		
<u>a</u>			and sales expenses	7b	277,499					
E E		С	Gain or (loss)	-	59,662					
ě			Net gain or (loss)				59,662.			59,662.
Other Revenu	8		Gross income from fundraisi							
8			including \$							
			contributions reported on							
			Part IV, line 18		8	а				
			Less: direct expenses		8	b				
		¢	Net income or (loss) from	fundi	raising events	>			_	
	9	a	Gross income from gamir	ig act	ivities. See					
			Part IV line 19		Q	اها		1	1	1

132009 12-09-21

b

Miscellaneous Revenue

170,871.

٥.

116,914.

116,914.

10,784,827.

▶

Business Code

900099

10a

11 a OTHER INCOME

d All other revenue

e Total. Add lines 11a-11d

b Less: direct expenses
c Net income or (loss) from gaming activities
10 a Gross sales of inventory, less returns
and allowances

116,914.

1,893,544.

Form 990 (2021) FAMILY & CHIL Part IX Statement of Functional Expenses

Do.	Check if Schedule O contains a response of include amounts reported on lines 6b.	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	275,055.	120,389.	111,909.	42,757
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,175,959.	2,788,277.	89,285.	298,397
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	109,192.	95,306.	10,288.	3,598
9	Other employee benefits	309,404.	278,532.	6,312.	24,560
10	Payroll taxes	253,800.	215,277.	17,764.	20,759
11	Fees for services (nonemployees):				
а	Management				
b	Legal	16,450.	13,728.	2,387.	335
C	Accounting	37,825.		37,825.	
	Lobbying				
ę	Professional fundraising services. See Part IV, line 17	22,000.			22,000
f	Investment management fees	11,009.		11,009.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch ().)	337,298.	234,110.	103,188.	
12	Advertising and promotion	180,366.	98,450.	1,034.	80,882
13	Office expenses	297,698.	273,033.	13,087.	11,578
14	Information technology				
15	Royalties				
16	Occupancy	234,157.	205,155.	22,325.	6,677
17	Travel	101,373.	100,352.	636.	385
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	110,208.	108,961.	193.	1,054
20	Interest	99,175.	51,570.	47,605.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	249,676.	200,659.	39,114.	9,903
23	Insurance				
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	F 200 051	E 000 00*		
	PROGRAM CONTRACT SERVIC	5,289,264.	5,289,264.	35 (55	
	OTHER EXPENSES	421,267.	333,597.	35,655.	52,015
C		20,983.	13,654.	5,989.	1,340
d					
	All other expenses	11 550 150	10 420 214		E76 040
25	Total functional expenses. Add lines 1 through 24e	11,552,159.	10,420,314.	555,605.	576,240
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 fullowing SOP 98-2 (ASC 958-720)				Form 990 (20)

Pai	tΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,010.	1	895
	2	Savings and temporary cash investments	836,352.	2	145,892
	3	Piedges and grants receivable, net	632,594.	3	358,819
	4	Accounts receivable, net	692,169.	4	535,440
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			-
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		.	
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
çç.	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	434,161.	9	52,742
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 8,414,234.			
	b	Less: accumulated depreciation 10b 2,613,181.	5,837,454.	10c	5,801,053
	11	Investments - publicly traded securities	2,154,314.	11	1,780,641
	12	Investments - other securities. See Part IV, line 11	• • •	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	125,368.	15	116,175
	16	Total assets. Add lines 1 through 15 (must egual line 33)	10,713,422.	16	8,791,657
	17	Accounts payable and accrued expenses	525,143.	17	198,600
	18	Grants payable		18	
	19	Deferred revenue	489,441.	19	140,556
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
o,	22	Loans and other payables to any current or former officer, director,			
i‡e		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
ت	23	Secured mortgages and notes payable to unrelated third parties	2,247,904.	23	2,727,122
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1,648,722.	25	503,547
	26	Total liabilities. Add lines 17 through 25	4,911,210.	26	3,569,825
		Organizations that follow FASB ASC 958, check here 🕨 🗓			
Ses		and complete lines 27, 28, 32, and 33.			
<u>ā</u>	27	Net assets without donor restrictions	3,835,166.	27	3,389,910
Ba	28	Net assets with donor restrictions	1,967,046.	28	1,831,922
ñ		Organizations that do not follow FASB ASC 958, check here			
ĭ		and complete lines 29 through 33.			
5 0	29	Capital stock or trust principal, or current funds		29	<u></u>
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	5,802,212.	32	5,221,832
	33	Total liabilities and net assets/fund balances	10,713,422.	33	8,791,657

Form 990 (2021)

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Form 990 (2021)

За.

Act and OMB Circular A-133?

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OME No. 1545-0047

2021

Open to Public Inspection

Name of the organization Employer identification number 61-0549561 FAMILY & CHILDREN'S PLACE, Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. 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. 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. 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. 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. 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). (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1:10 support (see instructions) organization support (see instructions) above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		` '				1
	membership fees received. (Do not					: 	
	include any "unusual grants.")	3365161.	3021887.	6159162.	9520162.	8720412.	30786784.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to		•				
	the organization without charge						
4	Total. Add lines 1 through 3	3365161.	3021887.	6159162.	9520162.	8720412.	30786784.
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)	_					<u> </u>
6	Public support. Subtract line 5 from line 4.						30786784.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	3365161.	3021887.	6159162.	9520162.	8720412.	30786784.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	:	:				
	and income from similar sources	209,223.	253,250.	214,347.	221,180.	272,041.	1170041.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	2,736.					2,736.
10	Other income. Do not include gain						
	or loss from the sale of capital					<u> </u>	
	assets (Explain in Part VI.)	15,691.	14,112.	2,334.	44,444.	116,914.	193,495.
11	Total support. Add lines 7 through 10						32153056.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12 8	,501,310.
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, t	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
<u>Se</u>	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (li	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	95.75 %
	Public support percentage from 2020					15	95.64 %
16a	33 1/3% support test - 2021. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
Ŀ	33 1/3% support test - 2020. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization quali	ifies as a publicly s	supported organiza	ation			▶∟
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	theck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organi;	zation
	meets the facts-and-circumstances te				•		
t	10% -facts-and-circumstances test						10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu						▶∐
18	Private foundation. If the organization	n did not check a l	<u>box on line 13, 16a</u>	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s
						Schedule A	(Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 1 Gifts, grants, contributions, and	(f) Total
	(T) Total
1 Gitts grants contributions and 1 1 1 1	
membership fees received. (Do not	
include any "unusual grants.")	
2 Gross receipts from admissions, merchandise sold or services per-	
formed, or facilities furnished in	
any activity that is related to the	
organization's tax-exempt purpose	
3 Gross receipts from activities that	
are not an unrelated trade or bus- iness under section 513	
4 Tax revenues levied for the organ-	
ization's benefit and either paid to	
or expended on its behalf	
5 The value of services or facilities	
furnished by a governmental unit to	
the organization without charge	
6 Total. Add lines 1 through 5	
7a Amounts included on lines 1, 2, and	
3 received from disqualified persons b Amounts included on lines 2 and 3 received	
from other than disqualified persons that	
exceed the greater of \$5,000 or 1% of the	
amount on line 13 for the year	
c Add lines 7a and 7b	
8 Public support. (Subjection line 6.) Section B. Total Support	
	(6) Total
Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021	(f) Total
9 Amounts from line 6 10a Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	
and income from similar sources	
b Unrelated business taxable income	
(less section 511 taxes) from businesses acquired after June 30, 1975	
c Add lines 10a and 10b 11 Net income from unrelated business	
activities not included on line 10b,	
whether or not the business is	
regularly carried on 12 Other income. Do not include gain	
or loss from the sale of capital	
assets (Explain in Part VI.)	
13 Total support. (Add lines 9, 10c, 11, and 12)	
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,	
Section C. Computation of Public Support Percentage	
15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 16 Public support percentage from 2020 Schedule A, Part III, line 15 16	// 0
Section D. Computation of Investment Income Percentage	
17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	/
19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is n	
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	ightharpoonup
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	····· [H
132023 01-04-22 Schedule A (For	m 990) 2021

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
 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?
- 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 Lof Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	. "	
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3c		
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9c	;	
<u> </u>		
10a		
106		
10b		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	<u> </u>		
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
•	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
·	detail in Part VI.	11c		\vdash
Sec	tion B. Type I Supporting Organizations	110	1	
			Yes	No
	Did the covered a back, members of the governing back, officers acting in their officers consolity, or membership of any or		165	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		ļ	
	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	İ		
	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.	<u> </u>		\vdash
2	Did the organization operate for the benefit of any supported organization other than the supported		ĺ	
	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.	<u> </u>	ļi	
600	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2	L	L
<u> </u>	tion C. Type ii Supporting Organizations	•	l	
		r	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	l		
	or trustees of each of the organization's supported organization(s)? If 'No," describe in Part VI how control	l		
	or management of the supporting organization was vested in the same persons that controlled or managed	ļ	 	
	the supported organization(s).	1	L	
<u> </u>	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			<u> </u>
	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	⊢—	Ļ	<u> </u>
	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	ļ		
	significant voice in the organization's investment policies and in directing the use of the organization's	ĺ		ĺ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			<u> </u>
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
þ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	ł		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			1
	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			<u> </u>
	these activities but for the organization's involvement.	2b	ļ.,	L
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	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? # "Yes" or "No" provide details in Part VI.	3a		
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	L		
	of its supported executations? Will/a II describe in Doct VII should refer to the association in this second	26		1

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	lov. 20, 1970 (<i>explain in</i> 1	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3	<u>. </u>	
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		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4	. <u></u>	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	inization (see
	instructions)	_		•

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D -	Distributions				Current Year	
1	Amou	nts paid to supported organizations to accomplish exer	npt purposes		1		
2	Amou	nts paid to perform activity that directly furthers exempt	purposes of supported				
	organ	izations, in excess of income from activity			2		
3	Admir	nistrative expenses paid to accomplish exempt purposes	3				
4	Amou	nts paid to acquire exempt use assets	4				
5	Qualif	ied set aside amounts (prior IRS approval required - pro	5	,			
6	Other	distributions (describe in Part VI). See instructions.			6		
7	Total	annual distributions. Add lines 1 through 6.			7		
8	Distrit	outions to attentive supported organizations to which the	e organization is responsive	•			
	(provid	de details in Part VI). See instructions.			8		
9	Distrit	outable amount for 2021 from Section C, line 6			9		
10	Line 8	amount divided by line 9 amount			10		
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	15	(iii) Distributable Amount for 2021	
1	Distrit	outable amount for 2021 from Section C, line 6					
2	Under	rdistributions, if any, for years prior to 2021 (reason-			1		
		ause required - explain in Part VI), See instructions.				· ·	
3	Exces	s distributions carryover, if any, to 2021					
а	From	2016					
b	From	2017					
¢	From	2018					
đ	From	2019					
ę	From	2020					
ſ	Total	of lines 3a through 3e					
g	Applie	ed to underdistributions of prior years					
		ed to 2021 distributable amount					
<u>i</u>		over from 2016 not applied (see instructions)					
_ <u>_</u>		inder. Subtract lines 3g, 3h, and 3i from line 3f.				<u> </u>	
4		outions for 2021 from Section D,					
	line 7:						
		ed to underdistributions of prior years					
		ed to 2021 distributable amount					
		inder. Subtract lines 4a and 4b from line 4.		<u></u>			
5		ining underdistributions for years prior to 2021, if			i		
	-	Subtract lines 3g and 4a from line 2. For result greater					
		tero, explain in Part VI. See instructions.					
6		ining underdistributions for 2021. Subtract lines 3h					
		b from line 1. For result greater than zero, explain in					
		/I. See instructions.				·	
7		ss distributions carryover to 2022. Add lines 3j					
	and 4					·	
		down of line 7:				<u> </u>	
		s from 2017					
		ss from 2018					
		s from 2019					
		s from 2020	<u>.</u>				
e	EXCES	s from 2021		L		L	

Schedule A (Form 990) 2021

** PUBLIC DISCLOSURE COPY **

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545/0047

2021

Employer identification number Name of the organization 61-0549561 FAMILY & CHILDREN'S PLACE, INC. Organization type (check one) Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

FAMILY	&	CHILDREN'S	PLACE	, INC.
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61-0549561

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		s394,567.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		s <u>6,330,393.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		s <u>245,747.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 210,364.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		s <u>175,979.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

123452 11-11-21

Name of organization

Employer identification number

FAMILY & CHILDREN'S PLACE, INC.

61-0549561

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of organization

Employer identification number

[₁ <u>X</u> &	CHILDREN'S PLACE, I	NC.	61-0549561
— froi	m nou ana cantributar. Campleta salument fe	a) through (e) and the following line ent charitable etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the try. For organizations less for the year. (2009 this includes) \$
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
+	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t
	Transferee's name, address, a	ind ZIP + 4	Relationship of transferor to transferee
	141-0		
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
		(e) Transfer of gif	t
	Transferee's name, address, a	ind ZIP + 4	Relationship of transferor to transferee
			• • • • • • • • • • • • • • • • • • • •
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
+			
_			
		(e) Transfer of gif	t
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2021

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

Section	n 501(c)(4), (5), or (6) organizat	tions: Complete Part III.			
Name of o				Emp	oyer identification number
	FAMILY	& CHILDREN'S PLAC	CE, INC.		61-0549561
Part I-A	Complete if the org	janization is exempt unde	er section 501(c)	or is a section 527 or	ganization.
1 Provid	de a description of the organiz	ration's direct and indirect politica	al campaign activities i	in Part IV.	
2 Politic	al campaign activity expendit	tures			
3 Volun	teer hours for political campai	ign activities			
				0	
		janization is exempt unde			
		incurred by the organization und			
		incurred by organization manage			
	-	in 4955 tax, did it file Form 4720			
			,		Yes No
b If "Ye	s," describe in Part IV.	animalian is airamas mad	or coation E01(a)	event coation 501/a	1/2)
		janization is exempt und			
		d by the filing organization for sec			
		ization's funds contributed to oth			
exem	pt function activities				·
	•	s. Add lines 1 and 2. Enter here a			
		1120-POL for this year?			
		nployer identification number (Elf			
		ition listed, enter the amount paid omptly and directly delivered to a			
		additional space is needed, prov			e segregated forth of a
- Point		T .		· · · · · · · · · · · · · · · · · · ·	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate
					political organization. If none, enter -0
-					1110110, 01101 0 :
					
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	•				<u> </u>
		1			
-					

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

Schedule C (Form 990) 2021

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes' response on lines 1a through 1i below, provide in Part IV a detailed description	(8	a)	(t	p)
of the lobbying activity.	Yes	No	Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		Х		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?	X			30
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i Other activities?	•	X		
j Total. Add lines 1c through 1i				30
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b. If "Yes," enter the amount of any tax incurred under section 4912				
c If 'Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		_		
Part III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	ction	
501(c)(6).				
	" -		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
, , , , , , , , , , , , , , , , , , , ,				
z – i microne orozutzanich make dany nemiose radovnici exdedithures ul 32.000 ci less (2		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "	e prior year n 501(c) (? <u>з</u> 5), or sec		3, is
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section	e prior year n 501(c)(i 'No" OR	2 3 5), or sec (b) Part		3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes."	e prior year n 501(c)(: 'No" OR	2 3 5), or sec (b) Part		3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members	e prior year n 501(c)(: 'No" OR	2 3 5), or sec (b) Part		3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year n 501(c)('No" OR	2 3 5), or sec (b) Part		3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	e prior year n 501(c)(i 'No" OR	? 3 5), or sec (b) Part		3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year	e prior year n 501(c)('No" OR	2 3 5), or sec (b) Part		3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year	e prior year n 501(c)('No" OR	2 3 5), or sec (b) Part		3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	e prior year n 501(c)('No" OR	2 3 5), or sec (b) Part		3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	e prior year n 501(c)(: 'No" OR	2 3 5), or sec (b) Part		3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	e prior year n 501(c)(: 'No" OR	2 3 5), or sec (b) Part		3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedable organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures. See instructions	e prior year n 501(c)(: 'No" OR	2 3 5), or sec (b) Part		3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedable organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures. See instructions	e prior year n 501(c)(: 'No" OR	2 3 5), or sec (b) Part 2a 2b 2c 3		3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedages the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures. See instructions Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information.	e prior year n 501(c)(: 'No" OR cal	2 3 5), or sec (b) Part 2a 2b 2c 3	III-A, line	3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year n 501(c)(: 'No" OR cal	2 3 5), or sec (b) Part 2a 2b 2c 3	III-A, line	3, is
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedable the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pole expenditure next year? 5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, LINE 1, LOBBYING ACTIVITIES:	e prior year n 501(c)(: 'No" OR cal	2 3 5), or sec (b) Part 2a 2b 2c 3 4 5	nd 2 (See	3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedages the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures. See instructions Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information.	e prior year n 501(c)(: 'No" OR cal	2 3 5), or sec (b) Part 2a 2b 2c 3 4 5	nd 2 (See	3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polyper expenditure next year? 5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES: DUES PAID TO VARIOUS ORGANIZATIONS OF WHICH A PORTION	e prior year n 501(c)(: 'No" OR cal	2 3 5), or sec (b) Part 2a 2b 2c 3 4 5	nd 2 (See	3, is
Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polyper expenditure next year? 5 Taxable amount of lobbying and political expenditures. See instructions Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES: DUES PAID TO VARIOUS ORGANIZATIONS OF WHICH A PORTION	e prior year n 501(c)(: 'No" OR cal	2 3 5), or sec (b) Part 2a 2b 2c 3 4 5	nd 2 (See	3, is

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

FAMILY & CHILDREN'S PLACE, INC.

Employer identification number 61 - 0549561

Pai	rt I Organizations Maintaining Donor Advised Funds or Ot	her Similar Funds or A	ccounts. Complete if the
	organization answered 'Yes' on Form 990, Part IV, line 6.		<u></u> .
	(a) Donor	advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the as	sets held in donor advised fun	ds
-	are the organization's property, subject to the organization's exclusive legal co		
6	Did the organization inform all grantees, donors, and donor advisors in writing		
-	for charitable purposes and not for the benefit of the donor or donor advisor, o		
	impermissible private benefit?	•	
Pa			
1	Purpose(s) of conservation easements held by the organization (check all that	apply).	
	Preservation of land for public use (for example, recreation or education)	_	orically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation	contribution in the form of a co	onservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			2b
c	Number of conservation easements on a certified historic structure included in		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguish		nization during the tax
	year▶		
4	Number of states where property subject to conservation easement is located	>	
5	Does the organization have a written policy regarding the periodic monitoring,	inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violat	ions, and enforcing conservati	on easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling of violations,	and enforcing conservation ea	asements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above satisfy the requ	irements of section 170(h)(4)(B	()(1)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easements in i	ts revenue and expense stater	ment and
	balance sheet, and include, if applicable, the text of the footnote to the organization	zation's financial statements th	nat describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of Art, Historic		Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	·	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in		
	of art, historical treasures, or other similar assets held for public exhibition, edi-		ince of public
	service, provide in Part XIII the text of the footnote to its financial statements t		
þ			
	art, historical treasures, or other similar assets held for public exhibition, educa-	ation, or research in furtherand	e of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		-
2	If the organization received or held works of art, historical treasures, or other s	imilar assets for financial gain,	provide
	the following amounts required to be reported under FASB ASC 958 relating to		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ \$

132051 10-28-21

Schedule D (Form 990) 2021

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

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.	· ·	E, INC. 6	<u>1-0549561 Page</u>
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	on Form 000. Don't IV. line	11a Fan Form 200 Port V line 13	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	ad of voor market value
	(b) Dook value	(c) Method of Valuation. Cost of e	nd-or-year market value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			·····
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
			<u> </u>
Part IX Other Assets.			
Part IX Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PENSION COST	475,431.
(3) CHECKS ISSUED IN EXCESS OF CASH ON	
(4) DEPOSIT	28,116.
(5)	
(6)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	503,547.

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

Schedule D (Form 990) 2021

Part XI Reconciliation of Revenue per Audited Financial State		Revenue per Re		O O Page 4
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	10,316,108.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a	-436,017.		
b Donated services and use of facilities	2b			
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)	2d	-21,693.		
e Add lines 2a through 2d			2e	-457,710.
3 Subtract line 2e from line 1			3	10,773,818.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	11 000		
a Investment expenses not included on Form 990, Part VIII, line 7b	F T	11,009.	-	
b Other (Describe in Part XIII.)			 	11 000
c Add lines 4a and 4b			4c	11,009. 10,784,827.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F	5 Refur	n
		Expenses per i	ictui	
Complete if the organization answered "Yes" on Form 990, Part IV, line			1	11,541,150.
 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 			<u> </u>	11,541,150.
Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a			
b Prior year adjustments			1	
c Other losses	L I		[
d Other (Describe in Part XIII.)	, ,		1	
e Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·		2e	0.
3 Subtract line 2e from line 1			3	11,541,150.
4 Amounts included on Form 990, Part IX, fine 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,009.]	
b Other (Describe in Part XIII.)]	
c Add lines 4a and 4b			4c	11,009.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	.)		5	11,552,159.
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4			l; Part i	X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	y additional inforr	nation.		
The life of the li				
PART V, LINE 4:				
FART V, DINE 4:				_
THE ORGANIZATION INTENDS TO USE THE ENDOWM	ENT FUNDS	S FOR GENER	AT.	
THE ORGANIZATION INTEREST TO OUR THE BROWN	DIVI I OLID	<u> </u>		 .
OPERATIONS. THE INCOME FROM THE PERMANENT	ENDOWME	NT FUNDS IS	TO	BE USED
FOR SPECIFIC PROGRAMS AS SPECIFIED BY THE	DONOR.			
<u></u>				
PART X, LINE 2:				
THE ORGANIZATION IS EXEMPT FROM FEDERAL, S	TATE AND	LOCAL INCO	ME	TAXES AS A
NOT-FOR-PROFIT CORPORATION AS DESCRIBED UN	DER INTE	RNAL REVENU	Œ C	ODE
			_	
SECTION 501(C)(3). THE ORGANIZATION FILES	AN INFO	RMATION TAX	RE	TURN IN
		A	. D. ~	NO.
THE U.S. FEDERAL JURISDICTION. HOWEVER, I	NCOME FRO	OM ACTIVITI	ES	NOT .
DIDECULA DELYMED MO MER ODGANITANTONIO MAN	_BVEWDM '	בד שפטממומ	CITE	JECT TO
DIRECTLY RELATED TO THE ORGANIZATION'S TAX	-EAEMPT .	LOVEOSE TO	200	OECI IO
TAXATION AS UNRELATED BUSINESS INCOME.				

Schedule D (Form 990) 2021

132054 10-28-21

Schedule D (Form 990) 2021 FAMILY & CHILDREN'S PLACE, INC.	61-0549561 Page 5
Part XIII Supplemental Information (continued)	
AS OF JUNE 30, 2022 AND 2021, THE ORGANIZATION DID NOT HAVE	ANY ACCRUED
INTEREST OR PENALTIES RELATED TO INCOME TAX LIABILITIES, AND	D NO INTEREST
OR PENALTIES HAVE BEEN CHARGED TO OPERATIONS FOR THE YEARS	THEN ENDED.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
DECREASE IN BENEFICIAL INTEREST	-12,424.
EQUITY IN EARNINGS FROM INVESTMENT	-9,269.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-21,693.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

QMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ 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 ide	ntification number
FAMILY	& CHILDREN'S PLAC	E, IN	IC.			61-0549	561
	Complete if the organization ans			n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
1 Indicate whether the organization rai		wing activ	ities.	Check all that apply.		· , <u>-</u>	
a X Mail solicitations				overnment grants			
b X Internet and email solicitation				nment grants			
c X Phone solicitations	g X Spec						
d X In-person solicitations							
2 a Did the organization have a written	or oral agreement with any individu	ual (includ	ing of	ficers, directors, trus	tees,	or	
key employees listed in Form 990, I	Part VII) or entity in connection with	n professio	onal fu	undraising services?		X Yes	No
b If "Yes," list the 10 highest paid ind	ividuals or entities (fundraisers) pu	rsuant to a	agreei	ments under which th	ne fur	ndraiser is to be)
compensated at least \$5,000 by the	e organization.						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) funda have or or don contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
					iisted iii coi.		
20/TWENTY STRATEGIC CONSULTANTS 825 NORTHGATE	COMPAIGN AND EVENT MANAGEMENT AND DONOR	Yes	No X	0.		22,000.	22,000.
CONSULTANTS 823 NORTHGATE	MANAGEMENT AND DONOR	1				22,000.	22,000.
w.w.w.			<u>-</u>				
		- 					
	 						
<u>-</u>		-					
	- "-						
Total			>			22,000.	-22,000.
3 List all states in which the organizati	on is registered or licensed to solid	cit contrib	utions	or has been notified	it is	exempt from reg	gistration
or licensing.							
<u>KY</u>							
							
				· · · · · · · · · · · · · · · · · · ·		·	
							V= 1100 ti

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2021

Pa	Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000							
_	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.							
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through		
a)			(event type)	(event type)	(total number)	col. (c))		
Revenue								
Rev	1	Gross receipts				-		
	2	Less: Contributions	<i>"</i> •					
	3	Gross income (line 1 minus line 2)						
	4	Cash prizes		<u>-</u>				
	5	Noncash prizes						
ses								
ben	6	Rent/facility costs		· · · · · · · · · · · · · · · · · · ·		+		
Direct Expenses	7	Food and beverages						
Dire								
	8	Entertainment	<u></u>			 		
	10	Other direct expenses Direct expense summary. Add lines 4 through			•	<u></u>		
		Net income summary. Subtract line 10 from lin						
Pε	irt l			990, Part IV, line 19, or	reported more than			
	,	\$15,000 on Form 990-EZ, line 6a.		1				
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Revenue								
_ œ	1	Gross revenue						
ses	2	Cash prizes	<u>-</u>					
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
			Yes %	Yes %	Yes %			
	6	Volunteer labor	No	No	No No	<u>L</u>		
	7	Direct expense summary. Add lines 2 through	5 in column (d)					
_	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u></u>			
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:					
a is the organization licensed to conduct gaming activities in each of these states? Yes No								
b	f "	No," explain:	.	. <u>.</u>				
	_							
102	10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No							
		Yes," explain:						
_	_							
1220	07 10	1-21-21			Sch	edule G (Form 990) 2021		

Sch	nedule G (Form 990) 2021	FAMILY &	CHILDREN'S	PLACE, INC.	61-	0549561	Page 3
	Does the organization conduct g					Yes	☐ No
12	Is the organization a grantor, ber	neficiary or trustee o	f a trust, or a member	of a partnership or othe	r entity formed		
	to administer charitable gaming?	}		,		Yes	No
13	Indicate the percentage of gamin	ng activity conducte	d in:			1 1	
	a The organization's facility					1 1	%
	b An outside facility					13b	<u>%</u>
14	Enter the name and address of t	he person who prep	ares the organization?	s gaming/special events	books and records:		
	Name						••
	Address >						
15	a Does the organization have a co	ntract with a third pa	arty from whom the or	ganization receives gam	ing revenue?	Yes	No No
ŀ	b If "Yes," enter the amount of gar	ming revenue receive	ed by the organization	> \$	and the amount		
	of gaming revenue retained by the	ne third party 🕨 🕏 📜					
•	c If 'Yes,' enter name and address	s of the third party:					
	Name					-	
	Address >						
16	Gaming manager information:						
	Name >						
	Gaming manager compensation	> \$					
	a a ming manager to mp the area						
	Description of services provided	>				_	
			***			_	
	Director/officer	Employee	indep	endent contractor			
17	Mandatory distributions:						
í	a Is the organization required unde	er state law to make	charitable distribution	is from the gaming proc	eeds to		
	retain the state gaming license?					L Yes	No
i	b Enter the amount of distributions			d to other exempt organ	izations or spent in the		
ďΣ	organization's own exempt activer art IV Supplemental Info			ired by Part Lline 2b. or	olumns (iii) and (v); and P	art III lings 0 0	2h 10h
	15b, 15c, 16, and 17b, a			-			
			a- a - -			_	
<u>\$C</u>	CHEDULE G, PART I,	LINE 2B,	LIST OF TEN	HIGHEST PAI	D FUNDRAISER	<u>S:</u>	
	I) NAME OF EIRIDINA	- CIDD O A /PM:	Matiny compact	CTC CONQUE	ANITE		
<u>(]</u>) NAME OF FUNDRAI	SER: 20/TW	ENTY STRATE	GIC CONSULTA	UNTS	<u> </u>	
<u>(</u> I	() ADDRESS OF FUND	RAISER:				_ -	
<u>82</u>	25 NORTHGATE BLVD	SUITE 100,	NEW ALBANY	, IN 47150			
<u>(1</u>	II) ACTIVITY: COMP	AIGN AND E	VENT MANAGE	MENT AND DON	OR PROSPECTS		
_							
	ART I, LINE 2B, CO						
00	NSIILTING ON COMPA	TON AND EV	ENT MANAGEN	TENT AND DONG	IR PROSPECTS.		

Schedule G	(Form 990)	FAMILY & CHILDREN'S PLACE,	INC.	61-0549561	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)			
		(doll/driddoy			
				<u> </u>	
	·				
					
				•••	
					
	·				

SCHEDULE J (Form 990)

Department of the Treasury

Interna Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

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

2021

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

FAMILY & CHILDREN'S PLACE, INC.

Employer identification number 61-0549561

		į	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's	ļ		
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to	i		
	establish compensation of the CEO/Executive Director, but explain in Part III.	ļ		
	X Compensation committee X Written employment contract	j		
	independent compensation consultant			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		_X_
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If 'Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2021

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
41.1	€ !	147,973.	0	0	1,476.	5,322.	154,771.	000
PRESIDENT/CEO	3 3	•	2					
	€ €							
	€ ≘							
	€ €							
	≘ ≘							
	ΞΞ							
	≘ ≘							
	(E)							
	8 8							
	(E)							
	≘ ≘							
	(3)							
	(E)							
	€ 9							
							Schedu	Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

2021

QM5 No. 1545-004?

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

FAMILY & CHILDREN'S PLACE, INC.

Employer identification number 61-0549561

Par	t Types 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 de noncash contribu		nts
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			<u> </u>	······	****	
8	Intellectual property						
9	On a continue of the Control of the Control of						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or					•	
''							
12	Securities - Miscellaneous						
12 13	Qualified conservation contribution	-		• · · · · · · · · · · · · · · · · · · ·			
13							
11	Qualified conservation contribution - Other						
14	man and a second						
15 16	Real estate - Germercial						
16							
17	Real estate · Other						
18	Collectibles				· ·		
19	Food inventory			<u>-</u>			
20	Drugs and medical supplies						
21	Taxidermy		<u> </u>				
22	Historical artifacts						
23	Scientific specimens		· · · · · · · · · · · · · · · · · · ·	i			
24	Archeological artifacts Other	X	2	51,040.			•
25		X	1	23,738.			
26	**************************************	X	1	5,804.			
27	OTTE CARRO	X	1	4,785.			
28 29	Other (GIFT CARDS) Number of Forms 8283 received by the organi		L				
29	for which the organization completed Form 82						
	to which the organization completed form oz	.00, rait v, L	Onee Acknowledg	ETTOTIC	· -	Yes	No
20-	During the year, did the organization receive b	u opetributio	n any proporty rop	arted in Dart Libras 1 through	a 28 that it	163	110
ova	must hold for at least three years from the date						
					60 101	30a	X
	exempt purposes for the entire holding period	f				SUA	+
	If "Yes," describe the arrangement in Part II.	naliau that ra	autros tha ravious	of any nonetandard contribut	ane?	31 X	
31	Does the organization have a gift acceptance				Ullo:	31 X	+
32a	Does the organization hire or use third parties					200	X
_	·					32a	+
	If "Yes," describe in Part II.	- 4 دار محمد بالمد	a tuna of	of an authiral and one of all in the ca	kod		
33	If the organization didn't report an amount in o	column (c) to	a type of property	rior which column (a) is chec	keu,		
	describe in Part II.						

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

Schedule M (Form 990) 2021

Schedule M (Form 990) 2021 FAMILY & CHILDREN'S PLACE, INC. 61-0349561 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.
PART I, OTHER TYPES OF PROPERTY:
OFFICE FURNITURE
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 3975.
(D) METHOD OF DETERMINING REVENUE:

SCHEDULE O (Form 990)

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

FAMILY & CHILDREN'S PLACE, INC.

Employer identification number 61-0549561

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
NEWBORNS AND WORK WITH STUDENTS TO IMPROVE THEIR GRADES AND
RELATIONSHIPS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
SCHOOL BASED SERVICES - THIS PROGRAM IS A STRUCTURED SCHOOL-BASED
PROGRAM DESIGNED TO STRENGTHEN RELATIONSHIPS AMONG FAMILY MEMBERS AND
TO IMPROVE CHILDREN'S ACADEMIC AND SCHOOL COMPETENCIES.
EXPENSES \$ 724,342. INCLUDING GRANTS OF \$ 0. REVENUE \$ 56,402.
KOSAIR CHARITIES CHILD ADVOCACY CENTER - THIS PROGRAM ASSISTS VICTIMS
OF SEXUAL ABUSE TRAUMA AND THEIR FAMILY MEMBERS BY PROVIDING FORENSIC
INTERVIEWS, MENTAL HEALTH CARE AND MEDICAL CARE.
EXPENSES \$ 1,018,244. INCLUDING GRANTS OF \$ 0. REVENUE \$ 629,139.
FORM 990, PART VI, SECTION B, LINE 11B:
A DRAFT OF THE FORM 990 IS REVIEWED BY MANAGEMENT AND THE FINANCE COMMITTEE
AND IS EMAILED TO ALL BOARD MEMBERS FOR ANY COMMENTS PRIOR TO THE FORM
BEING FILED.
FORM 990, PART VI, SECTION B, LINE 12C:
AN ANNUAL DISCLOSURE FORM IS REQUIRED TO BE COMPLETED BY ALL STAFF AND
BOARD MEMBERS AND IS REVIEWED FOR POSSIBLE CONFLICTS.
FORM 990, PART VI, SECTION B, LINE 15A:
EACH YEAR THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE

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

Schedule O (Form 990) 2021

132211 11-11-21

Schedule O (Form 990) 2021	Page 2
Name of the organization FAMILY & CHILDREN'S PLACE, INC.	Employer identification number 61-0549561
PRESIDENT/CEO'S PERFORMANCE, ALONG WITH COMPENSATION AND E	ENEFIT LEVELS.
COMPENSATION AND BENEFIT LEVELS ARE REVIEWED RELATIVE TO C	THER NATIONAL AND
LOCAL AGENCIES. RECOMENDATIONS ARE THEN MADE TO THE BOARD	OF DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL	STATEMENTS AND
POLICIES AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	10.404
DECREASE IN BENEFICIAL INTEREST	-12,424.
PENSION RELATED CHANGES OTHER THAN NET PERIODIC BENEFIT	400 705
COSTS	482,736.
OTHER COMPONENTS OF NET PERIODIC BENEFIT COST	161,926.
EQUITY IN EARNINGS FROM INVESTMENT	-9,269.
TOTAL TO FORM 990, PART XI, LINE 9	622,969.
<u> </u>	

Form 8868

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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

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

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

Type or Name of exempt organization or other filer, see instructions. Print FAMILY & CHILDREN'S PLACE, INC. Taxpayer identification numbers of the print of the						, ,
	F/K/A FAMILY & CHILDREN FIRST	r <u>, I</u>	inc.	!	<u>61-05</u>	49561
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see in P.O. BOX 3784	nstruct	tions.			
instructions.	City, town or post office, state, and ZIP code. For a foreig LOUISVILLE, KY 40201-3784	n add	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file a s	separa	te application for each return)			0 1
Applicat	ion Re	eturn	Application			Return
Is For		Code	Is For			Code
Form 990	0 or Form 990-EZ	01	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990	D-PF	04	Form 5227			10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	0-T (trust other than above)	06	Form 8870			12
Form 990	O-T (corporation)	07	CHILDREN'S PLACE			
If theIf thisbox		up Exe nd atta	emption Number (GEN) ach a list with the names and TINs o	If this is for f all membe	r the whole ers the exte	group, check this nsion is for.
the ►	e organization named above. The extension is for the organiz		return for:			
2 If t	he tax year entered in line 1 is for less than 12 months, check Change in accounting period	k reas	on: Initial return	Final retur	n	
	his application is for Forms 990-PF, 990-T, 4720, or 6069, en y nonrefundable credits. See instructions.	iter the	e tentative tax, less	. 3a	\$	0.
_	his application is for Forms 990-PF, 990-T, 4720, or 6069, en	ter an	v refundable credits and		-	
	timated tax payments made. Include any prior year overpaym			3ь	s	0.
_	lance due. Subtract line 3b from line 3a. Include your payme					
	ing EFTPS (Electronic Federal Tax Payment System). See ins			3с	s	0.
	If you are going to make an electronic funds withdrawal (dir					··

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

Form 8868 (Rev. 1-2022)

instructions.

Form	990-T	-	Organization (and proxy ta	x under section 603	ome Tax Return		OMB No 1545-0047
Depari Interna	ment of the Treasury Revenue Service			T for instructions and the	e latest information. our organization is a 501(c)(3).	_	Öpen to Public Inspection for 501(c)(3) Organizations Only
Α [Check box if address changed.	Name of organ	nization (Check box i	f name changed and see instr	vctions.)	DEmple	oyer identification number
B Ex	rempt under section	rint FAMILY	& CHILDREN'S	B PLACE, INC.		_ 6	1-0549561
X] 501(c)(3)] 408(e) []220(e)		t, and room or suite no. If a	P.O. box, see instructions.			o exemption number nistructions)
	408A 530(a) 529(a) 529A		state or province, country, a			F	Check box if
		Book value of all	assets at end of year	▶ 8	,791,657.		an amended return.
G (Check organization	pe 🕨 💢 501(c)	corporation 501	(c) trust 401(a) trust	Other trust		
H (Check if filing only to	Claim cr	edit from Form 8941	Claim a refund show	vn on Form 2439		
<u>i</u> (Check if a 501(c)(3)	ganization filing a c	onsolidated return with	a 501(c)(2) titleholding cor	poration		>
J E	nter the number of	ttached Schedules	A (Form 990-T)		>		1
K [During the tax year,	as the corporation	a subsidiary in an affiliat	ed group or a parent-subs	idiary controlled group?	▶ [Yes X No
			umber of the parent cor				
		of ▶ ADAM F	ARIS, FAMILY	& CHILDREN'S	Telephone number 🕨 5	02-	893-3900
Pa	rt I Total Unr	lated Business	Taxable Income			,	
1	Total of unrelated	usiness taxable inco	ome computed from all u	unrelated trades or busine	sses (see		
	instructions)	· · · · · · · · · · · · · · · · · · ·				1	0.
2	Reserved					2	
3	Add lines 1 and 2					3	
4	Charitable contrib	ions (see instructio	ns for limitation rules)			4	0.
5	Total unrelated bu	ness taxable incom	e before net operating k	osses. Subtract line 4 from	n line 3	5	
6	Deduction for net	perating loss. See in	nstructions			6	0.
7	Total of unrelated	usiness taxable inc	ome before specific ded	uction and section 199A d	leduction.		
	Subtract line 6 fro					7	1 000
8	Specific deduction	generally \$1,000, b	ut see instructions for e	xceptions)		8	1,000.
9	Trusts, Section 19	A deduction. See it	nstructions			9	1 000
10	Total deductions					10	1,000.
11	Unrelated busine	s taxable income.	Subtract line 10 from lin	e 7. If line 10 is greater tha	an line 7,		•
(B)	enter zero					11	0.
	rt II Tax Com		- 11 July - 1 July -	4 1 0407 (0.04)			0
1	-			1 by 21% (0.21)		1	0.
2		,		ation. Income tax on the a	_	^	
_	Part I, line 11 from	Tax rate so					
3	Proxy tax. See ins					3	
4	Other tax amounts					4	
5	Alternative minimu					5 6	
6		int facility income.	r 2. whichever applies			7	0

Form 990-T (2021)

LHA For Paperwork Reduction Act Notice, see instructions.

Sign	Under penalties of perjury, I declare that I have exampled, and complete. Declaration of preparer (other	nined this return, including accompanying schedule: than taxpayer) is based on all information of which	s and statements, and to th preparer has any knowledg	e best of my knowled je.	dge and belief, II is true,		
Here	Signature of officer	Date PRES	SIDENT/CEO	th	ay the IRS discuss this return with a preparer shown below (see struct ons)? X Yes No		
	Print/Type preparer's name	Preparer's signature	Date	Checki	f PTIN		
Paid				self- employed			
Preparer	SARAH K. ANTLE	SARAH K. ANTLE	12/16/22		P01391676		
Use Only		Firm's EIN ▶	61-1064249				
Ose Only							
	Firm's address LOUISVIL	LE, KY 40222-5187		Phone no. (502)426-9660		
123711 01-31-2	22				Form 990-T (2021)		

FORM 990-T	PRE-201	8 NET OPERATING	LOSS DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/18	20,311.	0.	20,311.	20,311.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	20,311.	20,311.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-004?

0	► Go to www.irs.gov/Form990T fo				
	Revenue Service Do not enter SSN numbers on this form as it	t may be n	nade public if your organiz	ation is a 501(c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only
A 1	lame of the organization FAMILY & CHILDREN'S PLACE, INC.			B Employer identif	
c u	Unrelated business activity code (see instructions) > 56100	0		D Sequence:	1 of 1
E C	Describe the unrelated trade or business INVESTMENT I	N LL	C		
Pai			(A) Income	(B) Expenses	(C) Net
12	Gross receipts or sales				<u></u>
ь	Less returns and allowances c Balance ▶	10			
2	Cost of goods sold (Part III, line 8)	2	Ţ		
3	Gross profit. Subtract line 2 from line 1c	3			
	Capital gain net income (attach Sch D (Form 1041 or Form			•	
	1120)). See instructions	4a			
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b		. •	
	Capital loss deduction for trusts	4c		,,	
5	Income (loss) from a partnership or an S corporation (attach			•	
	statement) STATEMENT 2	5	-19,374.		-19,374.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled	1			
	organization (Part VI)	8		<u> </u>	
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	Total. Combine lines 3 through 12	13	-19,374.		-19,374.
Pa	Deductions Not Taken Elsewhere See instruct directly connected with the unrelated business in Compensation of officers, directors, and trustees (Part X)	ncome			ns must be
2	Sataries and wages			_	
3	Repairs and maintenance			· · · · · · · · · · · · · · · · · · ·	
4	Bad debts				
5				1 _	
6	Taxes and licenses				
7	Depreciation (attach Form 4562). See instructions				
8	Less depreciation claimed in Part III and elsewhere on return			8b	1
9	Depletion			9	
10	Contributions to deferred compensation plans				
11	Employee benefit programs				
12	Excess exempt expenses (Part VIII)				
13	Excess readership costs (Part IX)				
14	Other deductions (attach statement)				
15				l	0.
16	Unrelated business income before net operating loss deduction. S	Subtract I	ine 15 from Part I, line 13	3,	

LHA For Paperwork Reduction Act Notice, see instructions.

Deduction for net operating loss. See instructions

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2021

17

11

0.

Total dividends-received deductions included in line 10

Page 3 chedule A (Form 990-T) 2021 Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions) **Exempt Controlled Organizations** 5. Part of column 4 1. Name of controlled 2. Employer Net unrelated 4. Total of specified 6. Deductions directly that is included in the organization identification payments made income (loss) connected with controlling organizanumber (see instructions) income in column 5 tion's gross income (1) (2)(3)(4)Nonexempt Controlled Organizations 9. Total of specified 10. Part of column 9 11. Deductions directly 8. Net unrelated 7. Taxable Income that is included in the payments made connected with income (loss) controlling organization's income in column 10 (see instructions) gross income (1) (2)(3)(4)Add columns 5 and 10. Add columns 6 and 11. Enter here and on Part I, Enter here and on Part I, line 8, column (A) line 8, column (B) 0. Totals Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income Total deductions 2. Amount of 3. Deductions 4. Set-asides and set-asides (attach statement) income directly connected (add cols 3 and 4) (attach statement) (1) (2) (3) (4)Add amounts in Add amounts in column 2. Enter column 5. Enter here and on Part I, here and on Part I, line 9, column (A) line 9, column (B) 0. **Totals** Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) Description of exploited activity: 1 Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) 2 3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) 3 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete

lines 5 through 7 Gross income from activity that is not unrelated business income

Expenses attributable to income entered on line 5 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line

Schedule A (Form 990-T) 2021

5

6

5

4. Enter here and on Part II, line 12

FORM 990-1	r (A) INCON	ME (LOSS) FRO	M PARTNER	SHIPS	STATEMENT 2
DESCRIPTIO	ON				NET INCOME OR (LOSS)
IMPACTV, LLC - ORDINARY BUSINESS INCOME (LOSS)					-19,374
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5					-19,374
990-T SCH	A POST-201	L7 NET OPERAT	ING LOSS	DEDUCTION	STATEMENT 3
	A POST-201 LOSS SUSTAINED	L7 NET OPERAT LOSS PREVIOUSLY APPLIED		DEDUCTION LOSS MAINING	STATEMENT 3 AVAILABLE THIS YEAR
TAX YEAR 06/30/19	LOSS SUSTAINED 34,831.	LOSS PREVIOUSLY APPLIED	RE	LOSS MAINING 34,831.	AVAILABLE THIS YEAR
TAX YEAR 06/30/19 06/30/20	LOSS SUSTAINED 34,831. 14,328.	LOSS PREVIOUSLY APPLIED	RE 0. 0.	LOSS MAINING 34,831. 14,328.	AVAILABLE THIS YEAR 34,831. 14,328.
TAX YEAR 06/30/19 06/30/20 06/30/21	LOSS SUSTAINED 34,831. 14,328. 17,374.	LOSS PREVIOUSLY APPLIED	RE 0. 0.	LOSS MAINING 34,831. 14,328. 17,374.	AVAILABLE THIS YEAR 34,831. 14,328. 17,374.
TAX YEAR 06/30/19	LOSS SUSTAINED 34,831. 14,328.	LOSS PREVIOUSLY APPLIED	RE 0. 0.	LOSS MAINING 34,831. 14,328.	AVAILABLE THIS YEAR 34,831. 14,328.

Form **8868**

(Rev. January 2022)

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

OMB No. 1545-0047

File a separate application for each return.

Dopartment of the Treasury ► Go to www.irs.gov/Form8868 for the latest information. Internal Rovenus Service Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpaver identification number (TIN) Type or Name of exempt organization or other filer, see instructions. FAMILY & CHILDREN'S PLACE, INC. print 61-0549561 F/K/A FAMILY & CHILDREN FIRST, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for tiling your P.O. BOX 3784 rotura See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. LOUISVILLE, KY 40201-3784 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Return Application Code is For Code Is For Form 1041-A Form 990 or Form 990-EZ 01 Form 4720 (other than individual) Form 4720 (individual) 03 Form 5227 Form 990-PF Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) Form 8870 06 Form 990-T (trust other than above) Form 990-T (corporation) 07 ADAM FARIS, FAMILY & CHILDREN'S PLACE, INC. The books are in the care of ➤ 525 ZANE STREET - LOUISVILLE, KY 40203 Telephone No. ▶ 502-893-3900 Fax No. 🕨 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box \blacktriangleright If it is for part of the group, check this box \blacktriangleright and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until MAY 15, 2023 to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ___ or \blacktriangleright X tax year beginning <u>JUL 1, 2021</u>, and ending JUN 30, 2022 ___ Initial return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less

using EFTPS (Electronic Federal Tax Payment System). See instructions, Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by

any nonrefundable credits. See instructions.

Form 8868 (Rev. 1-2022)