

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 04-16-53

Form **990**

Department of the Treasury Internal Revenue Service

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

er section 50 (10), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations

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



MEW YORK, NY 10036 H(a) is this a group return for subordinates? Prome and address of principal officer: JOSEPH WESSELY 1560 BROADWAY, SUITE 600, NEW YORK, NY 1003 H(a) is this a group return for subordinates? I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 J Website: HTTPS://ENCOURAGE-XIDS.ORG H(b) rat subordinates? If "No," attach a list. See instructions H(c) Group exemption number > Yeart 1 Summary Corporation Trust Association Other > Ly Year of formation; 1987 M State of legal domicilit if "No," attach a list. See instructions Part 1 Summary 1 Briefly describe the organization % mission or most significant activities: HELP SERIOUSLY ILL CHILDREN AND ISOLATION. 2 Check this box > if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of volum genembers of the governing body (Part VI, line 1a) 3 4 Aumber of individuals employed in celendar year 2021 (Part V, line 2a) 6 6 Total number of volum teres (settimate fin accessary) 6 7 Total number of undividuals employed in celendar year 2021 (Part V, line 2a) 5 9 Program service revenue (Part VIII, column (C), lines 1.3) 3, 2655.173,551	AI	For th	e 2021 calendar year, or tax year beginning and	ending	_	
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Doing Dusiness as 13-3442210 Prevent With The analysis of the second		chan	B ENCOURAGE KIDS FOUNDATION			
Image: Provide and street (of P.0, box if mails not delivered to street address) Hoom/sump E Helephone number IS50 BROADDWAY City or town, state or province, country, and ZIP or foreign postal code G dress receipts § 2, 293, 31 Arenarder NEW YORK, NY 10036 File Hall is this a group return G dress receipts § 2, 293, 31 Intervent IS50 BROADWAY, SUITE 600, NEW YORK, NY 10033 Hall is this a group return For subordinates includer? Ves X I Taxexempt status X 501(c)(3) 501(c)() (insert no.) 447(a)(1) or discontrates includer? Ves X I Briefly describe the organization' S mission or most significant activities: HELP SERIOUSLY ILL CHILDREN AND SOLATION. I Driefly describe the organization's mission or most significant activities: HELP SERIOUSLY ILL CHILDREN AND SOLATION. I Number of individuals employed in calendar year 2021 (Part V, line 1a) Image: Solation in the organization is continued its operations or disposed for more than 25% of its net assets. Image: Solation in the organization's for Form 500', Part V, line 1a) Image: Solation in the organization's form form 500', Part V, line 1a) I Dried the unrelated business taxable income from Form 500', Part I, line 11 Image: Solation in the organization's form form 500', Part I, line 11 Image: Solation in the organization's form VIII, line 1h) <t< td=""><td></td><td>chan</td><td>ge Doing business as</td><td></td><td>13-344222</td><td>16</td></t<>		chan	ge Doing business as		13-344222	16
Image: Section 2 City or town, state or province, country, and ZIP or foreign postal code G cross receipts 3 2, 293, 31 Image: Section 2 NEW YORK, NY 10036 Ha) Is this a group return the subordinates of principal officer. JOSEPH WESSELY the subordinates? It cases and the section 2 Yes X I maxexempt status: X is 01(c)(3) 00(c) () () () (iner finer no.) 4947(a)(1) or 0527 SZZ It who? attach a list. See instructions I maxexempt status: X is 01(c)(3) 00(c) () () (iner finer no.) 4947(a)(1) or 0527 SZZ It who? attach a list. See instructions I maxexempt status: X is 01(c)(3) 00(c) () () (iner finer no.) 4947(a)(1) or 0527 SZZ It who? attach a list. See instructions I website: I http:// subordinates? I track a state or legal dominia It was of termation: 1987/IM State or legal dominia I briefly describe the organization is mission or most significant activities: HELP SERIOUSLY ILL CHILDREN AND THEIR FAMILIES COPE WITH THEIR PAIN, FEAR AND ISOLATION. 2 Check this box I who of incerements of the governing body (Part V, line 1a) 3 4 Number of independent voting members of the governing body (Part V, line 1a) 3 3 5 Total number of independent voting members of the governing body (Part V, line 1a) 3 3 6 Total number of volunteers (estimate in necessany)		_ Initial returi	Number and street (or P.U. box if mail is not delivered to street address)			
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penderg 1560 BROADWAY, SUITE 600, NEW YORK, NY 1003 H(b) Are all subordinates included? Yes I maxexempt status: X 501(c)(3) 501(c)(-) < (insert no.)		return	NEW IORK, NI 10050		H(a) Is this a group re	
I Taskexemption status: Si Soli(c)(3) Soli(c) (→ (inset no. 4947(a)(1) or 1003 H(b) Are all subordnates included? Uyes _ J Website: ▶ HTTPS : //ENCOURAGE-KIDS.ORG H' No, 'attach a list.See instructions K Form of organization; X Corporation Trust Association Other ▶ L Year of formation: 1987 M State of legal domicil. Part I Summary 1 Briefly describe the organization's mission or most significant activities: HELP SERIOUSLY ILL CHILDREN AND THEIR PAIN, FEAR AND ISOLATION. 2 Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of individuals employed in calendar year 2021 (Part VI, line 2a) 5 Total number of volunteers (estimate if necessary) 6 Total number of volunteers (estimate if necessary) 7 a Total number of volunteers (estimate if necessary) 6 Oroia number of volunteers (estimate if necessary) 9 Program service revenue (Part VIII, column (C), line 12 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, olumn (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 4, edt 7, 13, 265. 12 Total fundraising tees (Part X, column (A), lines 4, 500, 160. 13 Grants and similar amounts paid (Part X, column (A), lines 5.10) 14 Benefits paid to of ro member		tion				
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -270, 364. 122, 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4, 500, 160. 2, 152, 4 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 37, 135. 25, 00 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 1, 159, 234. 712, 3 16a Professional fundraising expenses (Part IX, column (D), line 25) > 361, 810. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3, 764, 024. 784, 30 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -460, 233. 630, 70 19 Revenue less expenses. Subtract line 18 from line 12 -460, 233. 630, 70 10 Total assets (Part X, line 16) 1, 996, 038. 2, 413, 5' 21 Total liabilities (Part X, line 26) 406, 193. 191, 48 22 Net assets or fund balances. Subtract line 21 from line 20 1, 589, 845. 2, 222, 04	eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		13,265.	173,585.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 37,135.25,00 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,159,234.712,35 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 361,810. 17 Other expenses. (Part IX, column (A), lines 11a-11d, 11f-24e) 3,764,024.784,30 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,960,393.1,521,70 19 Revenue less expenses. Subtract line 18 from line 12 -460,233.630,70 20 Total assets (Part X, line 16) 1,996,038.2,413,55 21 Total liabilities (Part X, line 26) 406,193.191,48 22 Net assets or fund balances. Subtract line 21 from line 20 1,589,845.2,222,00	ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			122,631.
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,159,234. 712,3 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 361,810. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,764,024. 784,30 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,960,393. 1,521,74 19 Revenue less expenses. Subtract line 18 from line 12 -460,233. 630,70 11 Total assets (Part X, line 16) 1,996,038. 2,413,55 20 Total assets (Part X, line 26) 406,193. 191,42 22 Net assets or fund balances. Subtract line 21 from line 20 1,589,845. 2,222,05		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			2,152,457.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,159,234. 712,3 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 361,810. 3,764,024. 784,30 17 Other expenses (Part IX, column (A), lines 11a.11d, 11f-24e) 3,764,024. 784,30 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,960,393. 1,521,77 19 Revenue less expenses. Subtract line 18 from line 12 -460,233. 630,70 10 Total assets (Part X, line 16) 1,996,038. 2,413,57 21 Total liabilities (Part X, line 26) 406,193. 191,48 22 Net assets or fund balances. Subtract line 21 from line 20 1,589,845. 2,222,08		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			25,000.
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 361,810. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,764,024. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,960,393. 1,521,74 19 Revenue less expenses. Subtract line 18 from line 12 -460,233. 630,70 20 Total assets (Part X, line 16) 1,996,038. 2,413,55 21 Total liabilities (Part X, line 26) 406,193. 191,42 22 Net assets or fund balances. Subtract line 21 from line 20 1,589,845. 2,222,05		14	Benefits paid to or for members (Part IX, column (A), line 4)			0.
17 Other expenses (Part IX, columin (A), lines Tra Trd, Tri 249) 3,701,0211 701,0211 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,960,393. 1,521,74 19 Revenue less expenses. Subtract line 18 from line 12 -460,233. 630,70 10 Revenue less expenses. Subtract line 18 from line 12 -460,233. 630,70 10 Revenue less expenses. Subtract line 18 from line 12 1,996,038. 2,413,50 11 .996,038. 2,413,50 406,193. 191,42 12 Net assets or fund balances. Subtract line 21 from line 20 1,589,845. 2,222,00	ŝ	15			1,159,234.	712,379.
17 Other expenses (Part IX, columin (A), lines Tra Trd, Tri 249) 3,701,0211 701,0211 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,960,393. 1,521,74 19 Revenue less expenses. Subtract line 18 from line 12 -460,233. 630,70 10 Revenue less expenses. Subtract line 18 from line 12 -460,233. 630,70 10 Revenue less expenses. Subtract line 18 from line 12 1,996,038. 2,413,50 11 .996,038. 2,413,50 406,193. 191,42 12 Net assets or fund balances. Subtract line 21 from line 20 1,589,845. 2,222,00	, US	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
17 Other expenses (Part IX, columin (A), lines Tra Trd, Tri 249) 3,701,0211 701,0211 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,960,393. 1,521,74 19 Revenue less expenses. Subtract line 18 from line 12 -460,233. 630,70 10 Revenue less expenses. Subtract line 18 from line 12 -460,233. 630,70 10 Revenue less expenses. Subtract line 18 from line 12 1,996,038. 2,413,50 11 .996,038. 2,413,50 406,193. 191,42 12 Net assets or fund balances. Subtract line 21 from line 20 1,589,845. 2,222,00	Expe	. b				
19 Revenue less expenses. Subtract line 18 from line 12 -460,233.630,70 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year 20 Total assets (Part X, line 16) 1,996,038.2,413,55 21 Total liabilities (Part X, line 26) 406,193.191,48 22 Net assets or fund balances. Subtract line 21 from line 20 1,589,845.2,222,08		1 "				784,369.
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 1,996,038. 2,413,5' 21 Total liabilities (Part X, line 26) 406,193. 191,42 22 Net assets or fund balances. Subtract line 21 from line 20 1,589,845. 2,222,02						
20 Total assets (Part X, line 16) 1,996,038. 2,413,5' 21 Total liabilities (Part X, line 26) 406,193. 191,48 22 Net assets or fund balances. Subtract line 21 from line 20 1,589,845. 2,222,08		_	Revenue less expenses. Subtract line 18 from line 12			
2, 222, 0	ts or					
2, 222, 0	Ssel	g 20				
	et A	-	· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , , ,	/
	فتقسي ا				1,009,040.	4,444,009.

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

Sign	Signature of officer		Date	
Here	JOSEPH WESSELY, CHAIRM	AN		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	
Paid	SARAH AVERY	SARAH AVERY		if self-employed P01470673
Preparer	Firm's name 🕨 MARCUM LLP		Firm	's EIN ▶ 11-1986323
Use Only	Firm's address ▶ 100 EAGLE ROCK A	VENUE, SUITE 200		
	EAST HANOVER, NJ	07936	Pho	ne no. (973) 929-3500
May the I	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2021)

	1990 (2021) ENCOURAGE KIDS FOUNDATION 13-3442216 Page
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	MAKING HOSPITALS A BETTER PLACE TO GET BETTER BY HELPING SERIOUSLY ILL
	CHILDREN AND THEIR FAMILIES COPE WITH THEIR PAIN, FEAR AND ISOLATION
	THROUGH ENTERTAINMENT, EDUCATION AND FAMILY ACTIVITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 13,145. including grants of \$) (Revenue \$
4a	
	ESCAPES PROGRAM: ESCAPES ARE FAMILY ACTIVITIES AND OUTINGS THAT ARE
	OFFERED REGULARLY TO GIVE CHILDREN AND THEIR FAMILIES A CHANCE TO HAVE
	FUN TOGETHER AWAY FROM THE HOSPITAL SO THEY CAN RELAX, REGROUP AND
	RETURN HOME WITH A RENEWED SENSE OF STRENGTH AND HOPE. DUE TO COVID,
	THESE ACTIVITIES WERE ALL HELD VIRTUALLY AND STILL OFFERED FAMILIES
	CONNECTION AND FUN DURING AN EXTREMELY ISOLATING AND STRESSFUL TIME.
	000 402
4b	(Code:) (Expenses \$990, 493. including grants of \$) (Revenue \$)
	HOSPITAL HAPPENINGS: WORKING IN CONCERT WITH HOSPITAL STAFF, THE
	FOUNDATION OFFERS A UNIQUE HOSPITAL PROGRAM THAT PROVIDES PSYCHOSOCIAL
	SUPPORT FOR PATIENTS THROUGHOUT OUR HOSPITAL PARTNERS. HOSPITAL
	HAPPENINGS HELP EASE THE LONELINESS, FEAR, AND BOREDOM THAT ACCOMPANY
	HOSPITAL STAYS.
	SPECIALIZED HOSPITAL HAPPENINGS INCLUDE:
	CLOWN PROGRAM - CHILDREN SUFFERING FROM A WIDE RANGE OF ILLNESSES HAVE
	COME TO RELY ON WEEKLY VISITS FROM CLOWNS FOR LARGE DOSES OF HAPPINESS.
	FOR MANY YEARS, MEDICAL PROFESSIONALS HAVE RECOGNIZED THAT THOSE
	PATIENTS WHO MAINTAINED A POSITIVE MENTAL ATTITUDE AND SHARED LAUGHTER
	RESPONDED BETTER TO TREATMENT. DURING COVID, THESE VISITS TRANSITIONED
4c	(Code:) (Expenses \$37,295. including grants of \$25,000.) (Revenue \$
	PEDIATRIC HOSPITAL SUPPORT: THIS UNIQUE HOSPITAL PROGRAM, NOW IN ITS
	19TH YEAR SUPPORTS CREATIVE ARTS THERAPIES INCLUDING MUSIC, ART AND
	DANCE THERAPY, ADAPTED YOGA SESSIONS FOR PROFOUNDLY DISABLED CHILDREN,
	SENSORY THERAPY, WHEELCHAIR ACCESSIBLE VEHICLES, RECREATIONAL
	PLAYROOMS, HORTICULTURE THERAPY, A VIDEO ARTIST-IN-RESIDENCE PROJECT,
	AND MANY OTHER CREATIVE PROJECTS THAT ENHANCE THE LIVES OF HOSPITALIZED
	CHILDREN.
4d	Other program services (Describe on Schedule O.)
4d	(Expenses \$ including grants of \$) (Revenue \$)
	(Expenses \$ including grants of \$) (Revenue \$)
1e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,040,933. Form 990 (20)
e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 1,040,933.

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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
~	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	x	
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		<u></u>	
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? /f "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
_	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X 990	(000-1)
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L			V	N.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22		22		x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
23				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		x
04 -	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
24 a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		- 23
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		<u> </u>
U		24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>24u</u>		<u> </u>
254		25a		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		<u> </u>
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If " Y_{\ThetaS} ," 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	230		- 23
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		127
21	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
00		21		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	00-		x
~	"Yes," complete Schedule L, Part IV	28c 29	X	
29 00	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	_ A	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
04	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		x
~ 4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			- v
0F -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
06	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		
~~	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		$\left \begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\$
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 29			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	{		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	<u>1c</u>	000	(000 ···
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2021.05000 ENCOURAGE KIDS FOUNDATION 09372.01

Form	990 (2021) ENCOURAGE KIDS FOUNDATION 13-3442	216	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 10			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	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?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
-	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	<u> </u>		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		1
	If "Yes," complete Form 6069.	<u> </u>		
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Form 990) (2021)
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	tion A. Governing Body and Management					Yes	No
4	Fatavities number of vetime members of the gevening back, at the and of the tay, year	1a	I	17		res	
Ia	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						
b	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	46		16			
	Enter the number of voting members included on line 1a, above, who are independent	1b	 				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship						X
~	officer, director, trustee, or key employee?				2		
3	Did the organization delegate control over management duties customarily performed by or under the		•		•		
	of officers, directors, trustees, or key employees to a management company or other person?			1	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			r	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		
6	Did the organization have members or stockholders?				6		<u>^</u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap				_		
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockho	lders, or				
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	_			77	
a	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						<u>.</u> ,
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)				
				ſ		Yes	No
	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
	and branches to ensure their operations are consistent with the organization's exempt purposes?			ſ	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the	form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	/es, " d	əscribə				
	on Schedule O how this was done				12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	ıl by ind	dependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	te its p	articipatior	ı I			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	ı's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed AR, CA, CO, CT, D	C,F	L,IL,N	1D, MA,	NJ,	NC,	OF
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990	-T (section	501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain	n on Sc	hedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	olicy, and	financ	cial	
	statements available to the public during the tax year.			÷ 1			
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	d records				
	THE ORGANIZATION - 212-354-2878						
	1560 BROADWAY, SUITE 600, NEW YORK, NY 10036						
	1000 Ditoliziali, Dolla 000, Man 101at, Mi 10000						

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)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				ו than d	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both pr/trus	nan	compensation	compensation	amount of
	week	<u> </u>		uau	Tecto	i/tus		from	from related	other .
	(list any hours for	ndividual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	100011207	and related
	below	idual .	nstitutional trustee	5	Key employee	Highest compensated employee	er	,		organizations
	line)	Indiv	Instit	Officer	Key e	High	Former			-
(1) MICHELE HALL-DUNCAN	35.00									
PRESIDENT & CEO		Х		Х				120,679.	0.	19,345.
(2) JOSEPH WESSELY	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(3) JOAN PALERMO	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) TONY FINEMAN	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) MARY KRAYESKE	1.00									
SECRETARY		X		Х				0.	0.	0.
(6) JEFF GURAL	1.00									
CHAIRMAN EMERITUS		Х						0.	0.	0.
(7) JOHN ANASTASIO	1.00									
BOARD MEMBER		X						0.	0.	0.
(8) STEVE CARBONE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) JOCELYN CHISHOLM CARTER	1.00									
BOARD MEMBER		X						0.	0.	0.
(10) CLAUDIA HILBERT	1.00							_	_	_
BOARD MEMBER		X						0.	0.	0.
(11) ERIKA FEIL-LINCOLN	1.00							_	_	_
BOARD MEMBER		X						0.	0.	0.
(12) ROBERT ROSENBERG	1.00									
BOARD MEMBER	1 00	x						0.	0.	0.
(13) DIANE RODE	1.00	l.,							0	0
BOARD MEMBER	1 0 0	X						0.	0.	0.
(14) ALAN ROTH	1.00	l.,							0	0
BOARD MEMBER	1 0 0	X						0.	0.	0.
(15) ADAM SPIES	1.00	l.,							0	0
BOARD MEMBER	1 0 0	X			<u> </u>			0.	0.	0.
(16) PAUL VERDI	1.00								_	•
BOARD MEMBER	1 00	X			<u> </u>			0.	0.	0.
(17) MICHAEL WEINSTEIN	1.00							_	_	•
BOARD MEMBER		X						0.	0.	0.
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Form	990 (2021) ENCOURAGE	KIDS F	UO	ND	AT	'IO)N			13-344	122	16	Page 8
Par	t VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)			
	(A) Name and title	(B) Average hours per week	box	not cl , unles	ss per	ition more rson is) than c s both pr/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related		(F Estima amou oth	ated nt of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	/	compen from organiz and re organiz	the zation lated
											-		
	Subtotal Total from continuation sheets to Part VII,								120,679. 0.).	19,	345.
	Total (add lines 1b and 1c)								120,679.).		
2	Total number of individuals (including but no compensation from the organization							o re	eceived more than \$100,	000 of reportable			1
3	Did the organization list any former officer,	director, truste	ee, k	ev e	mpl	ove	e, or	hiq	hest compensated emp	ovee on	Г	Ye	s No
	line 1a? If "Yes," complete Schedule J for su	ıch individual									. 🗖	3	X
4	For any individual listed on line 1a, is the sur and related organizations greater than \$150,											4	x
5	Did any person listed on line 1a receive or a												
0.00	rendered to the organization? <i>If "Yes." comp</i>	plete Schedule	ə J fe	or su	ich r	oers	on .					5	X
<u> </u>	tion B. Independent Contractors Complete this table for your five highest con	npensated ind	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compe	nsatio	n from	
	the organization. Report compensation for the	he calendar ye	ear e	ndin	ng w	ith c	or wi	thin	the organization's tax y	ear.			
	(A) Name and business a	address	N	ONE	3				(B) Description of s	ervices	Cor	(C) npensat	tion
2	Total number of independent contractors (in \$100,000 of compensation from the organized stress of the transmission of transmission of the transmission of	-	ot lin	nitec	d to f	thos C		ted	above) who received mo	pre than			

Form **990** (2021)

132008 12-09-21

			2021) ENCOURAGE KID	S FOUNDA	FION		13-3442	216 Page 9
Pa	rt V	/	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
ũ ũ			Fundraising events 1c	148,865.				
ifts ar A			Related organizations 1d	•				
n, G			Government grants (contributions) 1e	312,000.				
ŝ			All other contributions, gifts, grants, and					
her				395,376.				
i ti		g	Noncash contributions included in lines 1a-1f	164,934.				
and		h	Total. Add lines 1a-1f		1,856,241.			
				Business Code				
ė	2	а						
r vic		b						
Sel		С						
am		d						
Program Service Revenue		е						
Ā		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere	əst, and				
			other similar amounts)	►	173,585.			173,585.
	4		Income from investment of tax-exempt bond p	proceeds 🕨 🕨				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	a	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
		b	Less: cost or other basis					
venue			and sales expenses 7b					
			Gain or (loss) 7c					
Ľ			Net gain or (loss)	>				
Other Re	8	а	Gross income from fundraising events (not					
Ó			including \$ 148,865. of					
			contributions reported on line 1c). See	262 526				
				263,536.				
				•	122,631.			122,631.
			Net income or (loss) from fundraising events Gross income from gaming activities. See	<u></u>	±22,00±•			,UJI•
	9	đ	Part IV, line 19					
		h	Less: direct expenses 9b					
			N N C N N N N N N N N N N	···· >	<u> </u>			
			Gross sales of inventory, less returns					
			and allowances	a				
		þ	Less: cost of goods sold 10t					
			Net income or (loss) from sales of inventory					
		-		Business Code				
snc	11	а						
scellaneo Bevenue		b						
ella		С						
Miscellaneous Revenue		d	All other revenue					
2			Total. Add lines 11a-11d	►				
	12		Total revenue. See instructions	>	2,152,457.	0.	0.	296,216.
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^{132009 12-09-21}

ENCOURAGE KIDS FOUNDATION Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	25,000.	25,000.		
•	and domestic governments. See Part IV, line 21	25,000.	<u>⊿</u> 5,000•		
2	Grants and other assistance to domestic				
3	individuals. See Part IV, line 22				
3	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,				
5	trustees, and key employees	156,845.	101,949.	15,685.	39,211
6	Compensation not included above to disqualified	100,0100	101/9190		337211
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	463,859.	301,508.	46,386.	115,965
8	Pension plan accruals and contributions (include	100,0001	501,5001	10,5001	110,000
Ŭ	section 401(k) and 403(b) employer contributions)	9,797.	6,368.	980.	2.449
9	Other employee benefits	38,325.	24,911.	3,833.	2,449 9,581
10	Payroll taxes	43,553.	28,310.	4,354.	10,889
11	Fees for services (nonemployees):	10,0001	20,5101		10,005
 a	Management				
	Legal				
	Accounting				
	Lobbying				
а а	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
' a	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A), amount, list line 11g expenses on Sch O.)	345,132.	236,732.	30,972.	77,428
12	Advertising and promotion	315.	205.	31.	79
13	Office expenses	38,432.	24,980.	3,844.	9,608
14	Information technology	18,571.	12,072.	1,856.	4,643
15	Royalties				
16	Occupancy	18,110.	11,772.	1,811.	4,527
17	Travel	3,276.	3,276.		
18	Payments of travel or entertainment expenses	0,2,00	0,2,00		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,464.	5,464.		
20	· · · · · · · · · · · · · · · · · · ·		-,1011		
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,948.	5,816.	895.	2,237
23		9,312.	6,053.	931.	2,328
23 24	Other expenses. Itemize expenses not covered		5,005.		2,520
	above. (List miscellaneous expenses no line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	1.6.4	1.5.4		-
а	DONATED GOODS	164,934.	164,934.	0.	0
b	EVENTS	50,485.	0.	0.	50,485
С	MISCELLANEOUS	36,181.	14,544.	2,237.	19,400
d	MATERIALS AND SUPPLIES	18,452.	18,452.	0.	0
е	All other expenses	66,757.	48,587.	5,190.	12,980
25	Total functional expenses. Add lines 1 through 24e	1,521,748.	1,040,933.	119,005.	361,810
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here 🕨 🧾 if following SOP 98-2 (ASC 958-720)				

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Total liabilities and net assets/fund balances

1,996,038.

33

2,413,576.

Form **990** (2021)

ENCOURAGE	KIDS	FOUNDATION
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<u> </u>			- 4 - 4				
		Check if Schedule O contains a response or no	ute to an	y iine in this part X	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			278,758.	1	553,926.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net	6,800.	3	11,373.		
	4	Accounts receivable, net			6,130.	4	6,030.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th				5	
	6	Loans and other receivables from other disqua	•				
		under section 4958(f)(1)), and persons describe		6			
رم ا	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
As	9				41,000.	9	28,082.
	10a	Land, buildings, and equipment: cost or other	1				
		basis. Complete Part VI of Schedule D		62,633.			
	b	Less: accumulated depreciation		13,422.	26,518.	10c	49,211.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	1,636,832.	12	1,764,954.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must eq			1,996,038.	16	2,413,576.
	17	Accounts payable and accrued expenses		94,193.	17	32,931.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20					20	
	21	Escrow or custodial account liability. Complete	ə Part IV	of Schedule D		21	
ŝ	22	Loans and other payables to any current or for	mer offic	er, director,			
litie		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese pers	ons		22	
	23	Secured mortgages and notes payable to unre	lated thi	rd parties	312,000.	23	158,556.
	24	Unsecured notes and loans payable to unrelate	ed third _l	parties		24	
	25	Other liabilities (including federal income tax, p	bayables	to related third			
		parties, and other liabilities not included on line	es 17-24)	. Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			406,193.	26	191,487.
		Organizations that follow FASB ASC 958, ch	neck her	e 🕨 🔀			
ces		and complete lines 27, 28, 32, and 33.		L	4 4 4 4 4 4 4 4 4		4 600 604
lan	27				1,043,309.	27	1,600,604.
В	28	Net assets with donor restrictions			546,536.	28	621,485.
ĥ		Organizations that do not follow FASB ASC	958, che	eck here 🕨 📃			
Ē		and complete lines 29 through 33.		L			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund				29	
sse	30	Paid-in or capital surplus, or land, building, or e				30	
ťΑ	31	Retained earnings, endowment, accumulated			1 500 045	31	0 000 000
Se	32	Total net assets or fund balances			1,589,845.	32	2,222,089.
	33	Total liabilities and net assets/fund balances			1,996,038.	33	2,413,576.

Form 990 (2021) Part X | Balance Sheet

Form	990 (2021) ENCOURAGE KIDS FOUNDATION	13-344	2216	Pag	ge 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Χ
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,152		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,52	L,7	48.
3	Revenue less expenses. Subtract line 2 from line 1	3	630),7	09.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,589	9,8	45.
5	Net unrealized gains (losses) on investments	5	-30),1	08.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	31	L,6	43.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,222	2,0	89.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	L
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b	000	

Form **990** (2021)

SCHEDULE /	4
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

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

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

	2021
	Open to Public Inspection
Employer	identification number

OMB No. 1545-0047

Name of the	organization
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Part I Reason for Public Charity Status. (All organizations must complete this part). See instructions. Improvementation of churches, or association of churches, described in section 170b(11(A)(i). A school described in section 170b(11(A)(ii). Improvementation of public focus of association of churches, described in section 170b(11(A)(ii). A hoppital or a cooperative hospital service organization described in section 170b(11(A)(iii). Improvementation of the benefit of a college or university owned or operated by a governmental unit described in section 170b(11(A)(iii). Enter the hospital's name, city, and state. Improvementation of the benefit of a college or university owned or operated by a governmental unit described in section 170b(11(A)(ii). Complete Part II.) Improvementation the comparison of agriculture described in section 170b(11(A)(ii). Complete Part II.) Improvementation the comparison of the comparison of the complete Part II.) Improvementation the comparison of the complete Part II.) Improvementation the comparison of the complete Part II.) Improvementation the complete Part II.) Improvementatin comonization the complete Pa						FOUNDATION				1	3-3442216		
1 A church, convention of churches, or association of churches described in section 170(b) (1)(A)(ii). 2 A school described in section 170(b) (1)(A)(iii). (A model for a cooperative hospital sorted or granization described in section 170(b) (1)(A)(iii). Enter the hospital's name, cly, and state. 3 A hospital or a cooperative hospital sorted or granization described in section 170(b) (1)(A)(iii). Enter the hospital's name, cly, and state. 5 An organization operated for the benefit of a collegor university owned or operated by a governmental unit described in section 170(b) (1)(A)(v). 6 A foddral, state, or local government or governmental unit described in section 170(b) (1)(A)(v). 7 X A norganization 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)(v). 8 A community trut described in section 170(b) (1)(A)(V) operated in conjunction with a land grant collego or university or none land 31 (1)% of fits support from contributions, membership fees, and grans collego for university or none land 31 (1)% of fits support from activities related to its scenger form. 10 An arganization organization described in section 500(a)(4). An organization organization described in section 500(a)(4). 11 An organization organization described in section 500(a)(4). Complete Part II) 12 An anganization seguritization described in section 500(a)(4). Complete Part II) 11 An	Pa	irt I		Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.				
2 A school described in section 170(b)(1)(A)(ii). A include research organization described in section 170(b)(1)(A)(iii). 4 A model research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Entor the hospital's name, etiv, and state. 5 A noganization operated for the bondit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). 7 M A noganization operated by a government or governmental unit described in section 170(b)(1)(A)(iv). 8 A community tust described in section 170(b)(1)(A)(iv). Complete Part II) 9 An arginization 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)(iv). Complete Part II) 9 A noganization that normally receives (1) more than 33 1/3% of its support from contributions, membership less, and gross receipts from activities related to its everpt functions, subject to cortain exceptions; and (2) no more than 33 1/3% of its support from goes investment incomm and unrelated busines lauseline incente (eas section 504(a)(4). 10 An organization departed exclusively to the part of the part of the support and and section 50(b)(4). 11 An organization organized and operated exclusively to the part of the support organization departed exclusively to run the part of subject organization section 50(b)(4). 12 An organization organized and operated exclusively to the part of selest angin(1) of the descritos (6), Complete Part II).<	The	orga	ani	zation is not a private found	ation because it is: (F	or lines 1 through 12, cl	heck only (one box.)					
3 A hospital or acceptative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 4 A modical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.) 8 A community futual described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(v) op nore than 33 1/3% of Its support from contributions, membership lees, and grass rescripts from activities rolate to its secuport from construction social to support and organization and unrelated business itsubic income (sea section 504(c)) or secure 505(c)(A). 11 An organization organization described in section 504(c) or secure 505(c)(A). 12 An organization organization described in section 504(c) or secure 505(c)(A). 13 Type (A) Assporting organization operated exclusively to test for public safely. See section 505(c)(A). 14 An	1			A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).				
4 A medical reserver organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). 7 M An organization that normally necesses a substantial part of its support form a governmental unit or from the general public described in section 170(b)(1)(A)(v). 8 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.) 9 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) 9 An agrization that normally necesses (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its essengt trunctions, subject to certain essengtions, and 2) no more than 33 1/3% of its support of the agrization after June 30, 1975. See section 500(a)(2). Complete Part II.) 11 An organization organization agenization described in section 500(a)(2). The section 500(a)(3). The agenization aganization agenization agenizatin agenizatin agenization agenization agenization ageniz	2			A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)						
city, and state:	3			A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).				
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12 An organization organization described in section 509(a)(1) or section 509(a)(2). See section 509(a)(2). See section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supporting organization supervised or controlled by 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 B. b Type II. A supporting organization supervised or controlled by its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IBS that it is a Type II, Type III functionally integrated. The organization (inset 11, and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IBS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of su				See section 509(a)(2). (Cor	mplete Part III.)								
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organizations (s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization supervised in the same persons that control or manage the supported organization supervised in the same persons that control or manage the supported organization supervised in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization reserved a written determination from the IRS that it is a Type I, Type III non-functionally integrated supporting organization. g Provide the following information about the supported organization(s). (wi) Amount of other support (dee instructions). <th>11</th> <th></th> <th></th> <th>An organization organized a</th> <th>and operated exclusi</th> <th>vely to test for public saf</th> <th>ety. See</th> <th>section 50</th> <th>09(a)(4).</th> <th></th> <th></th>	11			An organization organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).				
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f Enter the number of supported organizations	е	, [] Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II,	Type III			
g Provide the following information about the supported organization (ii) EIN (iii) Type of organization (described on lines 1-10) above (see instructions)) (iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions) Yes No Image: Support (see instructions) Image: Support (see instructions) </th <th></th> <th></th> <th></th> <th>functionally integrated, or</th> <th>Type III non-function</th> <th>nally integrated supportir</th> <th>ng organiz</th> <th>ation.</th> <th></th> <th></th> <th></th>				functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.					
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Organization above (see instructions)) Yes No appoint (see instructions) automation is			(i		(ii) EIN		in your governi	ng document?		-			
Image: Sector of the sector				organization			Yes	No	support (see ins	(ructions)	support (see instructions)		
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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	ction A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	3570346.	3232101.	2006466.	3678846.	1856241.	14344000.				
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	3570346.	3232101.	2006466.	3678846.	1856241.	14344000.				
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)						3709701.				
6	Public support. Subtract line 5 from line 4.						10634299.				
	ction B. Total Support	•			I						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
	Amounts from line 4	3570346.	3232101.	2006466.	3678846.		14344000.				
	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources	77,060.	28,955.	626.	13,265.	169,155.	289,061.				
9	Net income from unrelated business	_			-						
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)	-354,397.	-316,198.	352,617.	-270,584.	127,061.	-461,501.				
11	Total support. Add lines 7 through 10		·				14171560.				
12	Gross receipts from related activities,	etc. (see instructio	ons)			12					
13	First 5 years. If the Form 990 is for th					01(c)(3)					
	organization, check this box and stop										
Sec	ction C. Computation of Publi	c Support Per	centage								
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	75.04 %				
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	77.36 %				
16a	33 1/3% support test - 2021. If the c	organization did no	t check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo	x and				
	stop here. The organization qualifies	as a publicly supp	orted organization				► X				
b	33 1/3% support test - 2020. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box				
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition							
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	9 13, 16a, or 16b, a	nd line 14 is 10%	or more,				
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	r e. Explain in Part	VI how the organiz	ation				
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization						
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	heck a box on line	9 13, 16a, 16b, or 1	7a, and line 15 is	10% or				
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	k this box and st	t op here. Explain ii	n Part VI how the					
	organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization										
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s >				
						Schedule A	(Form 990) 2021				

Schedule A (Form 990) 202 ⁻	Schedule A	(Form	990) 202
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Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disgualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			1			
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) ⊺otal
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 th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) organizati	on,
check this box and stop here						
Section C. Computation of Publi					1 1	
15 Public support percentage for 2021 (li					15	%
16 Public support percentage from 2020 Section D. Computation of Inves					16	%
17 Investment income percentage for 20		-	ne 13. column (fl)		17	%
18 Investment income percentage from 2					18	<u> </u>
19a 33 1/3% support tests - 2021. If the						
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2020. If the	-	•		••••		
line 18 is not more than 33 1/3%, che	ok this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organization	
20 Private foundation. If the organization	<u>n did not check a</u>	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
132023 01-04-22		. –			Schedule /	A (Form 990) 2021
		15				

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV | Supporting Organizations

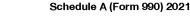
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

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

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Par	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any c	of the following persons?		
а	a A person who directly or indirectly controls, either alone or tog	ether with persons described on lines 11b and		
	11c below, the governing body of a supported organization?	11a	1	
b	b A family member of a person described on line 11a above?	111	•	
С	c A 35% controlled entity of a person described on line 11a or 1	Ib above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.	110	;	
Sect	ction B. Type I Supporting Organizations	· · · · ·		
			Yes	No
	Did the governing body, members of the governing body, office more supported organizations have the power to regularly app directors, or trustees at all times during the tax year? <i>If "No," c</i> effectively operated, supervised, or controlled the organization' organization, describe how the powers to appoint and/or remov	oint or elect at least a majority of the organization's officers, describe in Part VI how the supported organization(s) s activities. If the organization had more than one supported		
	supported organizations and what conditions or restrictions, if a	, , , , , , , , , , , , , , , , , , ,		
2	Did the organization operate for the benefit of any supported o	rganization other than the supported		
	organization(s) that operated, supervised, or controlled the sup	porting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of	the supported organization(s) that operated,		
	supervised, or controlled the supporting organization.	2		
Sect	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees durir	ng the tax year also a majority of the directors		
	or trustees of each of the organization's supported organizatio	n(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in th	e same persons that controlled or managed		
	the supported organization(s).	1		
Sect	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizat	ions, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type a	and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as	of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of no	tification, to the extent not previously provided?		

- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization minitained a close and continuous working relationship with the supported organization(s).
 2 Development of the minitained is the minitained in the organization of the minitained is the minitained in the organization of the minitained is the minitained in the organization of the minitained is the minitained in the organization of the minitained is the minitained in the organization of the minitained is the minitained in the organization of the minitained is the minitained in the organization of the minitained is the minitained in the organization of the minitained is the minitained in the organization of the minitained is the minitained in the organization of the minitained is the minitained in the organization of the minitained is the
- **3** By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If* "Yes," *describe in* **Part VI** *the role the organization*'s

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. Complete line 3 below.

С] The organization supported a governmental entity. D	escribe in Part VI how you supported a governmental entity (see instruction <u>s).</u>
---	--	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role plaved by the organization in this regard.*132025 01-04-22

3b | | Schedule A (Form 990) 2021

2

3

2a

2b

3a

Yes No

Schedule A (Form 990) 2021

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Schedule A	(Form	990	202 (
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(Form 990) 2021 ENCOURAGE KIDS FOUNDATION Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

	Non-Functionally Integrated 509(a)(3) Supporti			
	e if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructio
All other 1	ype III non-functionally integrated supporting organizations mu	st complete s	Sections A through E.	
Section A - Adjusted	Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term ca	apital gain	1		
2 Recoveries of pri	or-year distributions	2		
3 Other gross inco	me (see instructions)	3		
4 Add lines 1 throu	ıgh 3.	4		
5 Depreciation and	l depletion	5		
6 Portion of operat	ing expenses paid or incurred for production or			
collection of gros	ss income or for management, conservation, or			
maintenance of p	property held for production of income (see instructions)	6		
7 Other expenses	(see instructions)	7		
8 Adjusted Net In	come (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum	Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair m	arket value of all non-exempt-use assets (see			
instructions for s	hort tax year or assets held for part of year):			
a Average monthly	value of securities	1a		
b Average monthly	r cash balances	1b		
c Fair market value	e of other non-exempt-use assets	1c		
d Total (add lines	1a, 1b, and 1c)	1d		
e Discount claime	d for blockage or other factors			
(explain in detail	in Part VI):			
2 Acquisition indet	otedness applicable to non-exempt-use assets	2		
3 Subtract line 2 fr	om line 1d.	3		
4 Cash deemed he	eld for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions)		4		
5 Net value of non	exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by	0.035.	6		
7 Recoveries of pri	or-year distributions	7		
8 Minimum Asset	Amount (add line 7 to line 6)	8		
Section C - Distributa	ble Amount			Current Year
1 Adjusted net inc	ome for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line	•1	2		
3 Minimum asset a	amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of I	ine 2 or line 3.	4		
5 Income tax impo	sed in prior year	5		
6 Distributable Ar	nount. Subtract line 5 from line 4, unless subject to			
emergency temp	orary reduction (see instructions).	6		
	e if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	anization (see

7 instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	I
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	2
3	Administrative expenses paid to accomplish exempt purpose	s of supported organization	3 3	i
4	Amounts paid to acquire exempt-use assets		4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		;
_6	Other distributions (describe in Part VI). See instructions.			i
_7	Total annual distributions. Add lines 1 through 6.		7	,
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		ç	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
<u>a</u>	From 2016			
b	From 2017			
	From 2018			
	From 2019			
	From 2020			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
-	Applied to 2021 distributable amount			
<u> </u>	Carryover from 2016 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
-	Applied to 2021 distributable amount Remainder. Subtract lines 4a and 4b from line 4.			
 5	Remaining underdistributions for years prior to 2021, if			
5	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
Ŭ	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
-	Excess from 2019			
	Excess from 2020			
	Excess from 2021			

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A	(Form 990) 2021 ENCOURAGE KIDS FOUNDAT		Page 8
Part VI	Supplemental Information. Provide the explanations required to Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2	and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section (C, t V.
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also (See instructions.)	complete this part for any additional information.	,
	-		
132028 01-04-2	2	Schedule A (Form 99	90) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY *

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

3-3442216

1

ENCOURAGE	KIDS	FOUNDATION

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	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)(vi), 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 $e_{XClusively}$ 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 $e_{XClusively}$ 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 \dots \blacktriangleright \$

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)

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ENCOURAGE KIDS FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$\$	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		- _ \$\$59,725.	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		- _ \$ <u>64,500.</u> -	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		- _ \$\$140,000.	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		- _ \$\$	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
6		- _ \$\$59,725.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

13-3442216

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Name of organization

Name of organization

ENCOURAGE KIDS FOUNDATION

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
7		\$ <u>50,000.</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
8		\$41,500.	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
9		\$40,000 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Turne of contribution
<u>No.</u>	Name, audress, and ZIP + 4	\$164,934.	Type of contribution Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$312,000.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Page **2**

Employer identification number

13-3442216

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
10	PAINT BY NUMBERS 3300 SETS		
		\$ 164,934.	06/30/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	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)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		¢	
123453 11-1	1-21	\$	 Schedule B (Form 990) (2021)

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II

ENCOURAGE KIDS FOUNDATION

Employer identification number

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2021.05000 ENCOURAGE KIDS FOUNDATION 09372.01

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13-3442216

	B (Form 990) (2021)		Page 4				
Name of o	rganization		Employer identification number				
ENCOU	RAGE KIDS FOUNDATION		13-3442216				
Part III	Exclusively religious, charitable, etc., contribut) through (e) and the following line ent	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	charitable, etc., contributions of \$1,000 or I	ess for the year. (Enter this info. once.) 🕨 \$				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(a) Turu (an a faith					
		(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
		[
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(a) Transfor of gift					
	(e) Transfer of gift						
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
ŀ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				

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Schedule B (Form 990) (2021)

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SCHEDULE [)
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(Form 990)

Part I

Supplemental Financial Statements

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



Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

ENCC **Organizations Maintaining**

JURAGE	KIDS	FOUNDATION		13-3442216
ntaining l	Donor A	dvised Funds or Other Similar Funds or A	ccounts.	Complete if the

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 assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization or education) Preservation of land for public use (for example, recreation or education) Preservation of a historically impo Protection of natural habitat Preservation of a certified historic Preservation of open space 2 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation example.	Yes No portant land area ic structure easement on the last Id at the End of the Tax 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 assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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) □ Preservation of a certified historic □ Preservation of a conservation easements 2a 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization durin year 2d Number of states where property subject to conservation easement is located Cose the organization have a written policy regarding the periodic monitoring, inspection, handling of 	Yes No portant land area ic structure easement on the last Id at the End of the Tax 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 assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization or education) Preservation of a historically impo Protection of natural habitat Preservation of pen space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements a Total number of conservation easements on a certified historic structure included in (a) d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization durin year 2d Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 	Yes No portant land area ic structure easement on the last Id at the End of the Tax Year
 4 Aggregate value at end of year	Yes No portant land area ic structure easement on the last Id at the End of the Tax Year
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 year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 	ing the tay
 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 	ng the tax
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 violations, and enforcing conservation easement	nts during the year
 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements dur \$ 	uning the year
 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 	
and section 170(h)(4)(B)(ii)?	Yes No
 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes	as the
organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar As	ssets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet v	works
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	lic
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet work	
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	rks of
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	service,
(ii) Assets included in Form 990, Part X	service,
 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 	service,
 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: 	service,
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	service,
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	service,
 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ 	service,

26

2021.05000 ENCOURAGE KIDS FOUNDATION 09372.01

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Par	rt III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or	Other	Similar	Assets) (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check a	any of the f	ollowing that	make sig	nificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🛄 Le	oan or exc	hange progra	m					
b	Scholarly research	e	• 🗌 0	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how the	y further th	ne organizatio	n's exem	pt purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, hist	orical treas	sures, or othe	r similar a	issets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	T IV Escrow and Custodial Arran		ete if the c	organizatio	n answered "	Yes" on F	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for co	ontribution	s or other ass	ets not in	cluded		-		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tal	ble:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe						y?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.						·····				
Fai	rt V Endowment Funds. Complete i	(a) Current year		ior year	(c) Two year			ears back	(a) Equi	Voare	haok
		(a) Current year	(D) Ph	or year	(C) TWO year	S DACK (uj mee y	Bais Dauk	(e) roui	years	DAUK
1a	Beginning of year balance										
D	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	cont year and balance	l o /lino 1 a	oolumn (a)) hold oo:						
2	Provide the estimated percentage of the curr			column (a	ij neid as:						
a h	Board designated or quasi-endowment Permanent endowment	%	_%								
U O		%									
С	The percentages on lines 2a, 2b, and 2c sho										
30	Are there endowment funds not in the posse		ation that	aro bold ar	nd administor	od for the	organiza	tion			
Ua	by:						organiza]	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the	-									
Par	rt VI Land, Buildings, and Equipm										
	Complete if the organization answere		D, Part IV,	line 11a. S	ee Form 990,	Part X, li	ne 10.				
	Description of property	(a) Cost or c	· · ·		or other	,	cumulate	d	(d) Boo	k valu	e
	F = F = F = F = F = F = F = F = F =	basis (investr		• •	(other)	• •	reciation		, 200		
	Land	· · ·									
b	Buildings										
	Leasehold improvements										
d	Equipment			6	2,633.		13,42	22.	4	9,2	11.
	Other										
	I. Add lines 1a through 1e. (Column (d) must e		X. column) <i>(</i> B), [ine 1	0c.)				4	9,2	11.
		and a contract of the contract						~			

Schedule D (Form 990) 2021

132052 10-28-21

	DS FOUNDATION	13	-3442216 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) TIFF MULTI-ASSET FUND	1,254,954.	END-OF-YEAR MARKET	VALUE
(B) INTEREST IN LLC	510,000.	END-OF-YEAR MARKET	VALUE
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨	1,764,954.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1 ⁻	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1 ⁻	1d. See Form 990, Part X, line 15.	
(a) D	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		
Part X Other Liabilities.	10.7		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line 1 [.]	1e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability		. ,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) 			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2			
2. Liability for uncertain tax positions. In Part XIII, provide t	he text of the footnote to t	he organization's financial statements th	nat 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

132053 10-28-21

Schedule D (Fo	rm 990) 2021 ENCOURAGE KIDS FOUND	ATION		13-3	3442216	Page 4
Part XI R	econciliation of Revenue per Audited Financia	I Statements With I	Revenue per Re [.]	turn.		
C	omplete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.				
1 Total reve	enue, gains, and other support per audited financial statemer	ts		1	2,498,	176.
2 Amounts	included on line 1 but not on Form 990, Part VIII, line 12:					
a Net unrea	alized gains (losses) on investments	2a	-30,108.			
b Donated	services and use of facilities	2b	375,827.			
	es of prior year grants					
	escribe in Part XIII.)					
e Add lines	a through 2d			2e	345,	,719.
3 Subtract	line 2e from line 1			3	2,152,	457.
	included on Form 990, Part VIII, line 12, but not on line 1:					
a Investme	nt expenses not included on Form 990, Part VIII, line 7b \dots	4a				
b Other (De	escribe in Part XIII.)	4b				
c Add lines	4a and 4b			4c		0.
					0 1 5 0	4
5 Total rev	enue. Add lines 3 and 4c. <i>(This must equal Form 990. Part I. I</i>	ne 12.)		5	2,152,	,45/.
5 Total reve Part XII R	enue. Add lines 3 and 4c. <i>(This must equal Form 990, Part I, I</i> econciliation of Expenses per Audited Financia	ne 12.) al Statements With	Expenses per F		,⊥⊃⊿, 1.	,457.
Part XII R	enue. Add lines 3 and 4c. <i>(This must equal Form 990, Part I, li</i> econciliation of Expenses per Audited Financia omplete if the organization answered "Yes" on Form 990, Par	al Statements With	Expenses per P		า.	
Part XII R	econciliation of Expenses per Audited Financia	al Statements With t IV, line 12a.	Expenses per F		1,897	
Part XII R Cd 1 Total exp 2 Amounts	econciliation of Expenses per Audited Financia omplete if the organization answered "Yes" on Form 990, Par penses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25:	al Statements With t IV, line 12a.	Expenses per F	eturr	า.	
Part XII R Cd 1 Total exp 2 Amounts	econciliation of Expenses per Audited Financia omplete if the organization answered "Yes" on Form 990, Par renses and losses per audited financial statements	al Statements With t IV, line 12a.	Expenses per F	eturr	า.	
Part XII R Ca 1 Total exp 2 Amounts a Donated	econciliation of Expenses per Audited Financia omplete if the organization answered "Yes" on Form 990, Par penses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25:	al Statements With t IV, line 12a.	Expenses per F	eturr	า.	
Part XII R Co 1 Total exp 2 Amounts a Donated b Prior yea	econciliation of Expenses per Audited Financia omplete if the organization answered "Yes" on Form 990, Par penses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25: services and use of facilities	al Statements With t IV, line 12a. 2a 2b	Expenses per F	eturr	า.	
Part XII R Cd 1 Total exp 2 Amounts a Donated b Prior yea c Other los	econciliation of Expenses per Audited Financia omplete if the organization answered "Yes" on Form 990, Par penses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25: services and use of facilities r adjustments	al Statements With t IV, line 12a. 2a 2b 2c	Expenses per F	eturr	n. <u>1,897</u> ,	.575.
Part XII R Cd 1 Total exp 2 Amounts a Donated b Prior yea c Other los d Other (De	econciliation of Expenses per Audited Financia omplete if the organization answered "Yes" on Form 990, Par renses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25: services and use of facilities r adjustments ses	al Statements With t IV, line 12a. 2a 2b 2c 2d	Expenses per F	eturr	n. <u>1,897</u> , 375,	. 575.
Part XII R Cd 1 Total exp 2 Amounts a Donated b Prior yea c Other los d Other (De e Add lines	econciliation of Expenses per Audited Financia omplete if the organization answered "Yes" on Form 990, Par penses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25: services and use of facilities r adjustments ses escribe in Part XIII.) 5 2a through 2d	al Statements With t IV, line 12a. 2a 2b 2c 2c 2d	Expenses per F	1	n. <u>1,897</u> ,	. 575.
Part XII R Cd 1 Total exp 2 Amounts a Donated b Prior yea c Other los d Other (De e Add lines 3 Subtract	econciliation of Expenses per Audited Financia omplete if the organization answered "Yes" on Form 990, Par renses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25: services and use of facilities r adjustments ses escribe in Part XIII.)	al Statements With t IV, line 12a. 2a 2b 2c 2c 2d	Expenses per F	1 2e	n. <u>1,897</u> , 375,	. 575.
Part XII R Cd 1 Total exp 2 Amounts a Donated b Prior yea c Other los d Other (De e Add lines 3 Subtract 4 Amounts	econciliation of Expenses per Audited Financia omplete if the organization answered "Yes" on Form 990, Par penses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25: services and use of facilities r adjustments ses escribe in Part XIII.) 2 a through 2d line 2e from line 1	al Statements With t IV, line 12a. 2a 2b 2c 2d	Expenses per F	1 2e	n. <u>1,897</u> , 375,	. 575.
Part XII R Cd 1 Total exp 2 Amounts a Donated b Prior yea c Other los d Other (De e Add lines 3 Subtract 4 Amounts a Investme	econciliation of Expenses per Audited Financia omplete if the organization answered "Yes" on Form 990, Par renses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25: services and use of facilities r adjustments ses escribe in Part XIII.) e 2a through 2d line 2e from line 1 included on Form 990, Part IX, line 25, but not on line 1:	al Statements With t IV, line 12a. 2a 2b 2c 2d 2d	Expenses per F	1 2e	n. <u>1,897</u> , 375,	. 575.
Part XII R Cd 1 Total exp 2 Amounts a Donated b Prior yea c Other los d Other (De e Add lines 3 Subtract 4 Amounts a Investme	econciliation of Expenses per Audited Financia omplete if the organization answered "Yes" on Form 990, Par renses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25: services and use of facilities r adjustments ses escribe in Part XIII.) 2 a through 2d line 2e from line 1 included on Form 990, Part IX, line 25, but not on line 1: nt expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.)	al Statements With t IV, line 12a. 2a 2b 2c 2d 2d 4a 4b	Expenses per F	1 2e	n. <u>1,897</u> , <u>375</u> , <u>1,521</u> ,	<u>, 575.</u> , 827. , 748. 0.
Part XII R Cd 1 Total exp 2 Amounts a Donated b Prior yea c Other los d Other (De e Add lines 3 Subtract 4 Amounts a Investme b Other (De c Add lines 5 Total exp	econciliation of Expenses per Audited Financia omplete if the organization answered "Yes" on Form 990, Par renses and losses per audited financial statements included on line 1 but not on Form 990, Part IX, line 25: services and use of facilities r adjustments ses escribe in Part XIII.) 2 a through 2d line 2e from line 1 included on Form 990, Part IX, line 25, but not on line 1: included on Form 990, Part IX, line 25, but not on line 1: int expenses not included on Form 990, Part VIII, line 7b escribe in Part XIII.)	al Statements With t IV, line 12a. 2a 2b 2c 2d 2d 4a 4b	Expenses per F 375,827.	1 2e 3	n. <u>1,897</u> , 375,	<u>, 575.</u> , 827. , 748. 0.

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

132054 10-28-21

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)	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.							2021
Department of the Treasury	Attach to Form 990 or Form 990-EZ.							Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection
Name of the organization		GE KIDS FOUNDATION					Employer ide 13-3442	entification number
Part I Fundrais		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1		
required to	complete this part	t.						
1 Indicate whether th a Aail solicitat	-	ed funds through any of the followin e Solicita	-		Check all that apply. overnment grants			
—	email solicitations			-	nment grants			
c 🔄 Phone solici		g 📃 Special	fundra	aising	events			
d In-person so		or oral agreement with any individual	(incluc	lina of	ficers directors trus	toos	or	
•		art VII) or entity in connection with p		-				s 🗌 No
		<i>v</i> iduals or entities (fundraisers) pursu	ant to	agreei	ments under which th	ne fui	ndraiser is to b	e
compensated at le	ast \$5,000 by the							
(i) Name and addres		(ii) Activity	(iii) fundr have c	Did aiser ustody	(iv) Gross receipts	to (Amount paid or retained by)	(vi) Amount paid to (or retained by)
or entity (fund	draiser)	(1), (0.1)(1)	or cor contrib	ntrol of	from activity		fundraiser ted in col. (i)	organization
			Yes	No				
Total								
	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is	exempt from re	egistration
or licensing.								
HA For Paperwork D	eduction Act Noti	ice, see the Instructions for Form 9	90 or	990-F	7		Schedul	e G (Form 990) 2021
				L			Centradi	- 311 - 111 0001 2021

132081 10-21-21

		of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			NOUVEAU GOLF OUTING	SERVING UP SMILES	3	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Ъ					(total hamboly	
Revenue	1	Gross receipts	246,430.	152,552.	13,419.	412,401.
æ	2	Less: Contributions	132,240.	16,625.		148,865.
	•		114,190.	125 027	13,419.	263,536.
_	3	Gross income (line 1 minus line 2)	114,190.	135,927.	13,419.	203,550.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire						
	8	Entertainment	85,502.	55,228.	175.	140,905.
	9 10	Other direct expenses Direct expense summary. Add lines 4 through				140,905.
	11		()		·····	122,631.
Pa	rt I			1 990, Part IV, line 19, or r	eported more than	•
		\$15,000 on Form 990-EZ, line 6a.	1			1
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
	_					
ses	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	5		Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	í from line 1, column (d)		►	
		ter the state(s) in which the organization condu	• • –			
		the organization licensed to conduct gaming a				X Yes No
b	lf "	No," explain:				
	_					
		ere any of the organization's gaming licenses re				Yes X No
b	lf "	Yes," explain:				
13208	12 10	0-21-21			Sche	dule G (Form 990) 2021

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

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Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021	ENCOURAGE	KIDS	FOUNDATION	13-3442216 Page	e 3
				ers?	X Yes	No
12				a member of a partnership or other entity formed	Yes X	
13	Indicate the percentage of gaming?				Yes A	NO
					13a	%
						%
14	Enter the name and address of th	e person who prepar	es the org	ganization's gaming/special events books and reco	rds:	
	Name MICHELE HAL	L-DUNCAN				
	Address Market Address Marke	WAY, SUITE	600 -	- NEW YORK, NY 10036		
15a	Does the organization have a con	tract with a third part	y from wł	nom the organization receives gaming revenue?	Yes X	No
k	If "Yes," enter the amount of gam	ing revenue received	by the or	ganization 🕨 💲 and the an	nount	
	of gaming revenue retained by the					
C	If "Yes," enter name and address	of the third party:				
	Name 🕨					
40						
10	Gaming manager information:					
	Name MICHELE HAL	L-DUNCAN				
	Gaming manager compensation	► \$				
	Description of services provided	• OVERALL	SUPER	VISION OF RAFFLES CONDUCT	ED	
			Г			
	X Director/officer	Employee	L	Independent contractor		
17	Mandatory distributions:					
é	•	state law to make cl	haritable c	distributions from the gaming proceeds to		
ŀ	retain the state gaming license?			distributed to other exempt organizations or spen	Yes X	No
	organization's own exempt activit	•				
Pa				ations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10k	э,
	15b, 15c, 16, and 17b, as	applicable. Also pro	vide any a	additional information. See instructions.		
1320	83 10-21-21			32	Schedule G (Form 990) 2	021

Part IV Supplemental Information (continued)	
Continuedy	
	Schedule G (Form 990)
132084 11-18-21	

SCHEDULE I (Form 990)		G G Compte Compte	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ^{Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.}	d Other Assistance to Organizations, is, and Individuals in the United States mization answered "Yes" on Form 990, Part IV, line 21 or 2	te to Organi s in the Unit on Form 990, Par	izations, ted States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs	 Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. 	n 990. · the latest inform	ation.		Open to Public Inspection
Name of the organization	tion ENCOURAGE KIDS		FOUNDATION					Employer identification number 13-3442216
Part I General I	General Information on Grants and Assistance	nd Assistance						
1 Does the organi	Does the organization maintain records to substantiate the amount of the	o substantiate the		or assistance, the g	jrantees' eligibility	for the grants or assis	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	[
	criteria used to award the grants or assistance?	tance?	9 T					X Yes No
Part II Grants an	Describe in Part IV the organization's procedures for monitoring the use of grant tunds in the United States.	Domestic Organiz	ations and Domestic	unds in the United Governments. Co	states. omplete if the orga	inization answered "Y	es" on Form 990. Part	IV. line 21. for anv
٦ I	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	5,000. Part II can I	be duplicated if additio	nal space is neede	d.			
1 (a) Name and a or go	1 (a) Name and address of organization or government	(q)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) A mount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MOUNT SINAI KRAVIS CHILDREN'S	IS CHILDREN'S							CONTINUED FUNDING FOR
HOSPITAL - 1 GUST	1 GUSTAVE L. LEVY PLACE							THEIR PAWS AND PLAY
- NEW YORK, NY 10029	0029	13-1624096	501(C)(3)	25,000.	.0			FACILITY DOG PROGRAM.
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	nd government org	janizations listed in the	line 1 table				
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	ons for Form 990.					Schedule I (Form 990) 2021

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Schedule I (Form 990) 2021 ENCOURAGE KIDS FOUNDATION	FOUNDATIC	N			13-3442216 Page 2
ier Assist a uplicated	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, line	e 2; Part III, column	(b); and any other ad	ditional information.	
132102 10-26-21		Ĺ			Schedule I (Form 990) 2021

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SCHEDULE	Compensation Information	1	OMB No. 1	545-004	17
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	01	
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		<u> </u>	<u> </u>	
Department of the Tr			Open to		ic
Internal Revenue Ser	▶ Go to www.irs.gov/Form990 for instructions and the latest information.	<u> </u>	Inspe		<u> </u>
Name of the ore		Employer i	44221		nber
Part I Qu	ENCOURAGE KIDS FOUNDATION estions Regarding Compensation	13-3	44221	2	
				Yes	No
1a Check the	ppropriate box(es) if the organization provided any of the following to or for a person listed on Form	990.		103	
	tion A, line 1a. Complete Part III to provide any relevant information regarding these items.	,			
	ass or charter travel Housing allowance or residence for perso	onal use			
Trave	or companions Payments for business use of personal re				
Tax ir	lemnification and gross-up payments I Health or social club dues or initiation fee	es			
Discr	ionary spending account Personal services (such as maid, chauffe	ur, chef)			
	boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	ent or provision of all of the expenses described above? If "No," complete Part III to explain		1 b		
	nization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
trustees, a	d officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3 Indicate w	ab if any of the following the organization used to establish the componentian of the organization?				
	ch, if any, of the following the organization used to establish the compensation of the organization's ive Director. Check all that apply. Do not check any boxes for methods used by a related organizat				
	mpensation of the CEO/Executive Director, but explain in Part III.				
	Insertion committee Written employment contract				
·	ndent compensation consultant X Compensation survey or study				
·	90 of other organizations X Approval by the board or compensation	committee			
4 During the	ear, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
organizatio	or a related organization:				
a Receive a	everance payment or change-of-control payment?		4a		X
•	n or receive payment from a supplemental nonqualified retirement plan?				X
•	n or receive payment from an equity-based compensation arrangement?		4c		X
If "Yes" to	ny of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
Only aget	n 50.1(c)(3) 50.1(c)(4), and 50.1(c)(20) organizations must complete lines 5.0				
-	n 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. Iisted on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
-	insted of Form 350, Part VII, Section A, line Pa, did the organization pay of accide any compensation on the revenues of:				
Ũ	ation?		5a		x
b Any related	organization?		5b		X
	ine 5a or 5b, describe in Part III.				
6 For persor	listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on			
contingent	on the net earnings of:				
a The organi	ation?				X
b Any related	organization?		6b		X
	ine 6a or 6b, describe in Part III.				
•	listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				17
	od on lines 5 and 6? If "Yes," describe in Part III		7		X
	nounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				X
			8		
	ne 8, did the organization also follow the rebuttable presumption procedure described in section 53.4958-6(c)?		9		
	section 53.4958-6(c)? work Reduction Act Notice, see the Instructions for Form 990.		9 ule J (Forn	1 9901	2021
Link Torrape		Joniou			2021

132111 11-02-21

For each individual whose compensation must be reported on Schedule J, report compensation from the organization or row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individual strat aren't listed on Form 990, Part VII. Note: The sum of columns (B)()-(iii) for each listed individual must equal the total amount of Form 990, Part VII. Note: The sum of columns (B)()-(iii) for each listed individual must equal the total amount of Form 990, Part VII. Note: The sum of columns (B)()-(iii) for each listed individual must equal the total amount of Form 990, Part VII. Note: The sum of columns (B)()-(iii) for each listed individual must equal the total amount of Form 990, Part VII. (a) Note: The sum of columns (B)()-(iii) for each listed individual must equal the total amount of Form 990, Part VII. (b) Note: The sum of columns (B)()-(iii) for each listed in the instruction compensation (b) Note: The sum of Title (b) Note: The sum of the reportable (c) Name and Title (i) Base (ii) Other (iii) Other (iii) Other (iii) O	oorted on Schedule J, repor 90, Part VII. ividual must equal the total (B) Breakdown of W-2 and/ com compensation in com com	, report compensation te total amount of Fo -2 and/or 1099-MISC compensation (ii) Bonus & incentue compensation	t compensation from the organizat amount of Form 990, Part VII, Sec or 1099-MISC and/or 1099-NEC pensation Bonus & (iii) Other centive reportable	tion on row (i) and from ction A, line 1a, applica (C) Retirement and other deferred compensation	n related organization able column (D) and ((D) Nontaxable	t compensation from the organization on row (i) and from related organizations, described in the instruction amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. or 1099-MISC and/or 1099-NEC (C) Retirement and (D) Nontaxable (E) Total of columns (F) (pensation benefits (B)(i)-(D) in	ructions, on row (ii). vidual.
(i) (ii) for each listed not columns (b)()-(iii) for each listed not (i)	(B) Breakdown of W (a) Base compensation	2 and/or 1099-MISC compensation (ii) Bonus & incentive compensation	i and/or 1099-NEC	 CON A, IINE 13, application (C) Retirement and other deferred compensation 	(D) Nontaxable	E) amounts for that that (E) Total of columns (B)(i)·(D)	vidual.
	(B) Breakdown of W compensation	2 and/or 1099-MISC compensation (ii) Bonus & incentive compensation	and/or 1099-NEC (iii) Other reportable	(C) Retirement and other deferred compensation	(D) Nontaxable	(E) Total of columns (B)(i)-(D)	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	compensation	benefits		
			compensation				reported as deferred on prior Form 990
(i)							
(<u>e</u>)							
(ii)							
(0)							
(0)							
(ii)							
()							
(ii)							
(0)							
(1)							
(0)							
(ii)							
(<u>e)</u>							
(i)							
(9)							
(i)							
<u>(</u>)							
0							
(9)							

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Schedule J (Form 990) 2021 ENCOURAGE KIDS FOUNDATION	13-3442216 Page 3
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.	ste this part for any additional information.
	Schedule J (Form 990) 2021

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

ΖU

Employer identification number

13-3442216

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization

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

ENCOURAGE KIDS FOUNDATION

Pai	rt I 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	etermini	<u> </u>	s
1	Art Works of art		Items contributed	ronn ood, r art vin, inie rg				
2	Art - Works of art							
2	Art - Historical treasures							
	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or				1			
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -				1			
	Historic structures							
14	Qualified conservation contribution - Other $_{\dots}$							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (ARTS AND CRAF)	X	3,300	164,934.	FAIR MARKET	VAI	JUE	
26	Other ► ()							
27	Other ()							
28	Other ► ()							
29	Number of Forms 8283 received by the organiz	zation during	, g the tax year for c	ontributions				
	for which the organization completed Form 823	83, Part V, D	onee Acknowledg	ement 29				
	.	, ,	0				Yes	No
30a	During the year, did the organization receive by	v contributio	n anv propertv rep	orted in Part I. lines 1 throug	h 28. that it			
	must hold for at least three years from the date							
	exempt purposes for the entire holding period?					30a		Х
b		• •••••••••						
31	Does the organization have a gift acceptance p	policy that re	auires the review o	of any nonstandard contribut	ions?	31	-+	х
	Does the organization hire or use third parties						-+	
u	bees are organization time or use time parties	or rolatod U	94112410113 10 3011	sit, process, or sen nonoasin		1		

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

contributions?

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

Schedule M (Form 990) 2021

32a

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11-17-21		Schedule M (Form 990)

Schedule M (Form 990) 2021 ENCOURAGE KIDS FOUNDATION

13-3442216 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

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions or 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.



13-3442216

ENCOURAGE KIDS FOUNDATION

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

TO VIRTUAL WHEN POSSIBLE.

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

BEFORE FORM 990 IS FILED IT IS COMPARED TO THE FINANCIAL DOCUMENTS BY THE

DIRECTOR OF FINANCE AND CHIEF EXECUTIVE OFFICER. IT IS ALSO REVIEWED BY A

CPA AND APPROVED BY THE AUDIT COMMITTEE PRIOR TO FILING.

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

BI-ANNUAL REVIEWS ARE PERFORMED TO MONITOR AND ENFORCE COMPLIANCE WITH

POLICIES. THESE REVIEWS ARE DOCUMENTED WITHIN THE MEETING MINUTES, WHEN

APPLICABLE.

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

THE BOARD IS RESPONSIBLE FOR THE HIRING, DISCIPLINING AND REGULAR REVIEW OF THE PERFORMANCE OF THE CHIEF EXECUTIVE OFFICER ("CEO"), AND ENSURES THAT THE CEO'S COMPENSATION IS REASONABLE AND APPROPRIATE.

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

AR, CA, CO, CT, DC, FL, IL, MD, MA, NJ, NC, OH, OK, PA, SC, VA

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

FINANCIAL STATEMENTS ALONG WITH OTHER GOVERNING DOCUMENTS ARE AVAILABLE TO

THE PUBLIC VIA THE WEBSITE AND UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21 Schedule O (Form 990) 2021

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Name of the organization ENCOURAGE KIDS FOUNDATION	Employer identification number 13-3442216
	15-5442210
CONSULTANTS:	167.000
PROGRAM SERVICE EXPENSES	167,928.
MANAGEMENT AND GENERAL EXPENSES	25,836.
FUNDRAISING EXPENSES	64,588.
TOTAL EXPENSES	258,352.
PROGRAM ENTERTAINERS:	
PROGRAM SERVICE EXPENSES	35,420.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	35,420.
AUDIT & ACCOUNTING:	
PROGRAM SERVICE EXPENSES	33,384.
MANAGEMENT AND GENERAL EXPENSES	5,136.
FUNDRAISING EXPENSES	12,840.
TOTAL EXPENSES	51,360.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	345,132.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
NET ASSET ADJUSTMENT	31,643.
FORM 990, PART XII, LINE 2C	
THE AUDIT COMMITTEE RESPONSIBILITY FOR OVERSIGHT OVER TH	
NOT CHANGE FROM THE PRIOR YEAR.	

132212 11-11-21

Schedule O (Form 990) 2021