

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.**2023****Open to Public Inspection**

A For the 2023 calendar year, or tax year beginning 01/01, 2023, and ending 12/31/2023			
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization <u>Children and Family Comprehensive Health Outreach</u> Doing business as <u>CFCHO Non Profit</u> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>936 Pleasant Street</u> <u>1P</u> City or town, state or province, country, and ZIP or foreign postal code <u>Oak Park, IL 60302</u>		D Employer identification number <u>82-1099783</u>
	F Name and address of principal officer: <u>Verne N Brooks jr., 936 Pleasant St. Unit 1P, Oak Park, IL 60302</u>		E Telephone number <u>(630) 400-5533</u>
	I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		G Gross receipts \$ <u>264,189.</u>
	J Website: <u>https://www.cfchononprofit.org</u>		H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions.
	K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		H(c) Group exemption number
L Year of formation: <u>2017</u>		M State of legal domicile: <u>IL</u>	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>Our Mission is to support and enhance communities domestically and internationally via sports, education, job training and health initiatives in regards to awareness and prevention.</u>		
	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)	3	<u>3</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>3</u>
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	<u>0</u>
	6	Total number of volunteers (estimate if necessary)	6	<u>0</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>11,894.</u>
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	<u>11,894.</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	<u>1,000.</u>	<u>2,000.</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>250,295.</u>	<u>250,295.</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>0.</u>	<u>11,894.</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>0.</u>	<u>0.</u>
	12		<u>251,295.</u>	<u>264,189.</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>0.</u>	<u>0.</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>0.</u>	<u>0.</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>19,799.</u>	<u>47,340.</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0.</u>	<u>0.</u>
	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>	<u>0.</u>
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>95,851.</u>	<u>126,459.</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>115,650.</u>	<u>173,799.</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>135,645.</u>	<u>90,390.</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	<u>309,389.</u>	<u>399,779.</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>0.</u>	<u>0.</u>
22		<u>309,389.</u>	<u>399,779.</u>	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	<u>Verne N Brooks jr., Executive Director</u>		<u>04/11/2024</u>		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
	<u>Barry R. Lang</u>		<u>07/01/2024</u>		<u>P00236435</u>
	Firm's name <u>TAX SERVICE</u>	Firm's EIN <u>52-2379307</u>		Phone no. <u>(619) 276-0460</u>	
Firm's address <u>1305 MORENA BLVD, SAN DIEGO, CA 92110</u>					

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

Our mission is to support and enhance communities domestically and internationally via sports, education, job training and health initiatives in regards to awareness and prevention within the See Part III, Ln 1 statement

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 3,359. including grants of \$ 0.) (Revenue \$ 0.)

We are in the process of developing a learning center for children and using organization funds to completion which has been stated and will be reported next year. Operational expenses in Illinois \$1043.87 Developing a Learning Center \$2325.

4b (Code:) (Expenses \$ 0. including grants of \$ 0.) (Revenue \$ 0.)

CFCHO Offers medical billing services for fee and trained individuals with a passion to learn medical billing and coding revenue skills during our free workshop because they could not afford the cost to attend a trade school or junior college since federal grants do not cover the expenses unfortunately, CFCHO was not able to pay contractors for performing medical billing due to Covid 19 which impacted our program and was too late for contractors to claim ppp, funds were not captured from charity or any government assistance to help the people learn transferable job skills.

4c (Code:) (Expenses \$ 123,100. including grants of \$ 0.) (Revenue \$ 250,295.)

CFCHO Children sports program AKA Rising Stars Development League made magnificent contribution within San Diego Communities with the children. Received recognition from local businesses and parents. Amazing views shared on the social media sites. Amount below is not a grant. fees paid by parents or guardians.

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

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 126,459.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? 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 or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e 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	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	☒
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	☒
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	☒
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	☒
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	☒
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	☒
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	☒
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	☒
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	☒
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	☒
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	☒
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	☒
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	☒
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	☒
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	☒
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	☒
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	☒
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	☒
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	☒
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	☒
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	☒

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	☒

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		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	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	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
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	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	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
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.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	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.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	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? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b Enter the number of voting members included on line 1a, above, who are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	☒	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	☒	
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		☒
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		☒
6 Did the organization have members or stockholders?		☒
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		☒
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	☒	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	☒	
b Each committee with authority to act on behalf of the governing body?	☒	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		☒

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	☒	
10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	☒	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	☒	
11b 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		☒
12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		
13 Did the organization have a written whistleblower policy?	☒	
14 Did the organization have a written document retention and destruction policy?	☒	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		☒
b Other officers or key employees of the organization		☒
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		☒
16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed See Part VI, Line 17 stmt

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 Linda J. Pigue, 936 Pleasant Street, Oak Park, IL 60302 (630) 400-5533

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Linda Pigue CEO	40.00 40.00	X						0.	0.	0.
(2) Verne Brooks Jr. Sports Director of Operations	50.00 50.00	X						0.	0.	0.
(3) Martha Washington Administrative	5.00 5.00			X				0.	0.	0.
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0.	0.	0.

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

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line 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				
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a	0.							
	b	Membership dues	1b	0.							
	c	Fundraising events	1c	0.							
	d	Related organizations	1d	0.							
	e	Government grants (contributions)	1e	0.							
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,000.							
	g	Noncash contributions included in lines 1a-1f	1g	\$ 0.							
	h	Total. Add lines 1a-1f						2,000.			
	Program Service Revenue				Business Code						
2a		Children Sports Program	713900	250,295.	250,295.	0.	0.				
b		Assistant Children studies and organ	561000	0.	0.	0.	0.				
c		Taught Business Development	611430	0.	0.	0.	0.				
d		Building a Learning Center for Children	611420	0.	0.	0.	0.				
e											
f		All other program service revenue . .		0.	0.	0.	0.				
g		Total. Add lines 2a-2f			250,295.						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			11,894.	0.	11,894.	0.			
	4	Income from investment of tax-exempt bond proceeds									
	5	Royalties									
	6a	Gross rents	6a	(i) Real	(ii) Personal						
				0.	0.						
				6b	Less: rental expenses				6b	0.	0.
	c	Rental income or (loss)	6c	0.	0.						
	d	Net rental income or (loss)			0.				0.	0.	0.
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other							
	b	Less: cost or other basis and sales expenses				7b	0.	0.			
	c	Gain or (loss)				7c	0.	0.			
	d	Net gain or (loss)			0.	0.	0.	0.			
	8a	Gross income from fundraising events (not including \$ 0. of contributions reported on line 1c). See Part IV, line 18	8a								
	b	Less: direct expenses	8b								
	c	Net income or (loss) from fundraising events									
	9a	Gross income from gaming activities. See Part IV, line 19	9a								
	b	Less: direct expenses	9b								
	c	Net income or (loss) from gaming activities									
	10a	Gross sales of inventory, less returns and allowances	10a								
	b	Less: cost of goods sold	10b								
c	Net income or (loss) from sales of inventory										
Miscellaneous Revenue				Business Code							
	11a										
	b										
	c										
	d	All other revenue		0.	0.	0.	0.				
e	Total. Add lines 11a-11d			0.							
12	Total revenue. See instructions			264,189.	250,295.	11,894.	0.				

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 response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 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 and domestic governments. See Part IV, line 21	0.	0.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.	0.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.	0.		
4 Benefits paid to or for members	0.	0.		
5 Compensation of current officers, directors, trustees, and key employees	47,340.	0.	47,340.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	0.	0.	0.	0.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.	0.	0.	0.
9 Other employee benefits	0.	0.	0.	0.
10 Payroll taxes	0.	0.	0.	0.
11 Fees for services (nonemployees):				
a Management	12,147.	12,147.	0.	0.
b Legal	0.	0.	0.	0.
c Accounting	0.	0.	0.	0.
d Lobbying	0.	0.	0.	0.
e Professional fundraising services. See Part IV, line 17	0.			0.
f Investment management fees	0.	0.	0.	0.
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	44,201.	44,201.	0.	0.
12 Advertising and promotion	26,922.	26,922.	0.	0.
13 Office expenses	33,189.	33,189.	0.	0.
14 Information technology	0.	0.	0.	0.
15 Royalties	0.	0.	0.	0.
16 Occupancy	0.	0.	0.	0.
17 Travel	10,000.	10,000.	0.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.	0.	0.	0.
19 Conferences, conventions, and meetings	0.	0.	0.	0.
20 Interest	0.	0.	0.	0.
21 Payments to affiliates	0.	0.	0.	0.
22 Depreciation, depletion, and amortization	0.	0.	0.	0.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a -----				
b -----				
c -----				
d -----				
e All other expenses -----				
25 Total functional expenses. Add lines 1 through 24e	173,799.	126,459.	47,340.	0.
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)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	309,389.	1	399,779.
	2 Savings and temporary cash investments	0.	2	0.
	3 Pledges and grants receivable, net		3	0.
	4 Accounts receivable, net	0.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	0.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments—publicly traded securities	0.	11	0.
	12 Investments—other securities. See Part IV, line 11	0.	12	0.
	13 Investments—program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	0.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 33)	309,389.	16	399,779.	
Liabilities	17 Accounts payable and accrued expenses	0.	17	0.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0.	25	
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	309,389.	27	399,779.
	28 Net assets with donor restrictions	0.	28	0.
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	309,389.	32	399,779.
33 Total liabilities and net assets/fund balances	309,389.	33	399,779.	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	264,189.
2	Total expenses (must equal Part IX, column (A), line 25)	2	173,799.
3	Revenue less expenses. Subtract line 2 from line 1	3	90,390.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	309,389.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	399,779.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
c 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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Additional Information From Form 990: Return of Organization Exempt from Income Tax**Form 990: Return of Organization Exempt from Income Tax****Form 990, Page 2, Part III, Line 1 (continued)****Continuation Statement**

Description
discipline of children and family in every service facet. We are
committed to working with health organizations, public agencies, as
well as individuals to develop partnerships resulting in quality

Form 990: Return of Organization Exempt from Income Tax**Part VI, Line 17 (continued)****Continuation Statement**

States Where Copy of Return is Required
CA
IL

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

Children and Family Comprehensive Health Outreach

Employer identification number

82-1099783

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

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

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

(i) Name of 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33¹/₃% support test—2023. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization		☐
b 33¹/₃% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization		☐
17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		☐
b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		☐
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		☐

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		10,045.	17,700.	1,000.	2,000.	30,745.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		60,616.	220,204.		220,030.	500,850.
3 Gross receipts from activities that are not an unrelated trade or business under section 513					11,894.	11,894.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5		70,661.	237,904.	1,000.	233,924.	543,489.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						543,489.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6		70,661.	237,904.	1,000.	233,924.	543,489.
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.)		70,661.	237,904.	1,000.	233,924.	543,489.
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	100 %
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	☒	
b 33 1/3% support tests—2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	☐	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	☐	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
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.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
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 .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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

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

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

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019 . . .			
b Excess from 2020 . . .			
c Excess from 2021 . . .			
d Excess from 2022 . . .			
e Excess from 2023 . . .			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

[illegible]

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

Children and Family Comprehensive Health Outreach

Employer identification number

82-1099783

Pt VI, Line 2: Verne Brooks whom oversees the Children and Adults sports program
in California is related to Linda Pigue, the CEO of the company.

Pt VI, Line 3: 3 - Verne Brooks is the Director of Operations in the sports
program who has the authority to oversee the entire operations in California
contingent on his proven expertise, experience, skills and education; and, as
a result the program has grown immensely within an abbreviate time frame.

Pt VI, Line 7b: - Whenever a program is adopted applicable members are engaged
in the process for discussion planning and execution, while ensuring it aligns
with the company's mission, goals and expectations regardless of the members
relationship status.

Pt VI, Line 11b: - Our sports program receives copy of the 990N form to ensure
the data provided coincides with the information submitted on file for tax purposes.

Pt VI, Line 19: - CFCHO maintains a policy and procedures handbook electronically
and easy accessible to ensure its governing documents, conflict of interest policy,
and financial statements available to the public during the tax year upon request.

Other: Form 990, Part IX, Line 11g - California operational expenses \$126,459;
Equipment, Jerseys, Complementary Concession, Facility Permit for programs Logos
prints on all uniforms Phone bill \$290 Operational expenses in Illinois \$1,043.87
Developing a Learning Center \$2,325

Pt V, Line 3b: This unrelated business income is related to investments made
for the financial health of said non profit to improve the financial health of
cfcho.

Pt VI, Section C, Line 17:

State: IL

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2023Department of the Treasury
Internal Revenue Service

For calendar year 2023 or other tax year beginning _____, 2023, and ending _____, 20____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection
for 501(c)(3)
Organizations Only

A ☐ Check box if address changed.	Print or Type	Name of organization (☐ Check box if name changed and see instructions.) Children and Family Comprehensive Health Outreach	D Employer identification number 82-1099783
B Exempt under section ☒ 501(c)(3) ☐ 408(e) ☐ 220(e) ☐ 408A ☐ 530(a) ☐ 529(a) ☐ 529A		Number, street, and room or suite no. If a P.O. box, see instructions. 936 Pleasant Street, 1P	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code Oak Park, IL 60302	F ☐ Check box if an amended return.
		C Book value of all assets at end of year 399,779.	
G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university ☐ 6417(d)(1)(A) Applicable entity			
H Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ☐			
J Enter the number of attached Schedules A (Form 990-T) 1			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ☐ Yes ☒ No If "Yes," enter the name and identifying number of the parent corporation			
L The books are in care of 895 Park Blvd Unit 415 San Diego CA 92101 Telephone number (619) 293-5096			

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	11,894.
2	Reserved	2	
3	Add lines 1 and 2	3	11,894.
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	11,894.
6	Deduction for net operating loss. See instructions	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	11,894.
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	11,894.

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11, by 21% (0.21)	1	2,498.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041)	2	
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	2,498.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2	2,498.	
3a	Amount due from Form 4255	3a		
b	Amount due from Form 8611	3b		
c	Amount due from Form 8697	3c		
d	Amount due from Form 8866	3d		
e	Other amounts due (see instructions)	3e		
f	Total amounts due. Add lines 3a through 3e	3f		
4	Total tax. Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here	4	2,498.	
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		

Part III Tax and Payments (continued)

6a	Payments: Preceding year's overpayment credited to the current year	6a		
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b		
c	Tax deposited with Form 8868	6c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions).	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Elective payment election amount from Form 3800	6g		
h	Payment from Form 2439	6h		
i	Credit from Form 4136	6i		
j	Other (see instructions)	6j		
7	Total payments. Add lines 6a through 6j	7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		2,498.
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax Refunded	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

	Yes	No
1 At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4 Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.		
Business Activity Code	Available post-2017 NOL carryover	
	\$	
	\$	
	\$	
	\$	
6a Reserved for future use		
b Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	Title	May the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed	PTIN
	Barry R. Lang		07/01/2024		P00236435
	Firm's name	Firm's EIN			
	TAX SERVICE	52-2379307			
	Firm's address	Phone no.			
	1305 MORENA BLVD, SAN DIEGO, CA 92110	(619) 276-0460			

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0047

2023

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization Children and Family Comprehensive Health Outreach	B Employer identification number 82-1099783
C Unrelated business activity code (see instructions) 523000	D Sequence: 1 of 1

E Describe the unrelated trade or business Investments

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
c	Balance	1c		
2	Cost of goods sold (Part III, line 8)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a		
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8	11,894.	11,894.
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11		
12	Other income (see instructions; attach statement)	12		
13	Total. Combine lines 3 through 12	13	11,894.	0.
				11,894.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income.		
1	Compensation of officers, directors, and trustees (Part X)	1
2	Salaries and wages	2
3	Repairs and maintenance	3
4	Bad debts	4
5	Interest (attach statement). See instructions	5
6	Taxes and licenses	6
7	Depreciation (attach Form 4562). See instructions	7
8	Less depreciation claimed in Part III and elsewhere on return	8a
9	Depletion	9
10	Contributions to deferred compensation plans	10
11	Employee benefit programs	11
12	Excess exempt expenses (Part VIII)	12
13	Excess readership costs (Part IX)	13
14	Other deductions (attach statement)	14
15	Total deductions. Add lines 1 through 14	15
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16
17	Deduction for net operating loss. See instructions	17
18	Unrelated business taxable income. Subtract line 17 from line 16	18
		11,894.
		11,894.

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ☐ Yes ☐ No		

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				
4 Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5 Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				
11 Total dividends — received deductions included in line 10				

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)				11,894.	
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Totals

11,894.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals				

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐

B ☐

C ☐

D ☐

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A)				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1

Part XI **Supplemental Information** (see instructions)

**IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20_____

2023**Do not send to the IRS. Keep for your records.**
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

Children and Family Comprehensive Health Outreach

EIN or SSN

82-1099783

Name and title of officer or person subject to tax

Verne N Brooks jr., Executive Director

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a**, **2a**, **3a**, **4a**, **5a**, **6a**, **7a**, **8a**, **9a**, or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, **5b**, **6b**, **7b**, **8b**, **9b**, or **10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here . . . ☒	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b 264,189.
2a Form 990-EZ check here . . . ☐	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here . . . ☐	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here . . . ☐	b Tax based on investment income (Form 990-PF, Part V, line 5) . . .	4b _____
5a Form 8868 check here . . . ☐	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here . . . ☐	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here . . . ☐	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here . . . ☐	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here . . . ☐	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here . . . ☐	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only☐ I authorize _____

ERO firm name

to enter my PIN

--	--	--	--	--

as my signature

Enter five numbers, but
do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☒ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date 04/11/2024

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

3	3	9	2	6	4	1	2	3	4	5
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____

Date 07/01/2024

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

**IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20_____

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**2023**

Name of filer

Children and Family Comprehensive Health Outreach

EIN or SSN

82-1099783

Name and title of officer or person subject to tax

Verne N Brooks jr., Executive Director

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a**, **2a**, **3a**, **4a**, **5a**, **6a**, **7a**, **8a**, **9a**, or **10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, **5b**, **6b**, **7b**, **8b**, **9b**, or **10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here . . . ☐	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b _____
2a Form 990-EZ check here . . . ☐	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here . . . ☐	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here . . . ☐	b Tax based on investment income (Form 990-PF, Part V, line 5) . . .	4b _____
5a Form 8868 check here . . . ☐	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here . . . ☒	b Total tax (Form 990-T, Part III, line 4)	6b 2,498.
7a Form 4720 check here . . . ☐	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here . . . ☐	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here . . . ☐	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here . . . ☐	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only☐ I authorize _____

ERO firm name

to enter my PIN

--	--	--	--	--	--

as my signature

Enter five numbers, but
do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☒ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

3	3	9	2	6	4	1	2	3	4	5
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____

Date 07/01/2024

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

**990-EZ, 990, 990-T and 990-PF
Information Worksheet**

2023

Part I – Identifying Information

Employer Identification Number . 82-1099783

Name Children and Family Comprehensive Health Outreach

Doing Business As CFCHO Non Profit

Address 936 Pleasant Street Room/Suite . 1P

City Oak Park State . . . IL ZIP Code . . 60302

Province/State Foreign Postal Code . .

Foreign Code Foreign Country

Telephone Number (630) 400-5533 Extension . Foreign Phone No. .

Fax E-Mail Address . . linda@cfchononprofit.org

☐ **Eligible for hurricane tax relief legislation benefits, check here**

Part II – Type of Return

IMPORTANT

For tax years beginning on or after July 2, 2019, section 3101 of P.L. 116-25 requires that returns by exempt organizations be filed electronically. The appropriate electronic filing box(es) must be checked in Part VII - Electronic Filing Information.

☐ Form 990-EZ only	☐ Form 990-EZ and Form 990-T
☐ Form 990 only	☒ Form 990 and Form 990-T
☐ Form 990-PF only	☐ Form 990-PF and Form 990-T
☐ Form 990-T only	☐ Form 990-N (gross receipts \$50,000 or less)

☐ **QuickBooks Import Users & 990 to 990-EZ Data Transfer Option:** Check if you're filing the EZ & want 990 imported data copied to the EZ **OR** for those not importing from QuickBooks who transferred from prior year 990 and now qualify to file the EZ this year, check this box to transfer 990 data to the EZ.

IMPORTANT

Before transferring data from Form 990 to Form 990-EZ, refer to "How to transfer data from filing Form 990 to 990-EZ" listed above in the Most Common Support Questions or Tax Help for this line.

Part III – Type of Organization

☒ 501(c) Corporation/Association	<u>3</u> (subsection number)	☐ 220(e) Trust
☐ 501(c) Trust	<u> </u> (subsection number)	☐ 408A Trust
☐ 4947(a)(1) Trust		☐ 529(a) Corporation
☐ 408(e) Trust		☐ 529(a) Trust
☐ 401(a) Trust		☐ 530(a) Trust
☐ Public College or University	Corporation/Association ☐	☐ 527 Organization
☐ Other <u> </u> (describe)	Or Trust ☐	☐ 501(c) Association
☐ 6417(d)(1)(A) Applicable Entity		

Part IV – Tax Year and Filing Information

☒ Calendar year

☐ Fiscal year — Ending month . . .

☐ Short year — Beginning date . . Ending date . . .

☐ Change of Accounting Period

☒ Check this box if the organization is enrolled in the Electronic Federal Tax Payment System (EFTPS)

Part V – 2023 Estimated Taxes Paid
☐ Check this box if the organization is a private foundation

Form 990-T

Form 990-PF

Amount of 2022 overpayment credited to 2023 estimated tax

Payment Quarters	Due Date	Form 990-T		Form 990-PF	
		Date Paid	Amount Paid	Date Paid	Amount Paid
1st Quarter Payment	04/18/23				
2nd Quarter Payment	06/15/23				
3rd Quarter Payment	09/15/23				
4th Quarter Payment	12/15/23				
Additional Payment 1					
Additional Payment 2					
Additional Payment 3					
Additional Payment 4					

Part VI - Taxpayer Signature Information

Officer's Name Verne N Brooks jr.
 Officer's SSN 341-84-9574 Officer's Title Executive Director
 Officer's Phone number

Part VII – Electronic Filing Information

IMPORTANT: Do **not** use the Miscellaneous Statement **or** Additional Information if filing Form 990 or Form 990-EZ. These statements will **not** be transmitted with the return. Use Schedule O or the applicable Supplemental Information for the appropriate Schedule.

Choose Returns to be Filed Electronically:

Note: Returns represented by gray bars are not supported by ProSeries or Taxing Agency.

Filings To	Original Return	Extension	Amended Return	Estimated Payments			
				1	2	3	4
Federal Filings							
990, 990-EZ, 990-PF, or 990-N . . ▶	☒	☐	☐	☐	☐	☐	☐
990-T ▶	☒	☐	☐	☐	☐	☐	☐
Form 114 (FBAR). ▶	☐	☐	☐	☐	☐	☐	☐

State Filings

Information Only: Selection of

state/city return(s) was made . . . ▶

California Form 199 ▶

California Form 109 ▶

QuickZoom to the Electronic Filing Information Worksheet ▶

QuickZoom to the Form 8868 Electronic Filing Information Worksheet ▶

Practitioner PIN program:

☒ Sign this return electronically using the Practitioner PIN
☐ ERO entered PIN

Officer's PIN (enter any 5 numbers). . . 12345

Date PIN entered 04/11/2024

Responsible Party Information:

Yes No

☐ ☐ Is Form 8822-B required to report a change of responsible party?

Part VIII – Electronic Funds Withdrawal Information (Form 990-PF and Form 990-T filers only)**Yes No**

☐	☐	Use electronic funds withdrawal of Form 990-PF Return balance due (EF Only)?
☐	☐	Use electronic funds withdrawal of Form 990-PF Extension Form 8868 balance due (EF Only)?
☐	☐	Use electronic funds withdrawal of Form 990-PF Amended balance due (EF Only)?

☐	☐	Use electronic funds withdrawal of Form 990-T Return balance due? (EF Only)
☐	☐	Use electronic funds withdrawal of Form 990-T Extension Form 8868 balance due? (EF Only)
☐	☐	Use electronic funds withdrawal of Form 990-T Amended balance due? (EF Only)

Bank InformationCheck to confirm transferred account information (which appears in green) is correct . . . ☐

Name of Financial Institution (optional) . . . _____

Check the appropriate box ☐ Checking ☐ Savings

Routing number _____

Account number _____

Form 990-PF Payment Information

Enter the Form 990-PF payment date	_____
Balance due amount from this Form 990-PF return	_____
Enter an amount to withdraw tax payment	_____
If partial payment is made, the remaining balance due	_____
Enter the Form 990-PF Extension payment date	_____
Balance due amount from this 990-PF Extension	_____
Payment date for amended Form 990-PF returns	_____
Balance due amount for amended Form 990-PF return	_____

Form 990-T Payment Information

Enter the Form 990-T payment date	_____
Balance due amount from this 990-T return	_____
Enter the Form 990-T Extension payment date	_____
Balance due amount from this 990-T Extension	_____
Enter the amended Form 990-T payment date	_____
Balance due amount from Form 990-T amended	_____

Date 990-T Exempt Organization Return was EFiled	05/15/2024
Date 990-T Exempt Organization Return was accepted	05/15/2024
Date 990-T Exempt Organization Extension was EFiled	_____
Date 990-T Exempt Organization Extension was accepted	_____
Date 990-T Exempt Organization Amended Return was EFiled	_____
Date 990-T Exempt Organization Amended Return was accepted	_____

Part IX – Information for Client Letter

	Form 990-EZ or Form 990	Form 990-PF	Form 990-T
Extended Due Date	_____	_____	_____

Letter Salutation . . _____

Part X – Return PreparerEnter preparer code from Firm/Preparer Info (See Help) . . . b**QuickZoom** to Firm/Preparer Info ☐**QuickZoom** to Form 990-EZ, Pages 1 through 4 ☐**QuickZoom** to Form 990, Page 1 ☐**QuickZoom** to Form 990-PF, Page 1 ☐**QuickZoom** to Form 990-T, Page 1 ☐**QuickZoom** to Form 990-N, e-PostCard ☐**QuickZoom** to Client Status ☐

IRS e-file Authentication Statement**2023**

► Keep for your records

Name(s) Shown on Return

Children and Family Comprehensive Health Outreach

Employer ID No.

82-1099783

A – Practitioner PIN Authorization**QuickZoom** to the Federal Information Worksheet to enter PIN information ► _____

Please indicate how the taxpayer(s) PIN(s) are entered into the program.

Officer entered PIN ► ☒ERO entered Officer's PIN ► ☐**B – Signature of Electronic Return Originator****ERO Declaration:**

I declare that the information contained in this electronic tax return is the information furnished to me by the Corporation. If the Exempt Organization furnished me a completed tax return, I declare that the information contained in this electronic tax return is identical to that contained in the return provided by the Exempt Organization. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

I am signing this Tax Return by entering my PIN below.ERO's PIN (EFIN followed by any 5 numbers) EFIN 339264 Self-Select PIN 12345**C – Signature of Officer****Perjury Statement:**

Under penalties of perjury, I declare that I am an officer of the above Exempt Organization and that I have examined a copy of the Exempt Organization's 2023 electronic income tax return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure:

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the Exempt Organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Electronic Funds Withdrawal Consent (if applicable):

I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the Exempt Organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below.Officer's PIN 12345Date 04/11/2024

California Exempt Organization Information Worksheet

2023

► Keep for your records

Part I – Identifying Information

Federal Employer ID Number . 82-1099783 CA Corp No. (See Tax Help) 4129388
 Name of Exempt Organization . CHILDREN AND FAMILY COMPREHENSIVE HEALTH OUTREACH
 Additional Information
 Address 936 PLEASANT STREET Ste, Unit _____ No. 1P
 PMB No. _____
 City OAK PARK State . . IL ZIP Code . . 60302
 Province/State _____ Foreign Postal Code _____
 Foreign Code _____ Foreign Country . . _____
 Telephone Number (630) 400-5533 Extension _____
 Fax Number _____ E-Mail Address linda@cfchononprofit.org

Part II – Tax Year and Filing Information

☒ Calendar year
☐ Fiscal year — Ending month _____
☐ Short year — Beginning date _____ Ending date _____

☐ Payments are made by Electronic Funds Transfer
☒ File Form 199, California Exempt Organization Annual Information Return
☒ File Form 109, California Exempt Organization Business Income Tax Return

QuickZoom to Form 199 ► _____
 QuickZoom to Form 109 ► _____

Part III – 2023 Estimated Tax Payments (Form 109)

Amount of 2022 overpayment credited to 2023 estimated tax _____

Payment Quarters	Due Date	Date Paid	Amount Paid
First Quarter Payment	<u>04/17/23</u>		
Second Quarter Payment	<u>06/15/23</u>		
Third Quarter Payment	<u>09/15/23</u>		
Fourth Quarter Payment	<u>12/15/23</u>		
Additional Payment 1			
Additional Payment 2			
Additional Payment 3			
Additional Payment 4			

Part IV – Electronic Filing Information

Electronic Filing

☐ The state return Form 199 will be filed electronically
☐ CA Form 109 will be filed electronically

Form 199 Form 109
 Date return was electronically filed _____
 Date return was accepted by the state _____
 Date voucher was given to client _____

Signing Officer

Officer's Name . Verne N Brooks jr.
 Title Executive Director

Electronic Filing of Amended Form 199

- ☐ The amended Form 199 will be filed electronically.
☐ Another amended Form 199 will be filed electronically.

Electronic Filing of Amended Form 109

- ☐ The amended Form 109 will be filed electronically.
☐ Another amended Form 109 will be filed electronically.

Part V – Direct Deposit or Electronic Funds Withdrawal Information**Form 199****Yes No**

- ☐ ☐ Use electronic funds withdrawal of **Form 199 Return** balance due? (EF Only)?
☐ ☐ Use electronic funds withdrawal of **Form 199 Amended** balance due? (EF Only)?

Form 199 Payment Information (Electronic Filing Only)

Enter the payment date for **Form 199 Return**
Balance due amount for **Form 199 Return**

Enter the payment date for **Form 199 Amended** return
Balance due amount for **Form 199 Amended** return

Bank Information for Form 199 Return Payment

Name of financial institution
Routing number
Account number
Account type ☐ Checking ☐ Savings
Account ownership type ☐ Business ☐ Personal

International ACH Transactions**Yes No**

- ☐ ☐ Is the account for this transaction located outside the US?

Form 109**Yes No**

- ☐ ☐ Use direct deposit of **Form 109** state tax refund?
☐ ☐ Use electronic funds withdrawal of **Form 109 Return** balance due? (EF Only)
☐ ☐ Use electronic funds withdrawal of **Form 109 Amended** balance due? (EF Only)

Form 109 Payment Information (Electronic Filing Only)

Enter the payment date for **Form 109 Return**
Balance due amount for **Form 109 Return**

Enter the payment date for **Form 109 Amended** return
Balance due amount for **Form 109 Amended** return

Bank Information for Form 109 Return Payment or Direct Deposit of Refund

Name of financial institution
Routing number
Account number
Account type ☐ Checking ☐ Savings
Account ownership type ☐ Business ☐ Personal

International ACH Transactions**Yes No**

- ☐ ☐ Is the account for this transaction located outside the US?

Part VI – Extension Status**Yes No**

- ☐ ☒ Is Form 199 on extension? Extended due date
☐ ☒ Is Form 109 on extension? (Paper file only) Extended due date

California Exempt Organization
Annual Information Return

2023

199

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation/Organization name CHILDREN AND FAMILY COMPREHENSIVE HEALTH OUTREACH California corporation number 4129388

Additional information. See instructions. FEIN 82-1099783

Street address (suite or room) 936 PLEASANT STREET, 1P PMB no.

City OAK PARK State IL ZIP code 60302

Foreign country name Foreign province/state/county Foreign postal code

- A** First return ☐ Yes ☒ No
- B** Amended return ☐ Yes ☒ No
- C** IRC Section 4947(a)(1) trust ☐ Yes ☒ No
- D** Final information return?
 ☐ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
 Enter date: (mm/dd/yyyy) ● ____ / ____ / ____
- E** Check accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other
- F** Federal return filed? (1) ☒ 990T (2) ☐ 990PF (3) ☐ Sch H (990)
 (4) ☒ Other 990 series
- G** Is this a group filing? See instructions. ☐ Yes ☒ No
- H** Is this organization in a group exemption ☐ Yes ☒ No
 If "Yes," what is the parent's name? _____
- I** Did the organization have any changes to its guidelines not reported to the FTB? See instructions. ☐ Yes ☒ No
- J** If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. ☐ Yes ☒ No
- K** Is the organization exempt under R&TC Section 23701g?.. ☐ Yes ☒ No
 If "Yes," enter the gross receipts from nonmember sources .. \$ _____
- L** Is the organization a limited liability company? ☐ Yes ☒ No
- M** Did the organization file Form 100 or Form 109 to report taxable income? ☒ Yes ☐ No
- N** Is the organization under audit by the IRS or has the IRS audited in a prior year?..... ☐ Yes ☒ No
- O** Is federal Form 1023/1024 pending? ☐ Yes ☒ No
 Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	●	1	262,189	00
	2	Gross dues and assessments from members and affiliates	●	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	●	3	2,000	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B.	●	4	264,189	00
	5	Cost of goods sold	●	5		00
	6	Cost or other basis, and sales expenses of assets sold	●	6		00
	7	Total costs. Add line 5 and line 6.	●	7		00
	8	Total gross income. Subtract line 7 from line 4.	●	8	264,189	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	●	9	126,459	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	●	10	137,730	00
Payments	11	Total payments	●	11		00
	12	Use tax. See General Information K	●	12	0	00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	●	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	●	14		00
	15	Penalties and interest. See General Information J.	●	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	●	16	0	00
Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.					
	Signature of officer ▶		Title EXECUTIVE DIRECTOR	Date 04-28-2024	● Telephone (630) 400-5533	
Paid Preparer's Use Only	Preparer's signature ▶		Date 07-01-2024	Check if self-employed ▶ ☒	● PTIN P00236435	
	Firm's name (or yours, if self-employed) and address ▶ TAX SERVICE 1305 MORENA BLVD SAN DIEGO CA 92110			● Firm's FEIN 52-2379307		
				● Telephone (619) 276-0460		
	May the FTB discuss this return with the preparer shown above? See instructions ● ☒ Yes ☐ No					

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources	1 Gross sales or receipts from all business activities. See instructions	● 1		00
	2 Interest	● 2		00
	3 Dividends	● 3		00
	4 Gross rents	● 4	0	00
	5 Gross royalties	● 5		00
	6 Gross amount received from sale of assets (See instructions)	● 6		00
	7 Other income. Attach schedule See Stmt	● 7	262,189	00
	8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	● 8	262,189	00
	9 Contributions, gifts, grants, and similar amounts paid. Attach schedule See Stmt	● 9	0	00
	10 Disbursements to or for members	● 10	0	00
Expenses and Disbursements	11 Compensation of officers, directors, and trustees. Attach schedule See Stmt	● 11	0	00
	12 Other salaries and wages	● 12	0	00
	13 Interest	● 13	0	00
	14 Taxes	● 14	0	00
	15 Rents	● 15	0	00
	16 Depreciation and depletion (See instructions)	● 16		00
	17 Other expenses and disbursements. Attach schedule See Stmt	● 17	126,459	00
	18 Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	● 18	126,459	00

Schedule L Balance Sheet

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		309,389	●	399,779
2 Net accounts receivable		0	●	0
3 Net notes receivable		0	●	0
4 Inventories		0	●	0
5 Federal and state government obligations			●	
6 Investments in other bonds			●	
7 Investments in stock			●	
8 Mortgage loans			●	
9 Other investments. Attach schedule. SEE STMT		0	●	0
10 a Depreciable assets				
b Less accumulated depreciation				
11 Land			●	
12 Other assets. Attach schedule SEE STMT		0	●	0
13 Total assets		309,389		399,779
Liabilities and net worth				
14 Accounts payable		0	●	0
15 Contributions, gifts, or grants payable		0	●	0
16 Bonds and notes payable			●	
17 Mortgages payable			●	
18 Other liabilities. Attach schedule SEE STMT		0		0
19 Capital stock or principal fund			●	
20 Paid-in or capital surplus. Attach reconciliation SEE STMT		309,389	●	399,779
21 Retained earnings or income fund			●	
22 Total liabilities and net worth		309,389		399,779

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	● 90,390	7 Income recorded on books this year not included in this return. Attach schedule	●
2 Federal income tax	●	8 Deductions in this return not charged against book income this year. Attach schedule	●
3 Excess of capital losses over capital gains	●	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule	●	10 Net income per return. Subtract line 9 from line 6	90,390
5 Expenses recorded on books this year not deducted in this return. Attach schedule	●		
6 Total. Add line 1 through line 5	90,390		

REV 06/05/24 PRO

**Form 199
Schedule L**

Other Assets

2022

Name as Shown on Return CHILDREN AND FAMILY COMPREHENSIVE HEALTH OUTREACH		California Corporation No. 4129388
Other Investments:	Beginning of Tax Year	End of Tax Year
PUBLICLY-TRADED SECURITIES	0.	0.
OTHER SECURITIES	0.	0.
PROGRAM-RELATED	0.	0.
PLEDGES AND GRANTS RECEIVABLE, NET		0.
Totals to Form 199, Schedule L, line 9. ▶	0.	0.
Other Assets:	Beginning of Tax Year	End of Tax Year
LOANS AND OTHER RECEIVABLES FROM OTHER DISQUALIFIED PERSONS	0.	0.
PREPAID EXPENSES AND DEFERRED CHARGES	0.	0.
INTANGIBLE ASSETS	0.	0.
OTHER ASSETS	0.	0.
Totals to Form 199, Schedule L, line 12 ▶	0.	0.

**Form 199
Schedule L**

Other Liabilities and Equity

2022

Name as Shown on Return

CHILDREN AND FAMILY COMPREHENSIVE HEALTH OUTREACH

California Corporation No.

4129388

Other Liabilities:	Beginning of Tax Year	End of Tax Year
DEFERRED REVENUE	0.	0.
TAX EXEMPT BOND LIABILITIES	0.	0.
ESCROW OR CUSTODIAL ACCOUNT LIABILITY	0.	0.
LOANS AND OTHER PAYABLES TO CURRENT AND FORMER OFFICERS, ETC	0.	0.
SECURED MORTGAGES AND NOTES PAYABLE TO UNRELATED THIRD PARTIES	0.	0.
UNSECURED NOTES AND LOANS PAYABLE TO UNRELATED THIRD PARTIES	0.	0.
OTHER LIABILITIES	0.	
Totals to Form 199, Schedule L, line 18 ▶	0.	0.

Paid-in or Capital Surplus:	Beginning of tax year	End of tax year
UNRESTRICTED NET ASSETS	309,389.	399,779.
RESTRICTED NET ASSETS	0.	0.
Totals to Form 199, Schedule L, line 20 ▶	309,389.	399,779.

Payment 1: – File and Pay by the 15th day of the 4th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.
If no payment is due, do not mail this form.

Pay online: Go Green! Enjoy the ease and secure options for online payments

- **Web pay** for businesses LLCs can make an immediate payment or schedule payments for up to a year in advance
- **Credit Card** (service fee)

Go to ftb.ca.gov/pay for more information. Do not mail this form if you pay online.



Where to pay: Using black or blue ink, make check or money order payable to the “Franchise Tax Board.” Write the California SOS file number or FEIN and “2024 Form 100-ES” on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

— — — DETACH HERE — — — — — IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM — — — — — DETACH HERE — — —

Caution: The corporation may be required to pay electronically. See instructions.

REV 06/05/24 PRO

Payment 1

TAXABLE YEAR

CALIFORNIA FORM

2024 Corporation Estimated Tax

100-ES

4129388 CHIL 82-1099783 24 FORM 2
TYB 01-01-2024 TYE 12-31-2024
CHILDREN AND FAMILY COMPREHENSIVE HEALTH OUTREACH

936 PLEASANT STREET 1P
OAK PARK IL 60302 (630) 400-5533

Est Tax Amt 289. QSub Tax Amt
Total Payment Amt 289.

Payment 2: – File and Pay by the 15th day of the 6th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.
If no payment is due, do not mail this form.

Pay online: Go Green! Enjoy the ease and secure options for online payments

- **Web pay** for businesses LLCs can make an immediate payment or schedule payments for up to a year in advance
- **Credit Card** (service fee)

Go to ftb.ca.gov/pay for more information. Do not mail this form if you pay online.



Where to pay: Using black or blue ink, make check or money order payable to the “Franchise Tax Board.” Write the California SOS file number or FEIN and “2024 Form 100-ES” on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

— — — DETACH HERE — — — — — IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM — — — — — DETACH HERE — — —

Caution: The corporation may be required to pay electronically. See instructions.

REV 06/05/24 PRO

Payment 2

TAXABLE YEAR

CALIFORNIA FORM

2024 Corporation Estimated Tax

100-ES

4129388 CHIL 82-1099783 24 FORM 2
TYB 01-01-2024 TYE 12-31-2024
CHILDREN AND FAMILY COMPREHENSIVE HEALTH OUTREACH

936 PLEASANT STREET 1P
OAK PARK IL 60302 (630) 400-5533

Est Tax Amt 385. QSub Tax Amt
Total Payment Amt 385.

Payment 4: – File and Pay by the 15th day of the 12th month of the taxable year. When the due date falls on a weekend or holiday, the deadline to file and pay without a penalty is extended to the next business day.
If no payment is due, do not mail this form.

Pay online: Go Green! Enjoy the ease and secure options for online payments

- **Web pay** for businesses LLCs can make an immediate payment or schedule payments for up to a year in advance
- **Credit Card** (service fee)

Go to ftb.ca.gov/pay for more information. Do not mail this form if you pay online.



Where to pay: Using black or blue ink, make check or money order payable to the “Franchise Tax Board.” Write the California SOS file number or FEIN and “2024 Form 100-ES” on the check or money order. Detach voucher below. Enclose, but do not staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

— — — DETACH HERE — — — — — IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM — — — — — DETACH HERE — — —

Caution: The corporation may be required to pay electronically. See instructions.

REV 06/05/24 PRO

Payment 4

TAXABLE YEAR

CALIFORNIA FORM

2024 Corporation Estimated Tax

100-ES

4129388 CHIL 82-1099783 24 FORM 2
TYB 01-01-2024 TYE 12-31-2024
CHILDREN AND FAMILY COMPREHENSIVE HEALTH OUTREACH

936 PLEASANT STREET 1P
OAK PARK IL 60302 (630) 400-5533

Est Tax Amt 289. QSub Tax Amt
Total Payment Amt 289.

2023

California Exempt Organization
Business Income Tax Return

109

Calendar Year 2023 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____

Corporation/Organization name CHILDREN AND FAMILY COMPREHENSIVE HEALTH OUTREACH		California corporation number 4129388
Additional information. See instructions.		FEIN 82-1099783
Street address (suite/room no.) 936 PLEASANT STREET , 1P		PMB no.
City (If the corporation has a foreign address, see instructions.) OAK PARK	State IL	ZIP code 60302
Foreign country name	Foreign province/state/county	Foreign postal code

- A** First return filed? ☐ Yes ☒ No
- B** Is this an education IRA within the meaning of R&TC Section 23712? ☐ Yes ☒ No
- C** Is the organization under audit by the IRS or has the IRS audited in a prior year? ☒ Yes ☐ No
- D** Final return?
☒ Dissolved ☐ Surrendered (Withdrawn) ☐ Merged/Reorganized
Enter date(mm/dd/yyyy) _____ / ____ / ____
- E** Amended return? ☒ Yes ☐ No
- F** Accounting method used: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other
- G** Nature of trade or business SPORTS TRAINING AND EDUCATION FOR KIDS.
- H** Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? ☒ Yes ☐ No
- I** Is this organization claiming any former Enterprise Zone (EZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? ☒ Yes ☐ No
- J** Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? ☒ Yes ☐ No
- K** Unrelated Business Activity (UBA) code ... 711300
- L** Is this a hospital? ☒ Yes ☐ No
If "Yes," attach federal Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30	1	10,894	00
	2	Multiply line 1 by the average apportionment percentage _____% from the Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions	2		00
	3	Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1.	3	10,894	00
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30	4		00
Tax Computation	5	Unrelated business taxable income from line 3 or line 4	5	10,894	00
	6	EZ, LAMBRA, or TTA NOL carryover deduction	6		00
	7	Net Operating Loss deduction. See General Information N	7		00
	8	Add line 6 and line 7.	8		00
	9	Net unrelated business taxable income. Subtract line 8 from line 5.	9	10,894	00
	10	Tax <u>8.84</u> % x line 9. See General Information J	10	963	00
	11	Tax credits from Schedule B. See instructions.	11		00
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-	12	963	00
	13	Alternative minimum tax. See General Information O.	13		00
	14	Total tax. Add line 12 and line 13.	14	963	00
Payments	15	Overpayment from a prior year allowed as a credit	15		00
	16	2023 estimated tax payments. See instructions.	16		00
	17	Withholding (Form 592-B and/or 593). See instructions	17		00
	18	Amount paid with extension (form FTB 3539)	18		00
	19	Total payments and credits. Add line 15 through line 18	19		00
Use Tax/ Tax Due/ Overpayment	20	Use tax. See instructions.	20		00
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19.	21		00
	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20.	22		00
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	23	963	00
	24	Overpayment. Subtract line 14 from line 21. See instructions	24		00
	25	Enter amount of line 24 to be applied to 2024 estimated tax.	25		00

Refund or Amount Due	26	Refund. If line 25 is less than line 24, then subtract line 25 from line 24.	26		00
		a Fill in the account information to have the refund directly deposited. Routing number.	26a		
		b Type: Checking ☐ Savings ☐ c Account Number	26c		
	27	Penalties and interest. See General Information M.	27	43	00
	28	☐ Check if estimate penalty computed using Exception B or C and attach form FTB 5806			
	29	Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24.	29	1,006	00

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1 a	Gross receipts or gross sales	b	Less returns and allowances	c	Balance	1c		00
2	Cost of goods sold and/or operations (Schedule A, line 7)					2		00
3	Gross profit. Subtract line 2 from line 1c.					3		00
4 a	Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)					4a		00
	b Net gain (loss) from Schedule D-1, Part II					4b		00
	c Capital loss deduction for trusts					4c		00
5	Income (or loss) from partnerships, limited liability companies, or S corporations. See Specific Line Instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule					5		00
6	Rental income (Schedule C)					6		00
7	Unrelated debt-financed income (Schedule D)					7		00
8	Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)					8		00
9	Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)					9	11,894	00
10	Exploited exempt activity income (Schedule G)					10		00
11	Advertising income (Schedule H, Part III, Column A)					11		00
12	Other income. Attach schedule.					12		00
13	Total unrelated trade or business income. Add line 3 through line 12					13	11,894	00

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees from Schedule I	14		00
15	Salaries and wages.	15		00
16	Repairs.	16		00
17	Bad debts.	17		00
18	Interest. Attach schedule	18		00
19	Taxes. Attach schedule	19		00
20	Contributions. See instructions and attach schedule	20		00
21 a	Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F)	21a		00
	b Less: depreciation claimed on Schedule A. See instructions	21b		00
22	Depletion. Attach schedule.	22		00
23 a	Contributions to deferred compensation plans.	23a		00
	b Employee benefit programs. See instructions	23b		00
24	Other deductions. Attach schedule.	24		00
25	Total deductions. Add line 14 through line 24	25		00
26	Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13.	26	11,894	00
27	Excess advertising costs (Schedule H, Part III, Column B)	27		00
28	Unrelated business taxable income before specific deduction. Subtract line 27 from line 26	28	11,894	00
29	Specific deduction. See instructions	29	1,000	00
30	Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28.	30	10,894	00

Sign Here	Our privacy notice can be found in annual tax booklets or online. Go to ftb.ca.gov/privacy to learn about our privacy policy statement, or go to ftb.ca.gov/forms and search for 1131 to locate FTB 1131 EN-SP, Franchise Tax Board Privacy Notice on Collection. To request this notice by mail, call 800.338.0505 and enter form code 948 when instructed.			
	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 taxpayer) is based on all information of which preparer has any knowledge.			
Paid Preparer's Use Only	Signature of officer ▶	Title EXECUTIVE DIRECTOR	Date	Telephone (630) 400-5533
	Preparer's signature ▶	Date 07 01 2024	Check if self-employed ☒	PTIN P00236435
	Firm's name (or yours, if self-employed) and address TAX SERVICE 1305 MORENA BLVD SAN DIEGO CA 92110			Firm's FEIN 52-2379307
				Telephone (619) 276-0460
May the FTB discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No				

REV 06/05/24 PRO

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify) _____

1	Inventory at beginning of year	1		00
2	Purchases	2		00
3	Cost of labor..... ●	3		00
4	a Additional IRC Section 263A costs. Attach schedule.	4a		00
	b Other costs. Attach schedule. ●	4b		00
5	Total. Add line 1 through line 4b.	5		00
6	Inventory at end of year	6		00
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7		00

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? ☐ Yes ☐ No**Schedule B Tax Credits.**

1	Enter credit name _____ code ●	1		00
2	Enter credit name _____ code ●	2		00
3	Enter credit name _____ code ●	3		00
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, on line 4. Enter here and on Side 1, line 11	4		00

Schedule K Add-On Taxes or Recapture of Tax. See instructions.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834. ●	1		00
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots. ●	2a		00
	b Method for non-dealer installment obligations	2b		00
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles. ●	3		00
4	Credit recapture. Credit name	4		00
5	Total. Combine the amounts on line 1 through line 4. See instructions	5		00

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.**Part A. Standard Method – Single-Sales Factor Formula.** Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total sales	●	●	
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			●

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor: See instructions.	●	●	●
2 Payroll factor: Wages and other compensation of employees.	●	●	●
3 Sales factor: Gross sales and/or receipts less returns and allowances	●	●	●
4 Total percentage: Add the percentages in column (c)			
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions.			●

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

(a) Description of property	(b) Rent received or accrued	(c) Percentage of rent attributable to personal property
1		%
2		%
3		%
(d) Complete if any item in column (c) is more than 50%, or for any item if the rent is determined on the basis of profit or income	(e) Complete if any item in column (c) is more than 10%, but not more than 50%	
(i) Deductions directly connected (attach schedule)	(ii) Income includible, column (b) less column (d)(i)	(i) Gross income reportable, column (b) x column (c)
1		
2		
3		
4 Add the amounts in columns (d)(ii) and column (e)(iii). Enter here and on Side 2, Part I, line 6.	4	

Schedule D Unrelated Debt-Financed Income

(a) Description of debt-financed property				(b) Gross income from or allocable to debt-financed property	(c) Deductions directly connected with or allocable to debt-financed property	
					(i) Straight-line depreciation (attach schedule)	(ii) Other deductions (attach schedule)
1						
2						
3						
(d) Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	(e) Average adjusted basis of or allocable to debt-financed property (attach schedule)	(f) Debt basis percentage, column (d) ÷ column (e)	(g) Gross income reportable, column (b) x column (f)	(h) Allocable deductions, total of columns (c)(i) and (c)(ii) x column (f)	(i) Net income (or loss) includible, column (g) less column (h)	
1		%				
2		%				
3		%				
4	Total. Enter here and on Side 2, Part I, line 7					4

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

(a) Description	(b) Amount	(c) Deductions directly connected (attach schedule)	(d) Net investment income, column (b) less column (c)	(e) Set-asides (attach schedule)	(f) Balance of investment income, column (d) less column (e)
1					
2					
3	Total. Enter here and on Side 2, Part I, line 8				
4	Enter gross income from members (dues, fees, charges, or similar amounts)				

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations**Exempt Controlled Organizations**

(a) Name of controlled organizations	(b) Employer identification number	(c) Net unrelated income (loss)	(d) Total of specified payments made	(e) Part of column (d) that is included in the controlling organization's gross income	(f) Deductions directly connected with income in column (e)
1				11,894.	
2			11,894.		
3					

Nonexempt Controlled Organizations

(g) Taxable income	(h) Net unrelated income (loss)	(i) Total of specified payments made	(j) Part of column (i) that is included in the controlling organization's gross income	(k) Deductions directly connected with income in column (j)	
1					
2					
3					
4	Add the amounts in columns (e) and (j)			11,894.	
5	Add the amounts in columns (f) and (k)				
6	Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9				11,894.

Schedule G Exploited Exempt Activity Income, other than Advertising Income

(a) Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	(b) Gross unrelated business income from trade or business	(c) Expenses directly connected with production of unrelated business income	(d) Net income from unrelated trade or business, column (b) less column (c)	(e) Gross income from activity that is not unrelated business income	(f) Expenses attributable to column (e)	(g) Excess exempt expense, column (f) less column (e) but not more than column (d)	(h) Net income includible, column (d) less column (g) but not less than zero
1							
2							
3							
4							
5	Total. Enter here and on Side 2, line 10						

Schedule H Advertising Income and Excess Advertising Costs**Part I Income from Periodicals Reported on a Consolidated Basis**

(a) Name of periodical	(b) Gross advertising income	(c) Direct advertising costs	(d) Advertising income or excess advertising costs. If column (b) is greater than column (c), complete columns (e), (f), and (g). If column (c) is greater than column (b), enter the excess in Part III, column B(b). Do not complete columns (e), (f), and (g).	(e) Circulation income	(f) Readership costs	(g) If column (e) is greater than column (f), enter the income shown in column (d), in Part III, column A(b). If column (f) is greater than column (e), subtract the sum of column (f) and column (c) from the sum of column (e) and column (b). Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-.
1						
2						
3						
4 Totals						

Part II Income from Periodicals Reported on a Separate Basis

5						
6						
7						

Part III Column A – Net Advertising Income

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, columns (d) or (g), and amount listed in Part II, columns (d) or (g)
1	
2	
3	
4 Enter total here and on Side 2, Part I, line 11	

Part III Column B – Excess Advertising Costs

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column (d), and amounts listed in Part II, column (d)
1	
2	
3	
5 Enter total here and on Side 2, Part II, line 27	

Schedule I Compensation of Officers, Directors, and Trustees

(a) Name	(b) Title	(c) Percent of time devoted to business	(d) Compensation attributable to unrelated business
1		%	
2		%	
3		%	
4		%	
5		%	
6 Total. Enter here on Side 2, Part II, line 14			

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

(a) Group and guideline class or description of property	(b) Date acquired (dd/mm/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in prior years	(e) Method of computing depreciation	(f) Life or rate	(g) Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						
2 Depreciation:						
2a Buildings	2a					
2b Furniture and fixtures	2b					
2c Transportation equipment	2c					
2d Machinery and other equipment	2d					
2e Other (specify)	2e					
3 Other depreciation	3					
4 Total	4					
5 Amount of depreciation claimed elsewhere on return						5
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a						6

Underpayment of Estimated Tax by Corporations

2023

5806

For calendar year 2023 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____.

Corporation name

California corporation number

CHILDREN AND FAMILY COMPREHENSIVE HEALTH OUTREACH

4129388

Part I Figure the Underpayment

1 Current year's tax. See instructions				1	963.
		(a)	(b)	(c)	(d)
2 Installment due dates. See instructions	2	04-15-2023	06-15-2023	09-15-2023	12-15-2023
3 Percentage required. See instructions	3	30%	70% less 1st	70% less prior	100% less prior
		(not less than min.)			
4 Amount due. See instructions	4	289.	385.	0.	289.
5 a Amount paid or credited for each installment	5a				
5 b Overpayment from previous installment. See instructions.	5b				
6 Add line 5a and line 5b.	6				
7 Underpayment (subtract line 6 from line 4). See instructions. Overpayment (subtract line 4 from line 6). If line 7 shows an underpayment for any installment, go to Part IV, Exceptions Worksheets.	7	289.	385.	0.	289.

Part II Exceptions to the Penalty. See instructions. If Exception A, line 8a is met for all four installments, **do not** attach this form to the return.
If Exception B or C is met, for any installment, attach form FTB 5806 to the back of Form 100, Form 100W, Form 100S or Form 109.

	(check the applicable boxes)	Yes	No	Yes	No	Yes	No	Yes	No
8 a	Exception A – Regular Corporations, line 26 met?	8a							
8 b	Exception A – Large Corporations, line 30, met?	8b							
9	Exception B (line 42) met?	9							
10	Exception C (line 64) met?	10							

Part III Figure the Penalty. If line 7 shows an underpayment for any installment and none of the three exceptions is met, figure the penalty for that installment by completing line 11 through line 22.

11	Enter the earlier of the payment date, or the 15th day of the 3rd month after the close of the taxable year. Form 109 filers, see instructions.	11	03-15-2024	03-15-2024	03-15-2024	03-15-2024
12	Number of days from date shown on line 2 to date shown on line 11	12	335	274		91
13	Number of days on line 12 before 7/01/23, or the payment date, whichever is earlier.	13	76	15		
14	Number of days on line 12 after 6/30/23 and before 1/01/24, or the payment date, whichever is earlier.	14	184	184		16
15	Number of days on line 12 after 12/31/23 and before 7/01/24, or the payment date, whichever is earlier. Calendar year corporations, see instructions.	15	75	75		75
16	For fiscal year corporations only. Number of days on line 12 after 6/30/24 and before 1/01/25. See instructions.	16				
17	For fiscal year corporations only. Number of days on line 12 after 12/31/24 and before 2/15/25. See instructions.	17				
18	Number of days on line 13 Number of days in taxable year x 5% x line 7	18	3.	1.		
19	Number of days on line 14 Number of days in taxable year x 7% x line 7	19	10.	14.		1.
20	Number of days on line 15 Number of days in taxable year x 7% x line 7	20	4.	6.		4.
21	Number of days on line 16 Number of days in taxable year x % (see instructions) x line 7	21				
22	Number of days on line 17 Number of days in taxable year x % (see instructions) x line 7	22				
22a	Add amounts for each column from line 18 through line 22.	22a	17.	21.		5.
22b	Total estimated penalty due. Add line 22a, column (a) through column (d). Enter here and on Form 100, line 43a; Form 100W, line 40a; Form 100S, line 44a; or Form 109, line 27	22b				43.

Part IV Exceptions Worksheets. Even if line 7 shows an underpayment for any installment, the Franchise Tax Board will **not** assess a penalty if timely payments were made and they equal or exceed the amount determined under any of the three exceptions for the same installment period.

Exception A — Prior Year's Tax — Regular Corporations

23 Prior year's tax (the return must have been for a full 12 months)		23							
	(a)	(b)	(c)	(d)					
	30%	70%	70%	100%					
	(not less than min.)								
24 Enter line 23 x the percentage shown.	24								
25 Amount paid by the installment due date (cumulative)	25								
26 If line 25 is greater than line 24, the exception is met. Check "Yes" here and check the applicable "Yes" box in Part II, line 8a. If line 24 is greater than line 25, the exception is not met. Check "No" here and check the applicable "No" box in Part II, line 8a.	26	Yes	No	Yes	No	Yes	No	Yes	No

Exception A — Prior Year's Tax — Large Corporations

Use this exception only if prior year tax is less than current year tax.

27 Current year's tax. See instructions		27							
		1st Installment		2nd Installment					
28 a Installment due. Enter line 23 x 30%.	28a								
b Installment due. Enter line 27 x 70%.	28b								
29 Amount paid by the installment due date (cumulative)	29								
30 If line 29 is greater than line 28 for both installments, the exception is met. Check "Yes" here for each installment and check the applicable "Yes" box in Part II, line 8b. The exception to the penalty applies only if line 29 is greater than line 28 for both installments. If line 28 is greater than line 29 for either installment, the exception is not met. Check "No" here and check the applicable "No" box in Part II, line 8b.	30	Yes	No	Yes	No				

See instructions regarding amounts to use for installment 3 and installment 4.

Exception B — Tax on Annualized Current Year Income

Enter number of months for each period. See instructions ►		(a)	(b)	(c)	(d)				
31 Enter taxable income for each annualization period	31								
32 Annualization amounts. See instructions	32								
33 a Annualized taxable income. Multiply line 31 by line 32	33a								
b R&TC Section 23802(e) deduction (S corporations only) . .	33b								
c Net income. Subtract line 33b from line 33a	33c								
34 Tax. Multiply line 33c by the current tax rate	34								
35 Tax credits for each payment period.	35								
36 Subtract line 35 from line 34	36								
37 Other taxes*	37								
38 Total tax. Add line 36 and line 37	38								
39 Applicable percentage. For short period returns (taxable year of less than 12 months), see the instructions for Part I, line 3. . . .	39	30%	70%	70%	100%				
		(not less than min.)							
40 Installment due. Multiply line 38 by line 39	40								
41 Amount paid by the installment due date (cumulative)	41								
42 If line 41 is greater than line 40, the exception is met. Check "Yes" here and check the applicable "Yes" box in Part II, line 9. If line 40 is greater than line 41, the exception is not met. Check "No" here and check the applicable "No" box in Part II, line 9.	42	Yes	No	Yes	No	Yes	No	Yes	No

*Include alternative minimum tax, S corporation taxes from Schedule D (100S) and from the excess net passive income, the QSub annual tax, installment amount credit recapture, and the minimum franchise tax.

Part IV Exceptions Worksheets (Continued)
Exception C — Tax on Annualized Seasonal Income

	(a)	(b)	(c)	(d)					
	1st 3 months	1st 5 months	1st 8 months	1st 11 months					
43 Enter taxable income for the following periods:									
a Taxable year beginning in 2020	43a								
b Taxable year beginning in 2021	43b								
c Taxable year beginning in 2022	43c								
44 Enter taxable income for each period for the taxable year beginning in 2023.	44								
	1st 4 months	1st 6 months	1st 9 months	Entire year					
45 Enter taxable income for the following periods:									
a Taxable year beginning in 2020	45a								
b Taxable year beginning in 2021	45b								
c Taxable year beginning in 2022	45c								
46 Divide the amount in each column on line 43a by the amount in column (d) on line 45a	46								
47 Divide the amount in each column on line 43b by the amount in column (d) on line 45b	47								
48 Divide the amount in each column on line 43c by the amount in column (d) on line 45c	48								
49 Add line 46 through line 48	49								
50 Divide line 49 by 3	50								
	1st 4 months	1st 6 months	1st 9 months	Entire year					
51 a Divide line 44 by line 50	51a								
b R&TC Section 23802(e) deduction. (S corporations only) ..	51b								
c Net income. Subtract line 51b from line 51a	51c								
52 Tax. Multiply line 51c by the current tax rate	52								
53 Divide the amounts in column (a) through column (c) on line 45a by the amount in column (d) on line 45a	53								
54 Divide the amounts in column (a) through column (c) on line 45b by the amount in column (d) on line 45b	54								
55 Divide the amounts in column (a) through column (c) on line 45c by the amount in column (d) on line 45c	55								
56 Add line 53 through line 55	56								
57 Divide line 56 by 3	57								
58 Multiply the amounts in column (a) through column (c) of line 52 by the amounts in the corresponding column of line 57. In column (d), enter the amount from line 52, column (d). ...	58								
59 Tax credits for each payment period.	59								
60 Subtract line 59 from line 58	60								
61 Other taxes*	61								
	(not less than min.)								
62 Total tax. Add line 60 and line 61	62								
63 Amount paid by the installment due date (cumulative)	63								
64 If line 63 is greater than line 62, the exception is met. Check "Yes" here and check the applicable "Yes" box in Part II, line 10. If line 62 is greater than line 63, the exception is not met. Check "No" here and check the applicable "No" box in Part II, line 10.	64	Yes	No	Yes	No	Yes	No	Yes	No

*Include alternative minimum tax, S corporation taxes from Schedule D (100S) and from the excess net passive income, QSub annual tax, installment amount credit recapture, and the minimum franchise tax.

California
Computation of Estimated Tax

► Keep for your records

Name as Shown on Return CHILDREN AND FAMILY COMPREHENSIVE HEALTH OUTREACH	Employer Identification No. 82-1099783
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Worksheet I Exception A – Prior Year's Tax

1	Taxable income expected during this taxable year	1	10,894.
2	R&TC Section 23802(e) deduction (S corporations only).	2	
3	Net income. Subtract line 2 from line 1.	3	10,894.
4	Tax. Multiply line 3 by the current tax rate rate <u>8.8400</u>	4	963.
5	Tax credits	5	
6	Subtract line 5 from line 4*. (Not less than minimum tax and QSub annual tax) . . .	6	963.
7	Other taxes	7	
8	Total tax. Add line 6 and line 7	8	963.
9	Enter the tax shown on the corporation's 2023 tax return	9	963.
10	Enter the smaller of line 8 or line 9	10	963.

	(1) 30%	(2) 70%	(3) 70%	(4) 100%
11 Multiply line 10 by the percentage shown in columns 1 through 4. Large corporations, see instructions	(not less than minimum) 289.	674.	674.	963.
12 Total payments.		289.	674.	674.
13 Subtract line 12 from line 11. If zero or less, enter -0-	289.	385.	0.	289.

Large corporations: To meet the exception by paying prior year's tax for the first estimate installment

and paying the reduction in the first estimate installment with the second estimate installment, the corporation must have paid the amounts in line 11, column (1) and column (2).

Worksheet II Exception B – Annualized Current Year Income

	(1)	(2)	(3)	(4)
1 Annualization periods				
2 Enter taxable income for each annualization period . . .				
3 Annualization amounts				
4 a Annualized taxable income. Multiply line 2 by line 3				
b R&TC Section 23802(e) deduction (S corporations only)				
c Net income. Subtract line 4b from line 4a.				
5 Tax. Multiply line 4c by the current tax rate				
6 Tax credits for each payment period				
7 Subtract line 6 from line 5* (Not less than minimum tax and QSub annual tax)				
8 Other taxes				
9 Total tax. Add line 7 and line 8				
10 Applicable percentage	30%	70%	70%	100%
11 Multiply line 9 by line 10				
12 Total payments.				
13 Annualized current year income installments. Subtract line 12 from line 11. If zero or less, enter -0-				

QuickZoom here to Worksheets III & IV ➡

* not less than minimum tax and QSub annual tax(es), if applicable

Additional Information From 2023 California Exempt Organization Business

Form 199: CA Exempt Organization Annual Information

Part II, Line 7 - Other Income

Continuation Statement

Description	Amount
CHILDREN SPORTS PROGRAM	250,295
ASSISTANT CHILDREN STUDIES AND ORGAN	0
TAUGHT BUSINESS DEVELOPMENT	0
BUILDING A LEARNING CENTER FOR CHILDREN	0
INVESTMENT INCOME	11,894
Total	262,189

Form 199: CA Exempt Organization Annual Information

Part II, Line 9 - Contributions

Continuation Statement

Description	Amount
GRANTS AND OTHER ASSISTANCE TO DOMESTIC ORGS. AND GOVERNMENTS	0
GRANTS AND OTHER ASSISTANCE TO DOMESTIC INDIVIDUALS	0
GRANTS AND OTHER ASSISTANCE TO FOREIGN ORGS., GOVERNMENTS AND INDIVIDUALS	0
Total	0

Form 199: CA Exempt Organization Annual Information

Part II, Line 11 - Compensation

Continuation Statement

Description	Amount
LINDA FIGUE	0
VERNE BROOKS JR.	0
MARTHA WASHINGTON	0
Total	0

Form 199: CA Exempt Organization Annual Information

Part II, Line 17 - Expenses

Continuation Statement

Description	Amount
RENTAL EXPENSES REAL	0
RENTAL EXPENSES PERSONAL	0
SECURITIES EXPENSES REAL PROPERTY	0
OTHER EXPENSES PROPERTY	0
PENSION PLAN CONTRIBUTIONS	0
OTHER EMPLOYEE BENEFITS	0
MANAGEMENT	12,147
LEGAL	0
ACCOUNTING	0
LOBBYING	0
INVESTMENT MGMT FEES	0
OTHER	44,201
ADVERTISING AND PROMOTION	26,922
OFFICE EXPENSES	33,189

Form 199: CA Exempt Organization Annual Information
Part II, Line 17 - Expenses**Continuation Statement**

Description	Amount
INFORMATION TECHNOLOGY	0
ROYALTIES	0
TRAVEL	10,000
TRAVEL PAYMENTS	0
CONFERENCES AND MEETINGS	0
PAYMENTS TO AFFILIATES	0
PROFESSIONAL FUNDRAISING SERVICES	0
Total	126,459