

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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 **JUL 1, 2023** and ending **JUN 30, 2024**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHILDREN'S INN AT NIH, INC.		D Employer identification number 52-1638207
	Doing business as THE CHILDREN'S INN AT NIH, INC.		E Telephone number 301-496-5672
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 21,273,080.
	7 WEST DRIVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code BETHESDA, MD 20814		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: JENNIE LUCCA SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.CHILDRENSINN.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1988	M State of legal domicile: MD

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO KEEP FAMILIES TOGETHER DURING ILLNESS IN A SUPPORTIVE, THERAPEUTIC, AND EDUCATIONAL ENVIRONMENT.		
	2 Check this box <input type="checkbox"/> 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	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	54
	6 Total number of volunteers (estimate if necessary)	6	299
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 10,220,773.	Current Year 14,693,730.
	9 Program service revenue (Part VIII, line 2g)	1,089,102.	1,405,329.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,566,562.	887,983.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-370,688.	-292,347.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,505,749.	16,694,695.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	62,717.	82,947.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,713,624.	5,283,578.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	68,076.	69,780.
	b Total fundraising expenses (Part IX, column (D), line 25)	2,105,756.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,466,285.	7,473,362.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,310,702.	12,909,667.	
19 Revenue less expenses. Subtract line 18 from line 12	1,195,047.	3,785,028.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 65,309,955.	End of Year 77,130,888.
	21 Total liabilities (Part X, line 26)	1,046,237.	1,330,222.
	22 Net assets or fund balances. Subtract line 21 from line 20	64,263,718.	75,800,666.

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		
	JENNIE LUCCA, CHIEF EXECUTIVE OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JULIA L. LAFFERTY	JULIA L. LAFFERTY	10/18/24		P02288149
Preparer Use Only	Firm's name	Firm's EIN		Phone no. (301) 986-0600	
	COUNCILOR, BUCHANAN & MITCHELL, P.C.	52-1711839			
Firm's address					
7910 WOODMONT AVE. STE. 500					
BETHESDA, MD 20814					

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE CHILDREN'S INN AT NIH, INC. (THE INN) IS A PRIVATE, NONPROFIT RESIDENCE FOR FAMILIES AND THEIR CHILDREN WHO ARE PARTICIPATING IN PEDIATRIC RESEARCH AT THE NATIONAL INSTITUTES OF HEALTH'S (NIH) CLINICAL CENTER. THE INN'S MISSION IS TO FULLY AND CONSISTENTLY MEET

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 [X] 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 [X] 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 \$ 5,808,021. including grants of \$ 0.) (Revenue \$ 1,405,329.) HOUSING - THE CHILDREN'S INN AT NIH WAS FOUNDED 34 YEARS AGO TO PROVIDE A COMFORTABLE AND NURTURING "PLACE LIKE HOME" AT NO COST TO FAMILIES WITH CHILDREN PARTICIPATING IN CLINICAL RESEARCH STUDIES FOR THE TREATMENT OF RARE AND SEVERE DISEASES AT THE NATIONAL INSTITUTES OF HEALTH (NIH). TODAY, THE INN SERVES CHILDREN, TEENS AND YOUNG ADULTS UP TO 30 YEARS OLD, AS WELL AS THEIR FAMILIES, ENSURING ACCESS TO POTENTIALLY LIFESAVING RESEARCH AND RELATED CLINICAL CARE AT THE NIH CLINICAL CENTER. FOR MANY FAMILIES, THE COSTS OF LODGING IN THE WASHINGTON, D.C. METRO AREA WOULD BE A BARRIER TO PARTICIPATING IN CLINICAL RESEARCH WITHOUT THE INN'S FREE HOUSING. NIH SCIENTISTS WORK WITH YOUNG RESEARCH PARTICIPANTS TO PIONEER MEDICAL INNOVATIONS THAT IMPROVE THE LIVES AND SURVIVAL RATES OF YOUNG PEOPLE WORLDWIDE. IN

4b (Code:) (Expenses \$ 2,989,022. including grants of \$ 82,947.) (Revenue \$ 0.) RESIDENT SERVICES - THE CHILDREN'S INN AT NIH WAS FOUNDED 34 YEARS AGO TO PROVIDE A COMFORTABLE AND NURTURING "PLACE LIKE HOME" AT NO COST TO FAMILIES WHOSE CHILDREN PARTICIPATE IN CLINICAL RESEARCH STUDIES FOR THE TREATMENT OF RARE AND SEVERE DISEASES AT THE NATIONAL INSTITUTES OF HEALTH (NIH). TODAY, THE INN SERVES CHILDREN, TEENS AND YOUNG ADULTS UP TO 30 YEARS OLD, AS WELL AS THEIR FAMILIES. NIH SCIENTISTS WORK WITH YOUNG RESEARCH PARTICIPANTS TO PIONEER MEDICAL INNOVATIONS THAT IMPROVE THE LIVES AND SURVIVAL RATES OF YOUNG PEOPLE WORLDWIDE. IN ADDITION TO PROVIDING FREE LODGING FOR THE ENTIRE FAMILY, OUR GOALS ARE TO MAKE CHILDHOOD POSSIBLE, RELIEVE THE BURDEN OF ILLNESS ON FAMILIES AND HELP ADVANCE NIH CLINICAL RESEARCH.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 8,797,043.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 21; 1b Enter the number of voting members included on line 1a... 21; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 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... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 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? X; 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... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 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... X; b Other officers or key employees of the organization... X; 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? X; 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 AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI
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. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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
DONALD RODRICK - 301-496-5672
7 WEST DRIVE, BETHESDA, MD 20814

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 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) JENNIE LUCCA CHIEF EXECUTIVE OFFICER	40.00			X			307,332.	0.	54,760.	
(2) FERN STONE CHIEF PHILANTHROPY & COMMUNICATIONS	40.00				X		265,746.	0.	35,389.	
(3) TAMMY PINSON CHIEF OPERATING OFFICER	40.00				X		188,221.	0.	44,549.	
(4) DON RODRICK CHIEF FINANCIAL OFFICER	40.00			X			177,263.	0.	19,658.	
(5) CATHY MORALES CHIEF PROGRAMS & SERVICES OFFICER	40.00				X		168,748.	0.	17,902.	
(6) AMIR BAHMANI DIRECTOR, INFORMATION TECHNOLOGY	40.00				X		165,103.	0.	20,225.	
(7) LIZA COLE DIRECTOR, LEADERSHIP & LEGACY GIVING	40.00					X	122,529.	0.	37,607.	
(8) BRIAN SCHMOYER DIRECTOR, FACILITIES & CONSTRUCTION	40.00					X	132,446.	0.	21,482.	
(9) JOAN WISNER-CARLSON DIRECTOR, CORPORATE & FOUNDATION REL	40.00					X	124,884.	0.	28,861.	
(10) AISHA CAMPBELL DIRECTOR OF RESIDENT SERVICES & FAMI	40.00					X	105,200.	0.	25,623.	
(11) LIZ GOULDMAN DIRECTOR, STRATEGIC PARTNERSHIPS & C	40.00					X	115,923.	0.	11,297.	
(12) BRIAN KELLY CHAIR	2.00	X		X			0.	0.	0.	
(13) ERIN DARLING, J.D. SECRETARY	2.00	X		X			0.	0.	0.	
(14) KAMAL NARANG TREASURER	2.00	X		X			0.	0.	0.	
(15) LIZ WURSTER VICE CHAIR	2.00	X		X			0.	0.	0.	
(16) SUSAN PENFIELD IMMEDIATE PAST CHAIR	2.00	X		X			0.	0.	0.	
(17) LOIS ALPERSTEIN DIRECTOR	1.00	X					0.	0.	0.	

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 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			
(18) DIANA ARAOZ-FRASER DIRECTOR	1.00	X						0.	0.	0.
(19) ANTON COHEN, CPA DIRECTOR	1.00	X						0.	0.	0.
(20) WILLIAM DAHUT, M.D. DIRECTOR	1.00	X						0.	0.	0.
(21) PRACHEE J. DEVADAS DIRECTOR	1.00	X						0.	0.	0.
(22) JAMIE GENTILLE DIRECTOR	1.00	X						0.	0.	0.
(23) CHRISTINE GRADY, MSN, PH.D. DIRECTOR	1.00	X						0.	0.	0.
(24) PHILOPIA HILLMAN, PH.D. DIRECTOR	1.00	X						0.	0.	0.
(25) JILL OLMSTEAD DIRECTOR	1.00	X						0.	0.	0.
(26) SCOTT ROYAL, PH.D. DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								1,873,395.	0.	317,353.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,873,395.	0.	317,353.

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 11

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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
PERKINS AND WILL INC. PO BOX 71181, CHICAGO, IL 60694	RENOVATION & CONSTRUCTION SERVICE	1,230,533.
CROTHALL HEALTHCARE, INC, 13028 COLLECTION CENTER DR, CHICAGO, IL 60693	HOUSEKEEPING SERVICES	787,637.
SILVA CONTRACTING 8740 CHERRY LN, STE 27, LAUREL, MD 20707	PLAYGROUND CONSTRUCTION SERVICE	479,382.
DAVID ORR ASSOCIATES, INC., 11180 SUNRISE VALLEY DR, STE 200, RESTON, VA 20191	PROJECT MANAGEMENT SERVICES	264,270.
FUSE FUNDRAISING, 12110 SUNSET HILLS RD, STE 600, RESTON, VA 20190	FUNDRAISING SERVICES	248,660.

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 10

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 75,458.					
	b	Membership dues	1b					
	c	Fundraising events	1c 1,924,989.					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f 12,693,283.					
	g	Noncash contributions included in lines 1a-1f	1g \$ 943,495.					
	h	Total. Add lines 1a-1f						14,693,730.
Program Service Revenue	2 a	PATIENT LODGING	Business Code 900099	1,405,329.	1,405,329.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			1,405,329.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		172,146.			172,146.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
b	Less: cost or other basis and sales expenses	7b 4,049,687.						
c	Gain or (loss)	7c 715,837.						
d	Net gain or (loss)		715,837.			715,837.		
8 a	Gross income from fundraising events (not including \$ 1,924,989. of contributions reported on line 1c). See Part IV, line 18	8a						
			221,592.					
b	Less: direct expenses	8b 528,698.						
c	Net income or (loss) from fundraising events		-307,106.			-307,106.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	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	11 a	OTHER REVENUE	Business Code 900009	14,759.	14,759.			
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			14,759.			
12	Total revenue. See instructions			16,694,695.	1,420,088.	0.	580,877.	

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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	82,947.	82,947.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,488,086.	751,672.	387,255.	349,159.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,722,525.	1,375,220.	708,502.	638,803.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	245,831.	124,176.	63,974.	57,681.
9 Other employee benefits	551,164.	278,408.	143,433.	129,323.
10 Payroll taxes	275,972.	139,401.	71,818.	64,753.
11 Fees for services (nonemployees):				
a Management				
b Legal	8,422.	5,068.	2,254.	1,100.
c Accounting	46,377.		46,377.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	69,780.			69,780.
f Investment management fees	184,417.		184,417.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	402,558.	195,542.	31,188.	175,828.
12 Advertising and promotion	83,974.	9,865.	1,802.	72,307.
13 Office expenses	29,622.	14,321.	7,336.	7,965.
14 Information technology	433,042.	198,954.	160,279.	73,809.
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,172.	5,885.	3,015.	3,272.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	958,210.	834,926.	86,277.	37,007.
23 Insurance	89,688.	61,859.	23,091.	4,738.
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 BUILDING CONSTRUCTION	2,151,857.	2,151,857.		
b PATIENT SERVICES	1,455,356.	1,453,010.	1,303.	1,043.
c MAINTENANCE	981,086.	967,272.	4,605.	9,209.
d PUBLIC RELATIONS	467,738.	125,260.	22,875.	319,603.
e All other expenses	168,843.	21,400.	57,067.	90,376.
25 Total functional expenses. Add lines 1 through 24e	12,909,667.	8,797,043.	2,006,868.	2,105,756.
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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	266,091.	92,150.	152,487.	21,454.

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	3,788.	1	3,548.	
	2 Savings and temporary cash investments	4,263,365.	2	5,368,964.	
	3 Pledges and grants receivable, net	1,430,176.	3	4,769,781.	
	4 Accounts receivable, net	342,596.	4	211,130.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	35,219.	8	42,539.	
	9 Prepaid expenses and deferred charges	66,116.	9	89,499.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 16,282,596.			
	b Less: accumulated depreciation	10b 12,984,936.	4,140,402.	10c	3,297,660.
	11 Investments - publicly traded securities	1,583,230.	11	454,940.	
	12 Investments - other securities. See Part IV, line 11	53,445,063.	12	62,848,332.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	0.	15	44,495.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	65,309,955.	16	77,130,888.		
Liabilities	17 Accounts payable and accrued expenses	1,046,237.	17	1,330,222.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	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		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	1,046,237.	26	1,330,222.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	21,966,332.	27	23,301,015.	
	28 Net assets with donor restrictions	42,297,386.	28	52,499,651.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	64,263,718.	32	75,800,666.	
	33 Total liabilities and net assets/fund balances	65,309,955.	33	77,130,888.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,694,695.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,909,667.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,785,028.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	64,263,718.
5	Net unrealized gains (losses) on investments	5	7,751,920.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	75,800,666.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: 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
- 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
- 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?
- 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

	Yes	No
1		
2a		X
b	X	
c	X	
3a		X
3b		

Form 990 (2023)

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.")	6256363.	5731328.	6240906.	10220773.	14693730.	43143100.
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	2823175.	2862113.	3157919.	3188463.	3286248.	15317918.
4 Total. Add lines 1 through 3	9079538.	8593441.	9398825.	13409236.	17979978.	58461018.
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)						5893257.
6 Public support. Subtract line 5 from line 4.						52567761.

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	9079538.	8593441.	9398825.	13409236.	17979978.	58461018.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1361082.	899,033.	409,769.	165,589.	172,146.	3007619.
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.)	9,049.	4,483.	3,249.	3,159.	14,759.	34,699.
11 Total support. Add lines 7 through 10						61503336.
12 Gross receipts from related activities, etc. (see instructions)					12	5,657,503.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	85.47 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	83.52 %
16a 33 1/3% 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		<input checked="" type="checkbox"/>
b 33 1/3% 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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

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.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> 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		

Schedule A (Form 990) 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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2019 AMOUNT: \$ 9,049.

2020 AMOUNT: \$ 4,483.

2021 AMOUNT: \$ 3,249.

2022 AMOUNT: \$ 3,159.

2023 AMOUNT: \$ 14,759.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

CHILDREN'S INN AT NIH, INC.

Employer identification number

52-1638207

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization CHILDREN'S INN AT NIH, INC.	Employer identification number 52-1638207
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>450,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>2,950,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CHILDREN'S INN AT NIH, INC.	Employer identification number 52-1638207
--	---

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PUBLICLY TRADED STOCK _____ _____ _____	\$ 241,109.	03/21/24
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization CHILDREN'S INN AT NIH, INC.	Employer identification number 52-1638207
--	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **CHILDREN'S INN AT NIH, INC.** Employer identification number **52-1638207**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) 2023

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	37,484,181.	34,588,346.	39,018,355.	32,377,872.	30,854,553.
b Contributions			1,507.	194,789.	468,814.
c Net investment earnings, gains, and losses	4,301,241.	2,895,835.	-4,431,516.	6,445,694.	1,054,505.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	41,785,422.	37,484,181.	34,588,346.	39,018,355.	32,377,872.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment 70.2500%
 - c Term endowment 29.7500%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		12,076,927.	9,481,628.	2,595,299.
d Equipment		4,141,711.	3,463,989.	677,722.
e Other		63,958.	39,319.	24,639.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,297,660.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ALTERNATIVE	62,848,332.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	62,848,332.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	28,077,144.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	7,751,920.	
b	Donated services and use of facilities	2b	3,286,248.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	11,038,168.	
3	Subtract line 2e from line 1	3	17,038,976.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	184,417.	
b	Other (Describe in Part XIII.)	4b	-528,698.	
c	Add lines 4a and 4b	4c	-344,281.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	16,694,695.	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	16,540,196.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	3,286,248.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	528,698.	
e	Add lines 2a through 2d	2e	3,814,946.	
3	Subtract line 2e from line 1	3	12,725,250.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	184,417.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	184,417.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,909,667.	

Part XIII Supplemental Information

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

PART V, LINE 4:

THE INN HOLDS VARIOUS PERMANENTLY RESTRICTED ENDOWMENTS, WHICH ARE DESCRIBED AS FOLLOWS:

SANOFI AVENTIS LEGACY FUND - THIS FUND WAS ESTABLISHED IN 2008 TO SUPPORT THE NEEDS OF CHILDREN AND FAMILIES RECEIVING MEDICAL CARE AT THE NIH.

THE MERCK COMPANY FOUNDATION FUND - THIS FUND WAS ESTABLISHED IN 1996 TO PROVIDE SUPPORT FOR FUTURE OPERATING EXPENSES OF THE INN.

THE WEINBERG FOUNDATION FUND - THIS FUND WAS ESTABLISHED IN 1993 THROUGH RESTRICTED CONTRIBUTIONS FROM DONORS TO SUBSIDIZE VARIOUS PROGRAMS AND

Part XIII Supplemental Information (continued)

SERVICES FOR TEMPORARY RESIDENTS AND VISITORS OF THE INN.

THE JOYCE A. JENKINS ENDOWMENT FUND - THIS FUND WAS ESTABLISHED IN 2006 TO SUPPORT THE NEEDS OF CHILDREN AND THEIR FAMILIES RECEIVING MEDICAL CARE AT THE NIH.

GENERAL ENDOWMENT FUND - THE PURPOSE OF THIS FUND IS TO PROVIDE INVESTMENT INCOME TO BE USED FOR OPERATING EXPENSES.

ROBERT JAMES FITZGERALD ENDOWMENT FUND - THIS FUND WAS ESTABLISHED IN 2008 TO PROVIDE SUPPORT FOR FUTURE OPERATING EXPENSES OF THE INN.

AFCEA ENDOWMENT FUND - THIS FUND WAS ESTABLISHED IN 2008 TO ENSURE THAT CHILDREN AND THEIR FAMILIES RECEIVE THE UTMOST CARE AND COMFORT DURING THEIR STAY AT THE INN.

ROSE AND HAROLD KRAMER ENDOWMENT FUND - THIS FUND WAS ESTABLISHED IN 2007 TO RAISE FUNDS TO PROVIDE SERVICES TO CHILDREN AND/OR FOR RESEARCH PURPOSES.

OTHER - USED FOR DESIGNATED PURPOSE OR, IF NO SPECIAL PURPOSE WAS SPECIFIED, FOR GENERAL OPERATING EXPENSES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES REPORTED IN PART VIII, LINE 8 -528,698.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES REPORTED IN PART VIII, LINE 8 528,698.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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'S INN AT NIH, INC.** Employer identification number: **52-1638207**

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		780,756.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		1,914,364.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		1,995,600.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		401,589.
3 a Subtotal	0	0			5,092,309.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			5,092,309.

Part IV Foreign Forms

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

Part V Supplemental Information

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

Multiple horizontal lines for supplemental information.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2023

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization **CHILDREN'S INN AT NIH, INC.** Employer identification number **52-1638207**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
FUSE FUNDRAISER - 12110 SUNSET HILLS RD STE #600,	PLANNING/PROGRAM MANAGEMENT OF FUNDRAISING		X	1,136,087.	69,780.	1,066,307.
Total				1,136,087.	69,780.	1,066,307.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		HOPE GALA	GOLF TOURNAMENT	1	(add col. (a) through col. (c))	
	Revenue	(event type)	(event type)	(total number)		
1	Gross receipts	1,835,525.	205,056.	106,000.	2,146,581.	
2	Less: Contributions	1,705,333.	159,156.	60,500.	1,924,989.	
3	Gross income (line 1 minus line 2)	130,192.	45,900.	45,500.	221,592.	
Direct Expenses	4	Cash prizes	1,900.		1,900.	
	5	Noncash prizes	5,852.		5,852.	
	6	Rent/facility costs	179,492.		179,492.	
	7	Food and beverages	149,816.	16,753.	34,943.	201,512.
	8	Entertainment	16,100.	26,204.	9,167.	51,471.
	9	Other direct expenses	78,878.	6,662.	2,931.	88,471.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			528,698.	
	11	Net income summary. Subtract line 10 from line 3, column (d)			-307,106.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: FUSE FUNDRAISER

(I) ADDRESS OF FUNDRAISER:

12110 SUNSET HILLS RD STE #600, RESTON, VA 20190

(II) ACTIVITY: PLANNING/PROGRAM MANAGEMENT OF FUNDRAISING CAMPAIGNS & DIREC

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TUITION	24	27,230.	0.		
EMERGENCY ASSISTANCE TO RESIDENTS	47	55,717.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GENERALLY, THE INN PAYS EXPENSES DIRECTLY TO GOODS AND SERVICE PROVIDERS ON BEHALF OF THE RECIPIENTS, AND THEREFORE, DOES NOT NEED TO MONITOR THE USE OF GRANT FUNDS. IF A GRANT IS MADE DIRECTLY TO A RESIDENT OR FAMILY MEMBER, THE RECIPIENT MUST PROVIDE PROOF OF PAYMENT FOR THE GOODS OR SERVICES FOR WHICH THE GRANT WAS INTENDED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

CHILDREN'S INN AT NIH, INC.

Employer identification number

52-1638207

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JENNIE LUCCA CHIEF EXECUTIVE OFFICER	(i)	262,351.	44,981.	0.	29,381.	25,379.	362,092.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FERN STONE CHIEF PHILANTHROPY & COMMUNICATIONS	(i)	140,026.	125,000.	720.	26,249.	9,140.	301,135.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TAMMY PINSON CHIEF OPERATING OFFICER	(i)	179,001.	8,500.	720.	19,170.	25,379.	232,770.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DON RODRICK CHIEF FINANCIAL OFFICER	(i)	176,543.	0.	720.	10,585.	9,073.	196,921.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) CATHY MORALES CHIEF PROGRAMS & SERVICES OFFICER	(i)	159,528.	8,500.	720.	16,384.	1,518.	186,650.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) AMIR BAHMANI DIRECTOR, INFORMATION TECHNOLOGY	(i)	159,383.	5,000.	720.	16,767.	3,458.	185,328.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LIZA COLE DIRECTOR, LEADERSHIP & LEGACY GIVING	(i)	122,529.	0.	0.	12,985.	24,622.	160,136.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) BRIAN SCHMOYER DIRECTOR, FACILITIES & CONSTRUCTION	(i)	126,726.	5,000.	720.	12,397.	9,085.	153,928.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JOAN WISNER-CARLSON DIRECTOR, CORPORATE & FOUNDATION REL	(i)	119,164.	5,000.	720.	11,999.	16,862.	153,745.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

ALL BONUSES RECEIVED BY OFFICERS, KEY EMPLOYEES AND HIGHEST COMPENSATED
EMPLOYEES LISTED IN FORM 990, PART VII WERE BASED ON AN APPRAISAL OF THEIR
PERFORMANCE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **CHILDREN'S INN AT NIH, INC.**
Employer identification number: **52-1638207**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	13	602,840.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	81	11,734.	ESTIMATED
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (AUCTION ITEMS)	X	153	150,048.	FMV
26 Other (SUPPLIES)	X	384	117,410.	ESTIMATED
27 Other (FAMILY DINNERS)	X	58	61,463.	FMV
28 Other				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement: **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

REFLECTS THE NUMBER OF CONTRIBUTORS FOR EACH CATEGORY.

Multiple horizontal lines for data entry.

**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'S INN AT NIH, INC.

Employer identification number

52-1638207

FORM 990, ITEM C, DOING BUSINESS AS:

THE CHILDREN'S INN AT NIH, INC.

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

THE NEEDS OF CHILDREN AND FAMILIES PARTICIPATING IN GROUNDBREAKING
RESEARCH AT NIH BY:

- RESPONDING TO EVOLVING FAMILY SUPPORT NEEDS FROM PEDIATRIC RESEARCH
AND CLINICAL CARE;

- PROVIDING A FREE FAMILY-CENTERED "PLACE LIKE HOME"; AND

- REDUCING THE BURDENS OF ILLNESS THROUGH THERAPEUTIC, EDUCATIONAL AND
RECREATIONAL PROGRAMMING.

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

ADDITION TO PROVIDING FREE LODGING FOR THE ENTIRE FAMILY, OUR GOALS ARE
TO MAKE CHILDHOOD POSSIBLE, RELIEVE THE BURDEN OF ILLNESS ON FAMILIES
AND HELP ADVANCE NIH CLINICAL RESEARCH.

THE CHILDREN'S INN FEATURES ACCOMMODATIONS FOR 60 FAMILIES. WHILE MOST
FAMILIES SPEND BETWEEN 1-5 NIGHTS AT THE INN PER VISIT, MANY STAY FOR
WEEKS, MONTHS OR YEARS TO RECEIVE TREATMENTS SUCH AS GENE THERAPY,
IMMUNE THERAPY OR BONE MARROW TRANSPLANTS THAT REQUIRE LENGTHY
PREPARATION AND RECUPERATION TIMES. IN AN AVERAGE YEAR, MORE THAN 1,500
FAMILIES WILL STAY AT THE INN. FAMILIES HAVE COME FROM EVERY US STATE
AND 105 FOREIGN COUNTRIES.

AS A "PLACE LIKE HOME," THE INN MAKES IT POSSIBLE FOR FAMILIES TO

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization CHILDREN'S INN AT NIH, INC.	Employer identification number 52-1638207
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ENGAGE IN TYPICAL EVERYDAY ACTIVITIES EASILY AND COMFORTABLY—MEAL PREPARATION, HOMEWORK, LAUNDRY, EXERCISE, AND TIME TOGETHER AS A FAMILY—WHILE ALSO PROVIDING AMPLE SPACE TO PLAY, RELAX, AND PARTICIPATE IN FUN AND EDUCATIONAL ACTIVITIES.

FAMILIES HAVE ACCESS TO THREE FULLY EQUIPPED KITCHENS WITH SEPARATE REFRIGERATOR/FREEZERS AND CABINET SPACE, SHARED LIVING AND DINING ROOMS AND LAUNDRY ROOMS. COMMUNITY PANTRIES ARE STOCKED WITH FREE, NON-PERISHABLE FOODS FOR SIMPLE MEALS, AND TRANSPORTATION TO GROCERY STORES IS PROVIDED THREE TIMES A WEEK. IN ADDITION, EVERY FAMILY IS ELIGIBLE FOR GROCERY GIFT CARDS.

THE CHILDREN'S INN HAS MULTIPLE INDOOR PLAY SPACES, A COMPUTER ROOM, AN EDUCATION CENTER, AND AN ART ROOM TO PLAY, LEARN, MAKE FRIENDS AND PARTICIPATE IN THE INN'S WIDE ARRAY OF RECREATIONAL, WELLNESS, AND EDUCATIONAL ACTIVITIES.

THE INN'S EXERCISE ROOM PROVIDES THE CHANCE TO WORK OUT ALONE OR AS PART OF INSTRUCTOR-LED GROUP EXERCISE CLASSES. A REFLECTION SPACE PROVIDES FAMILIES A QUIET ROOM TO PRAY OR ENGAGE IN SPIRITUAL ACTIVITIES. WHEN THE WEATHER ALLOWS, THE INN'S LARGE PLAYGROUND IS THE PERFECT PLACE FOR CHILDREN TO MEET OTHER CHILDREN, WHILE THE SPORTS COURT PROVIDES THE OPPORTUNITY TO PRACTICE A VARIETY OF SPORTS. COMMUNITY BIKES, TRIKES, SCOOTERS AND OTHER EQUIPMENT ARE AVAILABLE, AND WALKING PATHS ALLOW FAMILIES TO STROLL.

THE INN'S WELCOMING PHYSICAL SPACE AND ITS MANY FAMILY-CENTERED ACTIVITIES MAKE IT EASY FOR FAMILIES TO GET TO KNOW ONE ANOTHER AND

Name of the organization CHILDREN'S INN AT NIH, INC.	Employer identification number 52-1638207
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FORM DEEP CONNECTIONS THAT LEAD TO LASTING, SUPPORTIVE FRIENDSHIPS REGARDLESS OF AGE OR BACKGROUND. ARRIVING AT THE INN MAY BE THE FIRST TIME A CHILD OR TEEN MAY MEET SOMEONE WITH A SIMILAR RARE DISEASE.

IN JUNE 2018, THE INN LAUNCHED ITS MULTIYEAR STRATEGIC PLAN, #INN2025. THE PLAN, LED TO A REIMAGINED PLACE LIKE HOME THAT WILL ACCELERATE THE INN'S IMPACT ON DISCOVERY AND CARE AND WILL BRING NEW CAPABILITIES TO SUPPORT YOUNG PEOPLE AND NIH RESEARCHERS EVERY STEP ALONG THE JOURNEY FROM HOPES TO CURES. THE MASTER PLAN ENVISIONS THE CREATION OF A NEW BUILDING, WHICH WILL MAINTAIN A CENTRAL LOCATION ON THE CURRENT SITE OF THE INN AND BUILDING A TWO-STORY BEACON OF HOPE AT THE ENTRANCE. IN ADDITION TO CREATING 25% MORE SPACE, THE EXISTING BUILDING WILL BE COMPLETELY REFRESHED AND WHEN COMPLETE WILL INCREASE OUR CAPABILITIES TO CARE FOR CHILDREN WHO NEED RESPIRATORY ISOLATION. WE HAVE 3 BOLD PRIORITIES: TO COMPREHENSIVELY TRANSFORM OUR BUILDING TO ACCELERATE CUTTING-EDGE PEDIATRIC RESEARCH TO ADVANCE SUSTAINABILITY & WELLBEING. CONSTRUCTION IS EXPECTED TO COMMENCE IN 2024. CURRENT COST ESTIMATES ARE BETWEEN \$45,000,000 AND \$55,000,000. A CAPITAL CAMPAIGN IS CURRENTLY BEING LAUNCHED TO HELP FUND THE PROJECT.

WHILE THE FULL IMPLEMENTATION OF THE RENOVATION AND EXPANSION ENVISIONED IN THE STRATEGIC PLAN IS STILL SEVERAL YEARS AWAY, THE INN HAS CONTINUED TO FOCUS ON THE COMFORT AND SAFETY OF THE FAMILIES CURRENTLY VISITING.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: THROUGH THE FAMILY SUPPORT PROGRAM, THE INN AIMS TO MEET THE VARIOUS NEEDS OF FAMILIES WHO ARE STAYING WITH US BY DEVELOPING AND

Name of the organization CHILDREN'S INN AT NIH, INC.	Employer identification number 52-1638207
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IMPLEMENTING THERAPEUTIC, RECREATIONAL AND EDUCATIONAL PROGRAMS.
 KEEPING FAMILIES TOGETHER IS CRUCIAL FOR THEIR HEALTH AND WELL-BEING,
 ESPECIALLY WHEN FACED WITH A CHILD'S RARE AND SERIOUS ILLNESS. THESE
 ACTIVITIES NOT ONLY PROVIDE ENTERTAINMENT BUT ALSO HELP FOSTER LASTING
 RELATIONSHIPS WITH OTHER FAMILIES, CREATING THE INN'S UNIQUE NURTURING
 AND SUPPORTIVE COMMUNITY.

THE INN'S ENVIRONMENT SUPPORTS FAMILY LIFE AND MEETS EVERYDAY NEEDS
 SUCH AS COOKING A CHILD'S FAVORITE MEAL, SPENDING QUALITY TIME TOGETHER
 OUTSIDE THE HOSPITAL, AND PARTICIPATING IN RECREATIONAL ACTIVITIES
 TOGETHER. IN THIS ERA OF PHYSICAL DISTANCING DUE TO THE COVID-19
 PANDEMIC, THE HEALTH AND SAFETY OF OUR FAMILIES REMAINS OUR TOP
 PRIORITY. ALL ACTIVITIES ARE DESIGNED TO BE INCLUSIVE, SO THAT EACH
 RESIDENT FEELS A SENSE OF BELONGING, SAFETY, CARE AND, MOST
 IMPORTANTLY, HAS FUN. WHETHER IT BE THROUGH A RELAXING YOGA SESSION,
 MOVIE NIGHT ON THE PLAYGROUND, OR A SAILING TRIP AROUND CHESAPEAKE BAY,
 OUR WIDE RANGE OF ACTIVITIES OFFER FAMILIES A CHANCE TO SIMPLY ENJOY
 THEMSELVES.

THE INN'S EDUCATIONAL PROGRAMS SUPPORT THE PATIENT AND THEIR SIBLINGS
 WITH SCHOOLWORK AND GROUP ACTIVITIES. CHILDREN CAN BE MATCHED WITH
 INDIVIDUAL TUTORS BASED ON THEIR EDUCATIONAL NEEDS AND LANGUAGE
 PREFERENCES. EDUCATIONAL ACTIVITIES INCLUDE LEARNING ABOUT TECHNOLOGY
 OR MEETING CHILDREN'S BOOK AUTHORS WHO LEAD LIVELY DISCUSSIONS ABOUT
 THE FUN OF READING AND WRITING STORIES.

SPECIAL ACTIVITIES FOR PATIENTS AND THEIR SIBLINGS INCLUDE:
 - CAMP INCREDIBLE: ALLOWS CHILDREN TO PARTICIPATE IN TYPICAL CAMP
 ACTIVITIES DURING THE SUMMER MONTHS. RECENTLY, THE INN ADDED CAMP

Name of the organization CHILDREN'S INN AT NIH, INC.	Employer identification number 52-1638207
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ACTIVITIES FOR TEENS AND ACTIVITIES DURING SPRING AND WINTER SCHOOL BREAKS.

- SIBLING DAY: PROVIDES THE CHANCE FOR SIBLINGS TO LEARN ABOUT THE MEDICAL PROCEDURES THEIR SICK SIBLING MAY UNDERGO AND RECOGNIZES THEM AS "SUPER SIBS" FOR THEIR MANY IMPORTANT CONTRIBUTIONS TO THEIR FAMILIES.

THE CHILDREN'S INN PROVIDES SUPPORT AND ACTIVITIES FOR OUR TEEN AND YOUNG ADULT RESIDENTS. THE TEEN AND YOUNG ADULT LOUNGE IS DESIGNED FOR AGES 13 AND OLDER TO HAVE THEIR OWN SPACE TO PLAY BOARD AND VIDEO GAMES, READ, STUDY, PARTICIPATE IN ORGANIZED GROUP DISCUSSIONS OR GATHER BEFORE OUTINGS TO LOCAL RESTAURANTS, LIVE CONCERTS AND SHOWS. THE CHANCE TO GET TO KNOW, SOCIALIZE AND MAKE FRIENDS WITH PEERS OF THE SAME AGE FACED WITH CHRONIC OR LIFE-THREATENING DISEASES IS WELCOMED BY OUR YOUNG PEOPLE WHO TYPICALLY HAVE NEVER HAD THE CHANCE TO MEET OTHERS FACED WITH SIMILAR, RARE HEALTH CHALLENGES. EACH YEAR, THE INN PROVIDES TWO DAYS OF SPECIAL ACTIVITIES FOR OUR TEEN RESIDENTS PARTICIPATING IN THE "TEEN RETREAT."

THE CHILDREN'S INN IS EXPANDING PROGRAMS AND ACTIVITIES FOR OUR YOUNG ADULTS WHO OFTEN HAVE NOT HAD THE CHANCE TO DEVELOP INDEPENDENT LIVING SKILLS TO THE SAME DEGREE AS THEIR HEALTHY PEERS. IN 2024, THE INN PLANS TO OPEN A SECOND BUILDING LOCATED DIRECTLY ACROSS THE STREET, WHICH WILL PROVIDE HOUSING DESIGNED FOR OUR YOUNG ADULTS, AGES 18-30.

CAREGIVER GATHERINGS LED BY THE CLINICAL CENTER'S NON-DENOMINATIONAL CHAPLAIN PROVIDE PARENTS, GRANDPARENTS AND OTHERS WITH THE CHANCE TO ENGAGE IN DISCUSSIONS, SING SONGS TOGETHER AND EXPLORE THEIR

Name of the organization CHILDREN'S INN AT NIH, INC.	Employer identification number 52-1638207
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SPIRITUALITY. MANY CAREGIVERS REPORT THEY FIND SOLACE AND INSPIRATION IN CONVERSATIONS WITH THE CHAPLAIN AND OTHER FAMILIES. HAVING THE OPPORTUNITY TO EXPRESS AND DISCUSS THE DIFFICULTIES OF THEIR SITUATION STRENGTHENS FAMILIES' BONDS AND THE INN'S NURTURING COMMUNITY.

EXERCISE IS ANOTHER MEANINGFUL WAY FOR CAREGIVERS TO PRACTICE SELF-CARE. THE INN'S EXERCISE ROOM PROVIDES WEIGHTS AND CARDIAC EQUIPMENT FOR AN EASY WAY TO STAY IN SHAPE AND DE-STRESS. THE INN OFFERS FREE FITNESS CLASSES TAUGHT BY CERTIFIED TRAINERS THREE TIMES A WEEK.

THE INN'S STAFF PROVIDES A WIDE RANGE OF RECREATIONAL FIELD TRIPS TO TOURIST ATTRACTIONS, LOCAL MUSEUMS, ART STUDIOS, SPORTING EVENTS, RESTAURANTS, CONCERTS, MUSICALS AND OTHER FAMILY-FRIENDLY PERFORMANCES.

ACTIVITIES FOR THE ENTIRE FAMILY INCLUDE:

- CHRISTMAS IN JULY IS A SPECIAL SUMMERTIME VISIT FROM SANTA WHO BRINGS GIFTS AND SURPRISES FOR THE WHOLE FAMILY.

- HOLIDAY DECORATIONS AND VISITS FROM SANTA AND THE ELVES, TRANSFORM THE INN INTO A MAGICAL PLACE DURING DECEMBER. EVERY CHILD AND FAMILY MEMBER CAN WRITE SANTA A WISH LIST, AND SANTA AND HIS ELVES ENSURE WISHES ARE FILLED TO THE BEST EXTENT POSSIBLE.

MEALS SERVED BY VOLUNTEERS OR INN STAFF ALLOW FAMILIES THE CHANCE TO FOCUS ON THEIR CHILD AND THEIR HEALTH RATHER THAN COOK AFTER LONG DAYS OF TRAVEL OR MEDICAL APPOINTMENTS. TO SUPPORT FAMILIES, VOLUNTEERS AND COMMUNITY GROUPS SERVE BREAKFAST MOST DAYS AND DINNERS MOST NIGHTS OF THE WEEK, AS WELL AS SUNDAY BRUNCH. RECENTLY, THE INN BEGAN SERVING

Name of the organization CHILDREN'S INN AT NIH, INC.	Employer identification number 52-1638207
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LUNCH TO SUPPORT FAMILIES FURTHER AND OFFER THEM AN ADDITIONAL MEAL, FREE OF CHARGE. WE ALSO INCLUDE MEAL OPTIONS FOR VARIOUS DIETARY RESTRICTIONS AND MEET STRICT FOOD STANDARDS FOR OUR TRANSPLANT PATIENTS. THE EXPANDED OPTIONS INCLUDE GLUTEN-FREE, FAT-FREE AND DAIRY-FREE MEALS, FRESH FRUIT AND VEGETABLES AND VEGETARIAN OPTIONS.

SHARED MEALS BRING FAMILIES TOGETHER WHERE THEY CAN MEET ONE ANOTHER AND BOND. INTERNATIONALLY THEMED DINNERS ORGANIZED BY OUR STAFF PROVIDE THE OPPORTUNITY FOR FAMILIES FROM DIFFERENT COUNTRIES AND CULTURES TO SHARE THEIR NATIONAL DISHES AND CELEBRATE THEIR CULTURES WITH OUR COMMUNITY OF RESIDENTS.

FOR FAMILIES WISHING TO COOK, NON-PERISHABLE ITEMS FOR QUICK MEALS ARE PROVIDED FREE OF CHARGE IN OUR KITCHENS' COMMUNITY PANTRIES. OUR TEAM ORGANIZES TRIPS TO THE GROCERY STORE THREE TIMES A WEEK AND PROVIDES GROCERY GIFT CARDS TO FAMILIES. OUR KITCHENS HAVE INDIVIDUAL REFRIGERATORS/FREEZERS AND PANTRY SPACE FOR EASY, HYGIENIC FOOD STORAGE.

TO HELP NON-ENGLISH-SPEAKING FAMILIES, TUTORING IS AVAILABLE FREE OF CHARGE. MULTILINGUAL STAFF AND PHONE-ACCESSIBLE TRANSLATION SERVICES ARE ALWAYS AVAILABLE TO HELP FAMILIES COMMUNICATE.

A GROUP OF DEDICATED VOLUNTEERS SUPPORTS THE INN'S STAFF BY MANAGING THE WELCOME DESK, CHECKING FAMILIES IN AND OUT OF THE INN, STOCKING THE KITCHENS, ORGANIZING IN-KIND DONATIONS AND OFFERING INFORMATION TO FAMILIES ABOUT LOCAL CULTURE AND TOURIST ATTRACTIONS, PUBLIC TRANSPORTATION AND MORE.

Name of the organization CHILDREN'S INN AT NIH, INC.	Employer identification number 52-1638207
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FORM 990, PART VI, SECTION B, LINE 11B:

THE INN HIRED AN INDEPENDENT ACCOUNTING FIRM TO PREPARE THE FEDERAL FORM 990. THE FEDERAL FORM 990 WAS THEN REVIEWED BY THE AUDIT COMMITTEE. UPON APPROVAL, THE FEDERAL FORM 990 WAS THEN DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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

ALL STAFF, COMMITTEE MEMBERS AND BOARD MEMBERS ARE REQUIRED TO SIGN THE CONFLICT-OF-INTEREST DECLARATION WHEN THEY INITIALLY BECOME A MEMBER OF THE INN'S TEAM AND THEN ANNUALLY, THEREAFTER. THE CHIEF OPERATING OFFICER MONITOR'S STAFF. COMMITTEE AND BOARD MEMBERS ARE MONITORED BY THE ASSOCIATE DIRECTOR, OFFICE OF THE CEO. COMPLIANCE IS ENFORCED BY THE CHAIR OF THE AUDIT COMMITTEE. A BOARD MEMBER WITH A DUAL INTEREST IN A PROPOSED TRANSACTION SHALL BE EXCLUDED FROM ANY DISCUSSION OR VOTE REGARDING THE MATTER EXCEPT WHEN POINTS OF CLARIFICATION ARE NEEDED.

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

JENNIE LUCCA, CEO, WAS HIRED EFFECTIVE 1/1/2015 FOLLOWING THE UNANIMOUS APPROVAL BY THE BOARD. AN AUTOMATICALLY RENEWING CONTRACT IS IN PLACE, AND THE INCREASE AND BONUS AWARDED WERE CONSISTENT WITH THE TERMS OF THE CONTRACT, INCLUDING THE USE OF COMPARABILITY DATA, REVIEW AND APPROVAL BY THE BOARD (INDEPENDENT PERSONS) AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.

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

AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OK, OR, PA, RI, SC, TN
UT, VA, WV, WI, ND

Name of the organization CHILDREN'S INN AT NIH, INC.	Employer identification number 52-1638207
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FORM 990, PART VI, SECTION C, LINE 19:

THE COMPLETE FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY, AND THE FORM 1023 ARE AVAILABLE IN OUR OFFICES AND WILL BE MADE AVAILABLE TO ANYONE REQUESTING COPIES. BASIC INCOME, EXPENSE, FUNCTIONAL EXPENSE BREAKDOWN, CLASSIFICATION OF NET ASSETS, MOST RECENT FEDERAL FORM 990, MOST RECENT AUDITED FINANCIAL STATEMENTS, OUR CODE OF ETHICS AND CORE VALUES ARE AVAILABLE ON OUR WEBSITE.

FORM 990, PART XII, LINE 2C:

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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'S INN AT NIH, INC.** Employer identification number **52-1638207**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SEVENWEST, LLC - 52-1638207 7 WEST DRIVE BETHESDA, MD 20814	HOLDING DEED TO TIME-SHARE	MARYLAND		10,000.	THE CHILDREN'S INN AT NIH, INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2023

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor CHILDREN'S INN AT NIH, INC.	Identifying number (see instructions) 52-1638207
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- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made? Yes No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) DOVER STREET XI FEEDER FUND L.P.	5a Identifying number, if any 98-1629574
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6 Address (including country) WALKERS CORPORATE LIMITED, 190 ELGIN AVENUE GEORGE TOWN GEORGE TOWN, KY1-9008 CAYMAN ISLANDS	5b Reference ID number
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7 Country code of country of incorporation or organization
CJ

8 Foreign law characterization (see instructions)
CAYMAN ISLANDS LIMITED PARTNERSHIP

- 9** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	STMT 1				

10 Was cash the only property transferred? Yes No
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? Yes No

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? Yes No
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? Yes No
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? Yes No
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? Yes No
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before .000 % (b) After .030 %
- 17 Type of nonrecognition transaction (see instructions) ► IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

FORM 926

PART III - INFORMATION REGARDING
TRANSFER OF PROPERTY

STATEMENT 1

CASH

(A) DATE OF TRANSFER	(C) FAIR MARKET VALUE ON DATE OF TRANSFER
12/21/2023	258,850.
03/21/2024	30,000.
	<u>288,850.</u>