		** PUBLIC DISCLOSURE COPY	* *			_			
For	" 9	90 Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	n l (exc	ncome Tax cept private foundation	OMB No. 1545-004 2021	/			
		Do not enter social security numbers on this form as it n	nay b	e made public.	Open to Public	2			
Interr	nal Reve	Define Treasury Borvice Go to www.irs.gov/Form990 for instructions and the la			Inspection				
AF	or th	e 2021 calendar year, or tax year beginning $ m JUL1$, 2021 and ending	, J	UN 30, 2022					
B Check if applicable: C Name of organization D Employer identification number									
	Addr								
	Name Chan	Doing business as		91-193019	94				
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address) Room/s	suite	E Telephone number					
	Final returr termi			206-322-2					
	ated Amer	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,650,73	1.			
	returr Appli	SEATTLE, WA 90144		H(a) Is this a group re	37				
	tion pend	F Name and address of principal officer: HARCOS HARTINEZ		for subordinates?					
		SAME AS C ABOVE		H(b) Are all subordinates ind		No			
		empt status: $X 501(c)(3) 501(c)() \neq (insert no.) 4947(a)(1) or $	527		ist. See instructions				
		te: ► WWW.TEAMCHILD.ORG f organization: X Corporation Trust Association Other ► L		H(c) Group exemption		547 7			
_	orm o art l	f organization: ∐ Corporation ∐ Trust ∐ Association ∐ Other ► L Summary	year (of formation: 1998 M	State of legal domicile:	WA			
ГС	r	Briefly describe the organization's mission or most significant activities: TEAMCHII	П	דוסטחו הפ שעד					
ŝ	1	YOUTH INVOLVED IN THE JUVENILE JUSTICE SYSTE	שנ איז	OFIIODO TIL	KIGHIS OF				
nan		Check this box Check this box		than 25% of its not as	aata				
ver	2			1.1		11			
ဗိ	4	Number of voting members of the governing body (Part VI, line 1a)				$\frac{11}{11}$			
న స	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			38				
itie	6	Total number of volunteers (estimate if necessary)				25			
Activities & Governance	79	Total unrelated business revenue from Part VIII, column (C), line 12				<u></u>			
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11				0.			
			T	Prior Year	Current Year				
đ	8	Contributions and grants (Part VIII, line 1h)		2,710,035.	4,647,17	6.			
ň	9	Program service revenue (Part VIII, line 2g)		0.		0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,434.	1,79	2.			
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,142.	1,76				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,721,611.	4,650,73	1.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.		0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.			
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,334,855.	2,522,28				
sue	16a	Professional fundraising fees (Part IX, column (A), line 11e)		1,278.	57,91	8.			
Expenses	b	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 328,964.							
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		691,388.	757,36				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,027,521.	3,337,56				
	19	Revenue less expenses. Subtract line 18 from line 12		-305,910.	1,313,16	8.			
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year	1			
Sset	20	Total assets (Part X, line 16)		2,312,393.	3,633,39				
et A nd I	21	Total liabilities (Part X, line 26)	<u> </u>	181,143.	195,31				
	22	Net assets or fund balances. Subtract line 21 from line 20		2,131,250.	3,438,07	5.			
		Signature Block		anto and to the k-st of	Unourloans and halled 1	ic			
		alties of perjury, I declare that I have examined this return, including accompanying schedules and st			knowledge and belief, it	IS			
urue,	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer	nas any knowledge.					
				1					

Sign Here		TIVE DIRECTOR	Date								
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature Date	Check PTIN								
Paid	HOWARD DONKIN, CPA		/23 ^{if} self-employed P00147726								
Preparer	Firm's name 🕒 JACOBSON JARVIS	& CO, PLLC	Firm's EIN ▶ 91-2011386								
Use Only	Firm's address 200 FIRST AVE WE	ST, SUITE 200									
	SEATTLE, WA 98119-4219 Phone no. (206)-628-89										
May the I	RS discuss this return with the preparer shown abo	ove? See instructions	X Yes No								

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	1990 (2021) TEAMCHILD	91-1930194	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	TEAMCHILD, A NATIONALLY RECOGNIZED CIVIL LEGAL AID OF		
	UPHOLDS THE RIGHTS OF YOUTH INVOLVED IN THE JUVENILE		
	HELP THEM SECURE THE EDUCATION, HEALTHCARE, HOUSING, SUPPORTS THEY NEED TO ACHIEVE POSITIVE OUTCOMES IN TH		
2	Did the organization undertake any significant program services during the year which were not listed on t	rne Yes	v
	prior Form 990 or 990-EZ?		A NO
•	If "Yes," describe these new services on Schedule O.	ices?	Y N
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv		A NO
4	If "Yes," describe these changes on Schedule O.	as as massived by eveness	
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t		d
	revenue, if any, for each program service reported.	o others, the total expenses, an	iu
4a	2 1 0 2 0 2 0	(Revenue \$	<u> </u>
44	TEAMCHILD'S LEGAL TEAM SERVES LOW-INCOME YOUTH AND YO)
	COUNTIES (KING, PIERCE, SPOKANE, AND YAKIMA) AND YOUT		
	ARE INCARCERATED IN A WASHINGTON STATE JUVENILE REHAM		
	INSTITUTION, OR HAVE RECENTLY REENTERED THE COMMUNITY		OF
	INCARCERATION, AND YOUTH WHO HAVE EDUCATION LEGAL ISS		
	PROGRAM RECEIVES APPROXIMATELY 1,000 REFERRALS EACH Y		т
	EVALUATIONS HAVE SHOWN THAT TEAMCHILD HAS A POSITIVE	IMPACT ON YOUNG	
	PEOPLES ACCESS TO EDUCATION, HEALTH CARE, AND HOUSING	G WHILE REDUCING	
	THEIR CONTACT WITH THE JUVENILE COURT SYSTEM.		
4b		(Revenue \$)
	TEAMCHILD'S POLICY TEAM ADDRESSES SYSTEMIC ISSUES YOU		THE
	STATE BY INCREASING EQUITABLE ACCESS TO EDUCATION, HE		
	HOUSING SUPPORTS; EXPANDING AND INVESTING IN COMMUNIT		
	COMMUNITY-BASED ALTERNATIVES TO SCHOOL EXPULSION, CRI		
	INCARCERATION OF YOUTH; AND SHIFTING POWER AND REPAIR	RING HARM IN BLA	CK,
	INDIGINEOUS AND OTHER COMMUNITIES OF COLOR.		
			<u> </u>
			<u> </u>
4c	(Code:) (Expenses \$ 39,371. including grants of \$)	(Revenue \$)
70	TEAMCHILD'S COMMUNITY ENGAGEMENT WORK INCLUDES CREAT		<u>s</u> ,
	FOR YOUTH TO GUIDE OUR POLICY AND LEGAL WORK. OUR COM		
	AND TRAINING ACTIVITIES CREATE OR REINFORCE PARTNERSH		<u> </u>
	FAMILIES, JUVENILE COURT PROFESSIONALS, ATTORNEYS ANI	COMMUNITY	
	PROVIDERS.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 2,411,925.		
		Form 99	U (2021)

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Form	990	(2021)

Form 990 (2021) TEAMCHILD
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	x	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		x
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
		1		

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Form 990 (2021) TEAMCHILD
Part IV Checklist of Required Schedules (continued)

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

Form 990	
Part V	Sta

 021)
 TEAMCHILD

 Statements Regarding Other IRS Filings and Tax Compliance (continued)

га									
-			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 38								
h	······································	2b	x						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.								
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
	ta At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).			37					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X					
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		x					
	to file Form 8282?	7c							
a	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X X					
' g									
9 h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
-	sponsoring organization have excess business holdings at any time during the year?								
9									
а									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	4							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
10-	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b] Section 501(c)(29) qualified nonprofit health insurance issuers.	-							
13 a	Is the organization licensed to issue qualified health plans in more than one state?	13a							
u	Note: See the instructions for additional information the organization must report on Schedule O.	100							
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans 13b								
с	Enter the amount of reserves on hand	1							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15									
	excess parachute payment(s) during the year?								
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes." complete Form 6069.		1						

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	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rougł	n 7b below, and for a	"No"	respoi	nse			
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C	. See	instructions.						
	Check if Schedule O contains a response or note to any line in this Part VI					X			
Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11						
	If there are material differences in voting rights among members of the governing body, or if the governing	14							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11						
-	Did any officer, director, trustee, or key employee have a family relationship or a business relationship								
2				0		Х			
~	officer, director, trustee, or key employee?			2		21			
3	5 5 1 1								
	of officers, directors, trustees, or key employees to a management company or other person?			3 4		X X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9			-		X			
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X			
6	Did the organization have members or stockholders?			6		~			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	-		_		v			
	more members of the governing body?	•••••		7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockh	olders, or						
	persons other than the governing body?			7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	e following:						
а	The governing body?			8a	X				
b	Each committee with authority to act on behalf of the governing body?			8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	at the						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	e Code.)						
					Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apter	s, affiliates,						
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	re filing the form?	11a	Х				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	Х				
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Ye	əs," de	escribe						
	on Schedule O how this was done			12c	Х				
13	Did the organization have a written whistleblower policy?			13	Х				
14	Did the organization have a written document retention and destruction policy?			14	Х				
15	Did the process for determining compensation of the following persons include a review and approva								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official			15a	Х				
	Other officers or key employees of the organization			15b	Х				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent v	vith a						
	taxable entity during the year?			16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat								
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	•							
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure			100					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright WA								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990)-T (section $501(c)(3)$	s only) availe	able			
	for public inspection. Indicate how you made these available. Check all that apply.			S Siny	,				
	Own website Another's website X Upon request Other (explain	on Sc	hedule ()						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			d fina	ncial				
	statements available to the public during the tax year.	····iot	s. interest policy, all	a midi	.0101				
20	State the name, address, and telephone number of the person who possesses the organization's bo	nke ar	nd records						
20	SHAWNA SHERMAN, DIRECTOR OF FINANCE AND ADMINISTRA			2-2	444				
	1225 S WELLER ST, 420, SEATTLE, WA 98144	0	_,						

91-1930194

Page **6**

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest C	Compensated
	Employees, and Independe	ent Contra	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable Reportable		Estimated			
	hours per	box	box, unless person i		son is both an rector/trustee)		compensation	compensation	amount of	
	week			luau	recio	i/irus	lee)	from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 1120/	and related
	below	Individual trustee or director	Institutional trustee	л.	anplo	Highest compensated employee	ler	,		organizations
	line)	Indiv	Instit	Officer	Keye	High empl	Former			
(1) MARCOS MARTINEZ	35.00									
EXECUTIVE DIRECTOR				Х				140,000.	0.	8,400.
(2) SHAWNA SHERMAN	35.00									
DIRECTOR OF FINANCE AND ADMINISTRATI				Х				85,000.	0.	7,200.
(3) ANNE LEE	21.00									
EXECUTIVE DIRECTOR				Х				63,000.	0.	8,400.
(4) ANTHONY PETERSON	22.00								_	_
DIRECTOR OF FINANCE AND ADMINISTRATI				Х				51,556.	0.	0.
(5) ROSA PERALTA	2.00								_	_
PRESIDENT		Х		Х				0.	0.	0.
(6) LAURA CARTER	2.00									_
VICE PRESIDENT		Х		Х				0.	0.	0.
(7) ALMETTA PITTS	2.00									_
SECRETARY		Х		Х				0.	0.	0.
(8) SALLY PRITCHARD	2.00									•
TREASURER		X		Х				0.	0.	0.
(9) ANDREW BENJAMIN	1.00									-
DIRECTOR		X						0.	0.	0.
(10) ANN CAREY	1.00									•
DIRECTOR		X						0.	0.	0.
(11) LAURA EWBANK	1.00									•
DIRECTOR		X						0.	0.	0.
(12) KRISTA LEIGH ELLIOT	1.00								•	•
DIRECTOR		X						0.	0.	0.
(13) MELISSA LEE	1.00									•
DIRECTOR		X						0.	0.	0.
(14) MARIA KOLBY-WOLFE	1.00									•
DIRECTOR		X						0.	0.	0.
(15) LARRY BROWN	1.00								0	0
DIRECTOR	1 00	X						0.	0.	0.
(16) MORGAN COLLINS	1.00								^	0
DIRECTOR		X						0.	0.	0.

Form 990 (2021)

	990 (2021) TEAMCHILI	_								91-19)30	194	Pa	age 8
Pa	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	Average Position hours per do not check more than or box, unless person is both) than is bot	one n an	(D) Reportable	(E) Reportable compensation from related		(F) Estima amoun othe		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	3	com fre orga and	oensa om the anizati d relate nizatie	e ion ed
	Subtotal								339,556.		0.	2	4,0	00.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								339,556.		0.	2	4,0	-
2	Total number of individuals (including but n compensation from the organization									,000 of reportable	e			1
	· · · · ·										r		Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>			-	·				phest compensated emp	2		3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	im of reportab	le co	omp	ensa	atior	n and	l ot	her compensation from			4		x
5	Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv					x
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piele Schedui	e J I	or st	lich	Ders	SON .					5		21
1	Complete this table for your five highest con the organization. Report compensation for t	-									pensa	ation f	rom	
	(A) Name and business			ONE					(B) Description of s		C	(C omper		n
2	Total number of independent contractors (ii	•	ot li	mite	d to		se lis 0	stec	d above) who received n	nore than				

		(2021) TEAMCHIL	D		91-1930194						
Pa	rt VII										
		Check if Schedule O contains a	response	or note to any lir	ne in this Part VIII						
					(A) Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded			
nts nts	1 a	Federated campaigns	1a								
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b								
Arr, a		Fundraising events	1c								
ilar İlar		Related organizations	1d	457 100							
Sim,		Government grants (contributions)		457,129.							
utio Ier (f	All other contributions, gifts, grants, and		100 047							
Oth		similar amounts not included above \dots		190,047.							
Dou	-		1g \$	>	4,647,176.						
0.0	n	Total. Add lines 1a-1f		Business Code	4,04/,1/0.						
đ	2.2			Business Code							
vice	2 a b										
Ser	c b	-									
e a	d										
Program Service Revenue	e										
Ţ		All other program service revenue									
		Total. Add lines 2a-2f									
	3	Investment income (including divide	nds, intere	est, and							
		other similar amounts)		►	1,792.			1,792.			
	4	Income from investment of tax-exen	npt bond p	proceeds 🕨							
	5	Royalties									
) Real	(ii) Personal							
	6 a										
		Less: rental expenses 6b									
			ecurities	(ii) Other							
	/ a		ecunties								
	h	assets other than inventory 7a Less: cost or other basis									
e		and sales expenses 7b									
venue	с	Gain or (loss) 7c									
		Net gain or (loss)		►							
Other Re		Gross income from fundraising events (r									
₹		including \$	of								
		contributions reported on line 1c). S									
		Part IV, line 18									
		Less: direct expenses									
		Net income or (loss) from fundraising	-	····· •							
	9 a	Gross income from gaming activities									
		Part IV, line 19		1							
		Less: direct expenses		۰							
		Gross sales of inventory, less return		>							
	10 a	and allowances									
	ь	Less: cost of goods sold		1							
		Net income or (loss) from sales of in									
ú		,	<i>,</i>	Business Code							
Miscellaneous Revenue	11 a	MISCELLANEOUS		900099	1,763.			1,763.			
lan¢ enu	b										
Sevel	с										
Mis	d										
		Total. Add lines 11a-11d			1,763.						
	12	Total revenue. See instructions		🕨	4,650,731.	0.	0.	3,555.			

Form 990 (2021) TEAMCHILD Part IX Statement of Functional Expenses TEAMCHILD

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										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21									
2	Grants and other assistance to domestic individuals. See Part IV, line 22									
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors, trustees, and key employees	197,317.	30,061.	119,215.	48,041					
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	1,888,254.	1,571,022.	182,603.	134,629					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)									
9	Other employee benefits	186,407.	143,104.	26,976.	16,327					
10	Payroll taxes	250,307.	183,089.	48,234.	18,984					
11	Fees for services (nonemployees):									
а	Management									
b	Legal	3,197.		3,197.						
с	Accounting	18,873.	15,500.	3,373.						
	Lobbying	12,000.	12,000.							
	Professional fundraising services. See Part IV, line 17	57,918.			57,918					
	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,	174 541	00 076	00 755	0 010					
	column (A), amount, list line 11g expenses on Sch 0.)	174,541. 196.	82,876. 196.	82,755.	8,910					
12	Advertising and promotion	39,763.	29,996.	8,012.	1,755					
13	Office expenses	58,150.	29,950.	23,764.	4,429					
14 15	Information technology Royalties	50,150.	25,557.	25,1010	1,10,					
16	Occupancy	270,915.	191,908.	63,633.	15,374					
17	Traval	13,989.	11,371.	2,574.	44					
18	Payments of travel or entertainment expenses	,	,	,						
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings	18,499.	18,399.		100					
20	Interest	759.	675.	64.	20					
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	8,070.		8,070.						
23	Insurance									
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)									
а	EMPLOYEE RELATIONS/DEVE	56,373.	17,995.	18,433.	19,945					
b	LEGAL AND CASE EXPENSES	55,294.	52,381.	2,208.	705					
с	DUES, FEES, AND SUBSCRI	13,722.	11,184.	2,260.	278					
d	EQUIPMENT	6,326.	5,084.	1,020.	222					
	All other expenses	6,693.	5,127.	283.	1,283					
25	Total functional expenses. Add lines 1 through 24e	3,337,563.	2,411,925.	596,674.	328,964					
26	Joint costs. Complete this line only if the organization									
	reported in column (B) joint costs from a combined									

132010 12-09-21

educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) TEAMCHILD

		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			87,748.	1	166,669.
	2	Savings and temporary cash investments			529.	2	529.
	3	Pledges and grants receivable, net	1,320,183.	3	2,716,319.		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of	r former	officer, director,			
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons describe				6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	8	
◄	9	Prepaid expenses and deferred charges			31,555.	9	38,806.
	10a	Land, buildings, and equipment: cost or other		44 506			
		basis. Complete Part VI of Schedule D		41,786. 22,610.	08.048		
	b	Less: accumulated depreciation			27,247. 835,312.	10c	19,176. 680,720.
	11	Investments - publicly traded securities		835,312.		680,720.	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	0 010	14	11 100		
	15	Other assets. See Part IV, line 11	9,819.		11,172. 3,633,391.		
	16	Total assets. Add lines 1 through 15 (must equ			2,312,393.	16	3,633,391.
	17	Accounts payable and accrued expenses			145,057.	17	155,216.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Loans and other payables to any current or form					
hilid		trustee, key employee, creator or founder, subs					
Lial		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	,	•	36,086.	25	40,102.
	26	of Schedule D			181,143.	25	195,318.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che			101,143.	26	199,910.
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions			1,084,131.	27	994,112.
Sala	28	Net assets with donor restrictions			1,047,119.	28	2,443,961.
При	20	Organizations that do not follow FASB ASC 9			1,017,1190	20	2/115/5010
Fu		and complete lines 29 through 33.	50, che				
P	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ec				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			2,131,250.	32	3,438,073.
2	33	Total liabilities and net assets/fund balances			2,312,393.	33	3,633,391.
					, , ,		Form 990 (2021)

Form **990** (2021)

Form 990 (2021)

	1 990 (2021) TEAMCHILD	91-19	<u>30194</u>	Pa	ge 12
Pa	rt 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	4,65		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,33		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,31		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,13		
5	Net unrealized gains (losses) on investments	5	_	<u>6,3</u>	45.
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	3,43	8,0	73.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

Department of the Treasury

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

OMB No. 1545-0047
2021
Open to Public Inspection

Interr	al Rever	nue Service		Go to www.irs.go	Inspection					
Nan	ne of t	the organizat	on							identification number
				CHILD						1-1930194
Pa	rt I	Reason	for Public (Charity Status.	(All organizations must c	omplete t	his part.) S	See instruction	IS.	
The	organ		-		(For lines 1 through 12, o					
1					on of churches describe		on 170(b)(*	1)(A)(i).		
2					Attach Schedule E (Forn					
3					anization described in s e					
4			U U	ation operated in co	njunction with a hospita	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
_		city, and stat								
5					llege or university owne	d or opera	ted by a g	overnmental l	init descrit	bed in
~				Complete Part II.)			70/1-1/41/41	4.5		
6 7	X				mental unit described in					nublic decembratio
'	1				antial part of its support f	rom a gov	ernmental	unit or from t	ne general	public described in
8				omplete Part II.)	(1)(A)(vi). (Complete Par	F 11 \				
9	\square				l in section 170(b)(1)(A)		ad in conii	inction with a	land-grant	college
5		-	-	-	culture (see instructions).				-	-
		university:		grant boliege of agric			name, en	y, and state o		
10			ion that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons. members	hip fees. a	nd aross receipts from
					ct to certain exceptions;					
					(less section 511 tax) fr					
				mplete Part III.)	. ,		·		•	
11					ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organizat	ion organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to ca	arry out the	e purposes of one or
		more publicly	/ supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section &	5 09(a)(3). (Check the box on
		lines 12a thro	ough 12d that	describes the type of	of supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.	
а		Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), f	ypically by	giving
			-		gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting
		7 7		complete Part IV, Se						
b				-	d or controlled in connec			-		-
			-		anization vested in the s	ame perso	ons that co	ontrol or mana	ige the sup	ported
		ΤČ		t complete Part IV,			1			l 141-
C			-		g organization operated				lly integrate	ed with,
d		-	-		s). You must complete I				tod organi	zation(a)
U			-		porting organization oper zation generally must sa				-	
			-		nplete Part IV, Sections	•		-	analleni	IVENESS
е		- ·			written determination fro				II Type III	
-			•		onally integrated support				, . , pe	
f	Ente									
g				n about the supporte						
	((i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your govern	inization listed ing document?	(v) Amount of	-	(vi) Amount of other
		organization	ו		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Tota	al									

Schedule A (Form 990) 2021

TEAMCHILD

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.)

See	Section A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	2578558.	2635183.	3945968.	2710035.	4647176.	16516920.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities										
	furnished by a governmental unit to										
	the organization without charge \dots										
4	Total. Add lines 1 through 3	2578558.	2635183.	3945968.	2710035.	4647176.	16516920.				
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)						625,774.				
	Public support. Subtract line 5 from line 4.						15891146.				
	ction B. Total Support						i				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
7	Amounts from line 4	2578558.	2635183.	3945968.	2710035.	4647176.	16516920.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,	10		4 5 4 9		4 500	< 100				
	and income from similar sources \dots	18.	98.	1,542.	2,738.	1,792.	6,188.				
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	1 0 0 4	10 000	1.0	0 1 4 0	1 7 6 2	00 107				
	assets (Explain in Part VI.)	1,984.	10,298.	10.	8,142.	1,763.					
11	Total support. Add lines 7 through 10						16545305.				
12	Gross receipts from related activities,		,			12	52,622.				
13	First 5 years. If the Form 990 is for th	-	rst, second, third, '	fourth, or fifth tax	year as a section 5	501(c)(3)					
800	organization, check this box and stor		roontago								
-	Ction C. Computation of Publ Public support percentage for 2021 (oolump (f))		14	96.05 %				
	Public support percentage from 2020					15	94.96 %				
	33 1/3% support test - 2021. If the c						75				
100	stop here. The organization qualifies										
h	33 1/3% support test - 2020. If the c										
~	and stop here. The organization qual										
17a	10% -facts-and-circumstances tes										
	and if the organization meets the fact										
	meets the facts-and-circumstances te			-		the organi					
h	10% -facts-and-circumstances tes	•	• •	· · ·	•						
~	more, and if the organization meets th										
	organization meets the facts-and-circl				• •						
18	Private foundation. If the organization		•				s				
				,, .	,						

Schedule A (Form 990) 2021

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A Public Support

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
1 a	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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	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						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	L organization's f	I iret eecond third	l fourth or fifth toy		1 501(c)(3) cree	nization
14	-	e organization's f	nsi, secona, inifa,	Tourth, or mun tax	year as a section	SUT(C)(S) Orga	
<u>Sor</u>	check this box and stop here	lic Support Pe	rcentage				
	•		•			45	0/
	Public support percentage for 2021 (15	<u>%</u>
	Public support percentage from 2020	· · · · ·				16	%
	tion D. Computation of Inve					47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from				- 4F :	18	%
19a	33 1/3% support tests - 2021. If the						line 1 / is not
_	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	>

16

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Schedule A	(Form 990) 2021	TEAMCHILD
Part IV	Supporting O	rganizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
-				

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the y	/ea(rsee instructions).

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

2a

2b

За

Yes No

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

7 🔟 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

TEAMCHILD

Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. 1

d Excess from 2020 e Excess from 2021

TEAMCHILD	
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	Schedule A (Form 990) 2021 TEAMCHILD 91–1930194 Page 7					
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)		
Sect	ion D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1		
2	Amounts paid to perform activity that directly furthers exemption					
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	าร	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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 t	he organization is responsive	e			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	າຣ	(iii) Distributable Amount for 2021	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
c	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
b	Excess from 2018					
с	Excess from 2019					

Schedule A (Form 990) 2021

TEAMCHILD

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 B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2021

Employer identification number

.930194

91-1

TEAMCHILD

ection:
∑ 501(c)(3) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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).

 $\mathsf{LHA} \ \ \mathsf{For} \ \mathsf{Paperwork} \ \mathsf{Reduction} \ \mathsf{Act} \ \mathsf{Notice}, \ \mathsf{see} \ \mathsf{the} \ \mathsf{instructions} \ \mathsf{for} \ \mathsf{Form} \ \mathsf{990}, \ \mathsf{990}\text{-}\mathsf{EZ}, \ \mathsf{or} \ \mathsf{990}\text{-}\mathsf{PF}.$

TEAMC	HILD	91	1930194
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>1,370,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>279,369.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>115,100.</u>	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$1,414,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>180,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>110,705.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Name of organization

Employer identification number

	B (Form 990) (2021)		Page 3
Name of o	rganization		Employer identification number
TEAMCHILD			91-1930194
Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is neede	ed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimat (See instructions	Data received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		 \$	

Schedule B (Form 990) (2021)

Name of or	ganization			Employer identification number
TEAMCH	HILD			91-1930194
Part III		through (e) and the following line er haritable, etc., contributions of \$1,000 or	ntry For organizations	that total more than \$1,000 for the ye
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of gi	ft	
	Transferee's name, address, an	d ZIP + 4	Relationship of tra	Insferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I				
-		(e) Transfer of gi	 ft	
-	Transferee's name, address, an	d ZIP + 4	Relationship of tra	Insferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
Part I				
-		(e) Transfer of gi		
-	Transferee's name, address, an	d ZIP + 4	Relationship of tra	Insferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
Part I				
-		(e) Transfer of gi		
-	Transferee's name, address, an	d ZIP + 4	Relationship of tra	Insferor to transferee

	For Org	anizations Exempt From Inco	me Tax Under section	501(c) and section 527	
Department of the Treasury	Complete	if the organization is describe	ed below. 🕨 Attach t	o Form 990 or Form 990-EZ	
Internal Revenue Service	-	Go to www.irs.gov/Form990 fo			Inspection
-		n Form 990, Part IV, line 3, or F		ine 46 (Political Campaign A	Activities), then
	•	nplete Parts I-A and B. Do not c	•		
		01(c)(3)) organizations: Complet	te Parts I-A and C belov	v. Do not complete Part I-B.	
Section 527 organiz		•			
		Form 990, Part IV, line 4, or F			
		have filed Form 5768 (election u			
	-	have NOT filed Form 5768 (elec			
Tax) (See separate inst		n Form 990, Part IV, line 5 (Pro	ixy Tax) (See Separate	instructions) or Form 990-	EZ, Part V, inte 350 (Proxy
		tions: Complete Part III.			
Name of organization	<i>,,,</i> (,)	•		Emplo	oyer identification number
	TEAMCHI	LD			91-1930194
Part I-A Compl	ete if the org	panization is exempt une	der section 501(c)	or is a section 527 or	ganization.
1 Provide a description	on of the organiz	ation's direct and indirect politi	cal campaign activities	in Part IV.	
2 Political campaign	activity expendit	ures		▶\$	
3 Volunteer hours for	r political campa	gn activities			
Devil D. Commi			der eestier 501/s)	(0)	
		anization is exempt un	. ,		
		incurred by the organization un			
		incurred by organization manage			
		n 4955 tax, did it file Form 4720			
b If "Yes," describe in					
		anization is exempt un	der section 501(c)	. except section 501(c	c)(3).
		d by the filing organization for s	. ,		
		ization's funds contributed to c		•••••••••••••••••••••••••••••••••••••••	
			-		
		s. Add lines 1 and 2. Enter here			
line 17b				▶\$	
		1120-POL for this year?			
5 Enter the names, a	ddresses and er	nployer identification number (E	EIN) of all section 527 p	olitical organizations to which	n the filing organization
		tion listed, enter the amount pa			
		omptly and directly delivered to			e segregated fund or a
		additional space is needed, pro	1		
(a) Name	e	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0

Political Campaign and Lobbying Activities

Schedule C (Form 990) 2021

OMB No. 1545-0047

21

20

132041 11-03-21

SCHEDULE C

(Form 990)

	TEAMCH				91-1	930194 Page 2
Part II-A Complete if the orga	anizatio	n is exer	npt under sectio	on 501(c)(3) and fil	ed Form 5768 (e	lection under
section 501(h)).						
	-			n Part IV each affiliated	group member's nan	ne, address, EIN,
B Check ► □ if the filing organizat		, ,	nd "limited control" pro	avisions apply		
		eu DOX A al	iu infined control pro	ovisions apply.	(a) Filing	(b) Affiliated group
		ying Exper eans amou	nditures nts paid or incurred.)	organization's totals	totals
1a Total lobbying expenditures to influ	ence publ	ic opinion (grassroots lobbying)			
b Total lobbying expenditures to influ						
c Total lobbying expenditures (add lir	nes 1a and	l 1b)				
d Other exempt purpose expenditure	s					
e Total exempt purpose expenditures	add lines	s 1c and 1c)			
f Lobbying nontaxable amount. Enter						
If the amount on line 1e, column (a) or	(b) is:	The lob	bying nontaxable am	ount is:		
Not over \$500,000		20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000	,000	\$100,00	0 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000	\$175,00	0 plus 10% of the exc	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,0	000,000	\$225,00	0 plus 5% of the exce	ess over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
g Grassroots nontaxable amount (ent	er 25% of	line 1f)				
h Subtract line 1g from line 1a. If zero	or less, e	nter -0				
i Subtract line 1f from line 1c. If zero						
j If there is an amount other than zer	o on eithe	r line 1h or	line 1i, did the organiz	ation file Form 4720		
reporting section 4911 tax for this y	/ear?				l	Yes No
			raging Period Under			
(Some organizations th			01(h) election do not ate instructions for li	•	of the five columns b	below.
		•	ditures During 4-Yea	• •		
		J				
Calendar year (or fiscal year beginning in)	(a) 2	018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						-
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						
					0 - 11	ula C /Farm 000) 2021

Schedule C (Form 990) 2021

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

For ea	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(1)
of the	lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:	x			
a h	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		-	
			x		
	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?	x	A	1	2,628.
	Direct contact with legislators, their staffs, government officials, or a legislative body?		x		2,020.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?		X	1	
j	Total. Add lines 1c through 1i		77	L 14	2,628.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		(=)		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section	• •			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."			t III-A, lin	ie 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?	Jointiour	4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par			5		
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I-A (affiliated group	lict): Dort I	I A lince 1	and 2 (Saa	
instru	ctions); and Part II-B, line 1. Also, complete this part for any additional information. T II-B:) 1151), Fait I	PA, III es T		
LOE	BYING ACTIVITIES INCLUDE ORAL, WRITTEN AND IN-PERS	ON CON	MUNIC	ATION	WITH
THE	PUBLIC, GOVERNMENT OFFICIALS AND LEGISLATORS AROU	ND TEA	AMCHIL	D'S	

FUNDING AND SUBSTANTIVE ISSUES IMPACTING THEIR TARGET CLIENT POPULATION.

SCHEDULE D

(Form	990)
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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 **Open to Public** Inspection

Internal Revenue Service	Go to www.ii
Department of the Treasury Internal Revenue Service	►Go to www.ir

Employer identification number

	TEAMCHILD		91-1930194
Pa	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 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 w	vriting that the assets held in donor advised	d funds
Ŭ	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor ad		
U	for charitable purposes and not for the benefit of the donor or		
Pa		anization answord "Yes" on Form 990 Pa	
	· · · · · ·		
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	historia du vicen estent level ese e
	Preservation of land for public use (for example, recreat		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 qualifi	ed conservation contribution in the form of	Held at the End of the Tax Year
	day of the tax year.		
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the o	organization during the tax
	year 🕨		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing conse	rvation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation	on easements during the year
	► \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statemer	nts that describes the
_	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of		her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	· · · ·	
	of art, historical treasures, or other similar assets held for pub		•
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these items	
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	rance 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 trea	asures, or other similar assets for financial g	
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		• • •
b	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

	Sche	dule D (Form 990) 2021 TEAMCHI									4 Page 2	
collection time (check all that apply): a b <th>Par</th> <th>t III Organizations Maintaining C</th> <th>Collections of A</th> <th>rt, Hist</th> <th>orical Tr</th> <th>easures, o</th> <th>or Other</th> <th>⁻ Simila</th> <th>ar Asse</th> <th>ts(contir</th> <th>nued)</th>	Par	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, o	or Other	⁻ Simila	ar Asse	ts (contir	nued)	
a Public exhibition d □ can or exchange program b Scholarly research e Other	3		ion, and other record	ds, checł	k any of the	following that	t make sig	gnificant	use of its			
b Scholarly research e Other												
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they futher the organization's exempt purpose in Part XIII. 5 During the year, did the organization solid 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 answered "Yes" on Form 980, Part IV, line 9.0, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. In organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. (for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Oheck here if the explanation has been provided on Part XIII Interview if the organization asswerd 'Yes' in Form 990, Part X, line 10. Interview if the organization asswerd 'Yes' in Form 990, Part X, line 10. 2 Dating balance (a) Current year (b) Prov year is 0) Yes' in No Interview is the organization asswerd 'Yes' in Form 990, Part X, line 10. 3 Dating balance (a) Current year (b) Prov year is 0) Yos years back (d) Intre years back (e) Four year is 0) Yos years back (e) Four years back (e) Four year is 0) Yos years back (for four year is 0) Four year is 0, in the org	а		c									
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of at, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Seginning balance Geginning balance Geginning balance Intermediation of the organization answered "Yes" on Form 990, Part X, line 21. If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization namered "Yes" on Form 990, Part X, line 21. If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization namered "Yes" on Form 990, Part X, line 21. Reginning of year balance Gott investment earrings, gains, and losses Gott investment earrings, gains, and losses Gott investment earrings, gains, and losses Gott or solutions A dominet we explain the ercentages on time togenization Sectionary Signa, and losses Gott or solutions A dominet additions on the prosesession of the organization funds. Sectionary Signa, and losses Gott or solutions Sectionary Signa, and losses Gott or explanation in the prosession of the organization inscreade Yes' on Form 990, Part X, line 21. Competitive explanes Gott organization inscreade of the organization funds. Sectionary Signa, and losses Gott organization Sectionary Signa, and losses Gott or explanation Sectionary Signa, and losses Gott organization Sectionary Signa, and losses	b		e		Other							
S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization is collection? Part M Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part W, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, fustsee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is the organization angent, fustsee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Is the organization angent, fustsee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Additions during the year Id C Beginning balance If I If ending balance If I If ording balan		-										
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 V, Ine 9, or reported an amount on Form 990, Part X, Ine 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Ine 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, Illing and complete the following table: Amount c Beginning balance 1d Image: Complete the following table: Amount c Beginning balance 1d Image: Complete the following table: Amount d Additions during the year 1d Image: Complete the following table: Amount d Distributions during the year 1d Image: Complete the following table: Amount d Distributions during the year 1d Image: Complete the following table: Amount d Distributions during the year 1d Image: Complete the complete the following table: Amount d Distributions during the year 1d Image: Complete the complete the complete the complete the complete the c	_				-	-			se in Par	t XIII.		
Part W 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? Ves No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: 	5									1		
reported an amount on Form 990, Part X, Ine 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No b If 'Yes,' explain the arrangement in Part XII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1e 1 Id 1d 2 Dotthe organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance [a] Current year (b) Prior year (c) Two years back (e) Four years back 1a Beginning of year balance [a] Current year (b) Carno years back <	Do											
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Ic c Beginning balance Ic Amount Ic d Additions during the year Ic Id Ic e Distributions during the year Ic Id Ic Ic 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part X in Ine 0. Im	Par			ete if the	organizatio	n answered "	Yes" on F	orm 990	, Part IV,	line 9, or	•	
on Form 990, Part X7 Yes No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e India 1d 2a Distributions during the year 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account lability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. (e) Four years back 1a Beginning of year balance (e) Ourrent year (b) Prior year (c) Three years back (e) Four years back 1a Beginning of year balance (e) Ourrent year (b) Prior year (c) Three years back (e) Four years back 1a Beginning of year balance (f) (f) Retreated part RUM in the interdece years of the organization and programs (f) Administrative expenses (f) Administrative expenses (f) Retreated paranizations (f) Retreated par	4.	· · ·		diam (fau								
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount a Beginning balance Id If "Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII Intere years back Id If we synam to inform 990, Part X, line 21, for escrow or custodial account liability? Id Id Id Id If we synam to inform 990, Part XI. In 21, for escrow or custodial account liability? Id Id If we synam to in Id Id /ul>	Ia									Vee		
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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 on Part XIII Yes No b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back b Contributions (b) Contributions (c) Two years back (e) Four years back c Net investment earnings, gains, and losses (b) Prior year (c) Two years back (e) Four year back d Grants or scholarships (b) Prior year (c) Two years back (e) Four year back f Administrative expenditures for facilities (b) Prior year (c) Two years back (e) Four year back f Administrative expenses (c) Administred for the corganization (c) Two years ba	b	In res, explain the arrangement in Part XIII	and complete the id	nowing t	able.					Amoun	t	
d Additions during the year 1d e Distributions during the year 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Image: Complete if the organization has been provided on Part Xill Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part X, line 10. a Beginning of year balance (a) Current year (b) Prior year (c) Three years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Not investment earnings, gains, and losses (a) Current year (b) Prior year (c) Three years back (d) Three years back (e) Four years back d Grants or scholarships (a) Current year end balance (line 1g, column (a)) held as: (a) Current year end balance (line 1g, column (a)) held as: (a) Current year end balance (line 1g, column (a)) held as: (a) Current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment >	•	Paginning balance						10		7 unio uni		
e Distributions during the year 1e f Ending balance 1f 2n Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 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 (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Grants or scholarships (a) Current year (b) Prior year (c) Two years back (e) Two years back (e) Four years 2 Provide the estimated percentage of the current year end balance (line 1g, column (
f Ending balance												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If *Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Ves No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1 Administrative expenditures for facilities (a) Current year of the organization (c) Accumu (a) held as: a Board designate												
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 390, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back c Net investment earnings, gains, and losses (b) Prior year (c) Two years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities (c) Intervestion (c) Two years back (e) Two years back g End of year balance (c) Intervestion (c) Intervestion (c) Intervestion (c) Intervestion g End of year balance (c) Intervestion (c) Intervestion (c) Intervestion (c) Intervestion g End of year balance (c) Intervestion (c) Intervestion (c) Intervestion (c) Intervestion (c) Intervestion g End of year balance (c) Inte										Yes	No	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back e Other expenditures for facilities (a) Current year (c) Two years back (d) Three years back (c) Two years back (c) Two years back (c) Two years back (d) Three years back g End of year balance (a) Cost or other (c) Audministered or the organization (c) Two years back (c) Two years back (c) Two years back (d) Three years back (d) Two years back (d) Three years back (d) T		0										
ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back ia Beginning of year balance (b) Contributions (c) Two years back (d) Three years back (e) Four years back ib Contributions (c) Two years back (d) Three years back (e) Four years back ib Contributions (c) Two years back (d) Three years back (e) Four years back ib Contributions (c) Two years back (d) Three years back (e) Four years back ib Contributions (c) Two years back (d) Three years back (e) Four years back ic Other expenditures for facilities (c) Two years back (d) Three years back (e) Four years back id Grants or scholarships (c) Two years back (d) Three years back (e) Four years back id Grants or scholarships (c) Two years back (d) Three years back (e) Four years back id Grants or scholarships (d) Three years back (e) Four years back (f) Four years back id Description of propend (f) Four year balance (f) Four year balance (f) Fou												
b Contributions		· · · ·		-					ears back	(e) Four	years back	
b Contributions	1a	Beginning of year balance						-				
c Net investment earnings, gains, and losses												
d Grants or scholarships												
e Other expenditures for facilities and programs												
and programs												
f Administrative expenses												
g End of year balance	f											
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% d The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment ▶% (i) Unrelated organizations b: (i) (ii) Related organizations (iii) Related organizations 3a(ii) 3a(i) 3b												
b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	ı)) held as:						
c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) A	а	Board designated or quasi-endowment 🕨		_%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organizations (iiii) Related organizations (iiii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value (d) Equipment (d) Equipment (d) Equipment (d) Equipment (f) Accumulated (f) Accumulated (f) Accumulated (g) Accumulated (g) Accumulated	b	Permanent endowment	%									
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 3a(i) 3	с	Term endowment	%									
by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. 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 b Buildings c Leasehold improvements d Equipment e Other		The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(i) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land	3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administer	red for the	e organiz	ation			
(ii) Related organizations 3a(ii) 3a(ii) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Subscription of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land		by:									Yes No	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land												
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 1a Land		(ii) Related organizations								3a(ii)		
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land (d) Book value b Buildings (c) Leasehold improvements (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land (c) Leasehold improvements (d) Equipment 6 Other 34,206. 19,383. 14,823. (c) Accumulated depreciation (c) Leasehold improvements (c) Leasehold improvements (c) Accumulated depreciation (c) Accumulated depreciation (c) Leasehold improvements (c) Accumulated depreciation (c) Accumulated depreciation (c) Leasehold improvements (c) Accumulated depreciation (c) Accumulated depreciation (c) Accumulated depreciation (c) Accumulated depreciation <th colsp<="" th=""><th>b</th><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>3b</td><td></td></th>	<th>b</th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>3b</td> <td></td>	b									3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	<u> </u>			owment	funds.							
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land	Par						Datt	10				
basis (investment) basis (other) depreciation 1a Land												
1a Land		Description of property			. ,		• •		d	(d) Boo	k value	
b Buildings	1a	Land		nong	00010		uepi	Solation				
c Leasehold improvements d Equipment 34,206. 19,383. 14,823. e Other 7,580. 3,227. 4,353.												
d Equipment 34,206. 19,383. 14,823. e Other 7,580. 3,227. 4,353.												
e Other 7,580. 3,227. 4,353.					3	4,206.		19,38	83.	1	4,823.	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				X, colun	nn (B), line 1	0c.)					9,176.	

Schedule D (Form 990) 2021

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)		
(B)		
(C)		

TEAMCHILD

(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►	

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, col. (B) line 13.)		

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, col. (B) line 15.)	
Part X Other Liebilities	

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) CAPITAL LEASE	15,880.
(3) DEFERRED RENT	24,222.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 40,102.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 TEAMCHILD			91-2	1930194	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stater	nents With	Revenue per R			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	4,644	,386.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-6,345.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		,345.
3	Subtract line 2e from line 1			3	4,650	,731.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,650	<u>,731.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial State		i Expenses per	Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 13					
1	Total expenses and losses per audited financial statements					
2				1	3,337	,563.
~	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	3,337	,563.
a				1	3,337	,563.
_	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		1	3,337	,563.
а	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b		1	3,337	,563.
a b	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c		1	3,337	,563.
a b c	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d		1 2e		0.
a b c	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d			3,337	0.
a b c d e	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d		2e		0.
a b c d e 3	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d		2e		0.
a b c d e 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 2d		2e		0.
a b c d e 3 4	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 2d 4a 4b		2e	3,337	<u>0.</u> ,563. 0.
a b c 4 3 4 b 5	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 2d 4a 4b		2e 3		<u>0.</u> ,563. 0.

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

SCHEDULE G	HEDULE G Supplemental Information Regarding Fundraising or Gaming Ac					Activ	vities o	OMB No. 1545-0047	
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2021	
Department of the Treasury Internal Revenue Service								Open to Public Inspection	
								identification number	
•							91-1930		
	complete this par	 Complete if the organization answer t. 	ered "Y	es" o	n Form 990, Part IV, I	line 1	7. Form 990-E2	I filers are not	
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations b X Internet and email solicitations c X Phone solicitations d X In-person solicitations 									
key employees list	ted in Form 990, P) highest paid indi [,]	or oral agreement with any individua Part VII) or entity in connection with p viduals or entities (fundraisers) pursu e organization.	orofess	ional f	undraising services?	•	X Yes		
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or con contrib	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
JESSICA ROSS - 825			Yes	No					
SEATTLE, WA 98122		FUNDRAISING CONSULTING		X	0.		57,918.	-57,918.	
			<u> </u>						
Total	ich tho organizatio	n is registered or licensed to selicit	contrik		or has been notified	d it ic	57,918.	-57,918.	
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.									
WA									

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

Schedule G (Form 990) 2021

Schedule G	(Form 990)	2021

TEAMCHILD

Pa	Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000						
	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.						
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
						(add col. (a) through	
				(avent type)	(totol very use boy)	col. (c))	
ne			(event type)	(event type)	(total number)		
Revenue							
Вġ	1	Gross receipts					
	2	Lago: Contributions					
	2	Less: Contributions					
	3	Gross income (line 1 minus line 2)					
	-						
	4	Cash prizes					
	5	Noncash prizes					
Direct Expenses							
Sen	6	Rent/facility costs					
Ш							
rect	7	Food and beverages					
ā	~	-					
	8	Entertainment					
	9 10	Other direct expenses Direct expense summary. Add lines 4 through	Q in column (d)		•		
		Net income summary. Subtract line 10 from li					
Pa							
		\$15,000 on Form 990-EZ, line 6a.		, , , ,	•		
۵			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add	
Revenue				bingo/progressive bingo		col. (a) through col. (c))	
Sev							
_	1	Gross revenue					
ses	2	Cash prizes					
Direct Expenses	2	Noncesh prizes					
ЩЩ	3	Noncash prizes					
ect	4	Rent/facility costs					
ā	•						
	5	Other direct expenses					
	5	Other direct expenses	Yes %	Yes%	Yes%		
		Other direct expenses	└── Yes% └── No	└── Yes% └── No	└── Yes % └── No		
		Volunteer labor	No				
			No		□ No		
	6 7	Volunteer labor Direct expense summary. Add lines 2 through	No S in column (d)	□ No	□ No		
	6 7	Volunteer labor	No S in column (d)	□ No	□ No		
9	6 7 8	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	No 5 in column (d) from line 1, column (d)	□ No	□ No		
	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu	No 5 in column (d) from line 1, column (d) cts gaming activities:	□ No	□ No ►	Yes No	
а	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	No 5 in column (d) from line 1, column (d) icts gaming activities: ctivities in each of these	□ No	□ No ►	Yes No	

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 Yes

 b If "Yes," explain:

132082 10-21-21

Schedule G (Form 990) 2021

Sch	edule G (Form 990) 2021	TEAMCHILD		91-1	93019	4 Page 3
11	Does the organization conduct ga	aming activities with no	nmembers?		Yes	No
			trust, or a member of a partnership or other entity for			
	• •		· · · · · ·		Yes	No
12	Indicate the percentage of gaming					
					120	%
					13b	%
14	Enter the name and address of th	e person who prepares	s the organization's gaming/special events books an	d records:		
	Name 🕨					
	Address 🕨					
15a	Does the organization have a con	itract with a third party	from whom the organization receives gaming revenu	ıe?	Yes	No
ŀ	If "Yes," enter the amount of dam	ning revenue received h	by the organization ▶ \$ and the organization	ne amount		
	of gaming revenue retained by the			ic amount		
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			
47						
	Mandatory distributions:					
ć		r state law to make cha	aritable distributions from the gaming proceeds to			
					. L Yes	
k			aw to be distributed to other exempt organizations or	spent in the		
	organization's own exempt activit					
Pa			explanations required by Part I, line 2b, columns (iii)	and (v); and Pa	rt III, lines s	9, 9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provid	de any additional information. See instructions.			

Tartiv	(inded)	
-		

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

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



Employer identification number 91 - 1930194

TEAMCHILD

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

PRIOR TO FILING, TEAMCHILD'S BOARD FINANCE COMMITTEE REVIEWS AND APPROVES

THE ORGANIZATION'S FORM 990 AND THEN TRANSMITS A FULL COPY TO THE BOARD OF

DIRECTORS.

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

ON AN ANNUAL BASIS, TEAMCHILD'S BOARD MEMBERS REVIEW THE ORGANIZATION'S

CONFLICT OF INTEREST POLICY AND PROVIDE A SIGNED STATEMENT INDICATING

WHETHER THE MEMBER HAS ANY CONFLICTS.

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

IN THIS FISCAL YEAR, THE COMPENSATION FOR THE NEW EXECUTIVE DIRECTOR WAS BASED ON COMPARABILITY DATA ANALYSIS AND RECOMMENDATIONS PROVIDED FROM AN INDEPENDENT EXECUTIVE SEARCH CONSULTANT. OTHER KEY EMPLOYEES WAGES WERE FIXED TO THE BOARD'S ADOPTED ATTORNEY SALARY SCALE WHICH IS BASED ON THE YEARS OF EXPERIENCE OF THE EMPLOYEE. THE SCALE IS BASED ON THE SALARY SCALE USED BY SIMILAR LEGAL AID ORGANIZATIONS. ANNUAL SALARY INCREASES ARE BASED ON THE ATTORNEY SALARY SCALE.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE FINANCE COMMITTEE HAS NOT CHANGED HOW IT REVIEWS THE TAX RETURN.