BRADY, WARE & SCHOENFELD, INC. 3601 RIGBY ROAD SUITE 400 DAYTON, OH 45342

CRAYONS TO CLASSROOMS 1750 WOODMAN DRIVE DAYTON, OH 45420-3639

Idaddaladaddlaadlallaadladdlaaddl



August 14, 2024

Mr. Stephen Rubenstein Crayons to Classrooms 1750 Woodman Drive Dayton, OH 45420-3639

Dear Steve and Board:

Enclosed are the original and one copy of the 2023 Exempt Organization return, as follows...

2023 Form 990

Annual Ohio Verification Form (already filed by client through website)

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Please review the return for completeness and accuracy.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

BRADY, WARE & SCHOENFELD, INC.

Todd R. Roberts CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2023

Prepared Fo	r:
•	
	1750 Woodman Drive
	Dayton, OH 45420-3639
Prepared By	:
	Brady, Ware & Schoenfeld, Inc.
	3601 Rigby Road Suite 400
	Dayton, OH 45342
Amount Due	or Refund:
	Not applicable
Make Check	Payable To:
Prepared By: Brady, Ware & Schoenfeld, Inc. 3601 Rigby Road Suite 400 Dayton, OH 45342 Amount Due or Refund: Not applicable Make Check Payable To: Not applicable Mail Tax Return and Check (if applicable) To: Not applicable	
Mail Tax Ret	urn and Check (if applicable) To:
	Not applicable
Return Must	be Mailed On or Before:

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-TE to us by November 15, 2024.

IRS E-file Signature Authorization for a Tax Exempt Entity

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

Department of the Treasury				Do not send to th		2020		
Name of	Revenue Service			Go to www.irs.gov/For	n8879TE for the I	atest information.	EIN or SSN	
Name (S TO CI	7 7 7 7	TD O OMC			26-15	01571
Nama					TIDENCTETN		20-15	34374
Name a	and title of officer or pe	rson subject to	Jiax	EXECUTIVE DI				
Part	Type of	Return an	d Ref	turn Information	RECTOR			
Form to 10a whiche	5330 filers may ente below, and the amo	r dollars and ount on that I	cents. line for	e using this Form 8879-TE For all other forms, enter the return being filed with b-). But, if you entered -0-	whole dollars only h this form was bla	r. If you check the box only, then leave line 1b ,	on line 1a, 2a, 3 , 2b, 3b, 4b, 5b ,	a, 4a, 5a, 6a, 7a, 8a, 9a 6b, 7b, 8b, 9b, or 10b,
1a	Form 990 check h	nere	X	b Total revenue, if an	ny (Form 990, Part	VIII, column (A), line 12)	ıь <u>6,008,789</u> .
2a	Form 990-EZ che	ck here		b Total revenue, if an	ny (Form 990-EZ, li	ne 9)		2b
За	Form 1120-POL	check here		b Total tax (Form 112				3b
4a	Form 990-PF che	ck here		b Tax based on inves				4b
5a	Form 8868 check			b Balance due (Form				5b
6a	Form 990-T chec			b Total tax (Form 990				6b
7a	Form 4720 check							7b
8a	Form 5227 check			b FMV of assets at e				8b
9a	Form 5330 check		一	b Tax due (Form 533)				9b
10a	Form 8038-CP ch		一	b Amount of credit p				10b
Part			<u>ignat</u>	ure Authorization o				
Under	penalties of periury.	I declare tha	at X	I am an officer of the ab	ove entity or	I am a person subject	to tax with respe	ect to (name
					•		-	
payme persor	ent of taxes to receive nal identification num heck one box only	e confidentia nber (PIN) as	al inforr my sig	nt (settlement) date. Ì aÍsc mation necessary to ansv gnature for the electronic	ver inquiries and re return and, if appli	solve issues related to	the payment. I h	ave selected a vithdrawal.
	X I authorize BR	ADY, WA	ARE	& SCHOENFELD	, INC.		to enter my PI	N 13535
				ERO firm r	name			Enter five numbers, but do not enter all zeros
	with a state age on the return's of As an officer or return. If I have it	ncy(ies) regul lisclosure co person subje ndicated with	lating on the control of the control	23 electronically filed retucharities as part of the IRS screen. ax with respect to the enterestream that a copy of the my PIN on the return's di	S Fed/State progra ity, I will enter my l return is being file	m, I also authorize the PIN as my signature on d with a state agency(i	aforementioned the tax year 202	ERO to enter my PIN
Signatur	e of officer or person subje	et to tax ition and A	Autho	entication			Date	
	•	•		nic filing identification		319301147	67	
numbe	er (EFIN) followed by	your five-aig	lit seit-s	selected PIN.		Do not enter all ze		
submi	•	-	-	N, which is my signature requirements of Pub. 41		File (MeF) Information for	or Authorized IRS	
ERO's	signature BRA	DY, WAI	RE &	SCHOENFELD,	INC.	Date0	8/14/24	
			l	ERO Must Retain T	his Form - Se	e Instructions		
		Do N		ubmit This Form to			o So	
For Pr	rivacy Act and Pane			Act Notice, see instructi			<u> </u>	Form 8879-TE (2023)

LHA 302521 01-05-24

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

	onic filing (e-file). You can electronically file Form 8868 to	request up	to a official extension of time to it	ie ariy or t	ile ioillis	
	pelow except for Form 8870, Information Return for Transfe					
reques	st for Form 8870 must be sent to the IRS in a paper format (see instrud	ctions). For more details on the elect	ronic filing	of Form	
8868,	visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-p	orofits.				
Cautio	n: If you are going to make an electronic funds withdrawal (direct deb	t) with this Form 8868, see Form 84	53-TE and	Form 8879-TE for p	ayment
instruc	rtions.					
All cor	porations required to file an income tax return other than Fo	orm 990-T	including 1120-C filers), partnerships	s, REMICs	s, and trusts	
must ι	ise Form 7004 to request an extension of time to file income	e tax returi	ns.			
Part I	- Identification					
Type o	Name of exempt organization, employer, or other filer	Taxpayer	identification numb	er (TIN)		
Print						
	CRAYONS TO CLASSROOMS				26-159457	4
File by the due date		ee instruct	ions.			
filing you return. S						
instruction		reign addr	ess, see instructions.			
	DAYTON, OH 45420-3639	-				
Enter t	he Return Code for the return that this application is for (file	a separat	e application for each return)			01
Applic	ation Is For	Return	Application Is For			Return
		Code	• •			Code
Form 9	990 or Form 990-EZ	01	Form 4720 (other than individual)			09
Form 4	1720 (individual)	03	Form 5227			10
Form 9	990-PF	04	Form 6069			11
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
Form 9	990-T (trust other than above)	06	Form 5330 (individual)			
Form 990-T (corporation) 07 Form 5330 (other than individual)						13 14
	1041-A	08				
	r you enter your Return Code, complete either Part II or Parl o file Form 5330.	t III. Part III	, including signature, is applicable o	nly for an	extension of	
If thi	s application is for an extension of time to file Form 5330, y	ou must ei	nter the following information.			
		ou must ei	nter the following information.			
I	s application is for an extension of time to file Form 5330, y	ou must ei	nter the following information.			
1	s application is for an extension of time to file Form 5330, yellon Name	ou must ei	nter the following information.			
Part II	s application is for an extension of time to file Form 5330, yo Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) • Automatic Extension of Time To File for Exempt Organi	izations (s				
Part II	s application is for an extension of time to file Form 5330, yellan Name Plan Number Plan Year Ending (MM/DD/YYYY) Automatic Extension of Time To File for Exempt Organic books are in the care of STEPHEN RUBENSTEI	izations (s	ee instructions)			
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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Inspection

Department of the Treasury Internal Revenue Service

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

A F	or the	2023 calendar year, or tax year beginning and	ending		
B c	heck if pplicable	C Name of organization		D Employer identific	cation number
	Addres	CRAYONS TO CLASSROOMS			
	Name change			26-15945	74
	Initial return	<u> </u>	Room/suite	E Telephone number	
	Final return/	1750 WOODMAN DRIVE		937-528-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,008,789.
	Amend return	DATTON, OH 45420-3639		H(a) Is this a group re	eturn
	Application			for subordinates	? Yes X No
	pendin	1750 WOODMAN DRIVE, DAYTON, OH 45420-3	639	H(b) Are all subordinates in	ncluded? Yes No
<u> </u>	ax-exe	mpt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions
	Vebsit			H(c) Group exemptio	
K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2007 N	State of legal domicile: OH
Pa		Summary		D T GED TD:::::	~ ~ · · · · · · · · · · · · · · · · · ·
ø		Briefly describe the organization's mission or most significant activities: SECUI			SCHOOL
anc	-	SUPPLIES AT NO COST TO TEACHERS OF STUDEN			
Activities & Governance		Check this box if the organization discontinued its operations or dispos			sets. 15
9		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)		3	15
∞ ∞		Fotal number of individuals employed in calendar year 2023 (Part VI, line 2a)			0
ties		Fotal number of volunteers (estimate if necessary)			672
ξį		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
•	8 (Contributions and grants (Part VIII, line 1h)		2,808,052.	6,000,279.
n		Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		283.	8,510.
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,808,335.	6,008,789.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ϋ́		Fotal fundraising expenses (Part IX, column (D), line 25)		3,194,962.	4,938,128.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,194,962.	4,938,128.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12		-386,627.	1,070,661.
-S	19	nevenue less expenses. Subtract line 10 from line 12	Be	ginning of Current Year	End of Year
ets c	20	Fotal assets (Part X, line 16)		3,042,665.	4,197,526.
Ass Bal		Fotal liabilities (Part X, line 26)		56,771.	134,127.
.et	22	Net assets or fund balances. Subtract line 21 from line 20		2,985,894.	4,063,399.
Pa	rt II	Signature Block	·		
Unde	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	knowledge and belief, it is
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
		Constant of the second		Dete	
Sigr	1	Signature of officer		Date	
Her	е	STEPHEN A. RUBENSTEIN, EXECUTIVE DIRECTOR Type or print name and title			
			Tr	Date Check	PTIN
Paid	ļ	Print/Type preparer's name IODD R. ROBERTS CPA TODD R. ROBERTS	I	8/14/24 self-employ	
	1	Firm's name BRADY, WARE & SCHOENFELD, INC.	CIA D		5-1476702
-	Only	Firm's address 3601 RIGBY ROAD SUITE 400		FIIIII S EIN J	<u> </u>
	,	DAYTON, OH 45342		Phone no 93	7-223-5247
Mav	the IR			111101101101101	X Yes No

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SECURE AND DISTRIBUTE SCHOOL SUPPLIES AT NO COST TO TEACHERS OF
	STUDENTS IN NEED.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 4,630,138. including grants of \$) (Revenue \$) NUMBER OF SCHOOLS SERVED 2022-2023 SCHOOL YEAR: 122 SCHOOLS PLUS 7
	CHILDCARE CENTERS. OVER 3,000 TEACHERS AND 40,000 STUDENTS. TOTAL
	TEACHER SHOPPING VISITS SPRING SEMESTER 2023 WAS 1,659; FALL SEMESTER
	2023 WAS 2,139; TOTAL SCHOOL YEAR 3,798. TOTAL VOLUNTEER HOURS FOR 2023
	WAS 9,817. TOTAL PRODUCT DISTRIBUTIONS TO TEACHERS FOR FY 2023 WAS
	\$4,136,247.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
<u> </u>	Otherway was in a (Parality or Other I.e. O.)
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 4,630,138.
	Form 990 (2023)

Form 990 (2023) CRAYONS TO CLASSROOMS 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	77	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	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	1.0	v	
	Schedule D, Parts XI and XII	12a	Х	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		v
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
				X
14a		14a		<u> </u>
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	110		 -
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		Х
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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
			200	

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Form 990 (2023) CRAYONS TO CLASSROOMS

Part IV | Checklist of Required Schedules (continued)

	Continued)		V	Na
00	Did the averagination was at asset than \$5,000 of average as at least an element is individual.		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		х
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00		x
04 -	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		v
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds? Did the exemptation act as an long behalf of lineaux for bonds outstanding at any time during the year?	24c 24d		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		_
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	2 5a		
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	25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	20		
21	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a	х	
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
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? If "Yes," complete	<u> </u>		
-	October 1 to M. Douttle	32		х
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		х
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		х
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	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	X	
Pa	T V Statements Regarding Other IRS Filings and Tax Compliance		_	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С				
	(gambling) winnings to prize winners?	1c	X	
332004	4 12-21-23	Form	990	(2023)

Form	990 (2023) CRAYONS TO CLASSROOMS	26-1594	574	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	o	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such as a bank account in a foreign country (such account in a foreign country (s	count)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			
	time during the calendar year, did the organization have an interest in, or a signature or other authority over, a all account in a foreign country (such as a bank account, securities account, or other financial account)? # enter the name of the foreign country # tructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). # organization a party to a prohibited tax shelter transaction at any time during the tax year? # to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? # to line 5a or 5b, did the organization file Form 8886-T? # organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit intributions that were not tax deductible as charitable contributions? # did the organization include with every solicitation an express statement that such contributions or gifts of tax deductible? # actions that may receive deductible contributions under section 170(c). # organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? # did the organization notify the donor of the value of the goods or services provided? # did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required orm 8282? # did the organization foreign country indirectly, to pay premiums on a personal benefit contract? # organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? # organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and cont	rices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С		•			
	to file Form 8282?		7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	m 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter:	ı			
а	Gross income from members or shareholders	11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them	11h			

a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Section 501(c)(29) qualified nonprofit health insurance issuers.

332005 12-21-23

Form **990** (2023)

19237.01

12a

If "Yes," complete Form 6069

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 15 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed OH Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Another's website X Own website X Upon request __ Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records STEPHEN RUBENSTEIN - 937-528-6401

Form **990** (2023)

45420-3639

1750 WOODMAN DRIVE, DAYTON, OH

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per week	(do box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				one n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) STEVE RUBENSTEIN	40.00	-						100 100		04 522
EXECUTIVE DIRECTOR	1 00			Х		<u> </u>		103,187.	0.	21,733.
(2) JOE BALDASARE	1.00									•
BOARD MEMBER	1 00	Х				<u> </u>		0.	0.	0.
(3) TRISHA DUFF	1.00									•
BOARD MEMBER	1 00	Х				<u> </u>		0.	0.	0.
(4) LYNDA HOFFMAN	1.00									•
BOARD MEMBER	1 00	Х				<u> </u>		0.	0.	0.
(5) AMY WIEDEMAN	1.00			l						•
BOARD CHAIR	1 00	Х	_	Х		┝		0.	0.	0.
(6) KIM DUNCAN	1.00								•	•
BOARD MEMBER	1 00	Х				_		0.	0.	0.
(7) PAM RATH	1.00	.,		,,					0	0
SECRETARY	1 00	Х	_	Х		┢		0.	0.	0.
(8) DAVID BALLER	1.00	3,7		٠,					0	0
TREASURER (9) TRACY SZARZI-FORS	1 00	Х		Х		├		0.	0.	0.
, , , , , , , , , , , , , , , , , , , ,	1.00	Х		Х				0.	0.	0
BOARD VICE-CHAIR	1.00	Λ		Λ		├		0.	0.	0.
(10) DAVID BOWMAN BOARD MEMBER	1.00	Х						0.	0.	0
	1.00	Δ						0.	0.	0.
(11) PATTY SORRELL BOARD MEMBER	1.00	Х						0.	0.	0.
(12) MATT HUELSMAN	1.00	Δ				┢		0.	0.	<u> </u>
BOARD MEMBER	1.00	Х						0.	0.	0.
(13) KITTY LENSMAN	1.00	Δ				\vdash			0.	<u> </u>
BOARD MEMBER	1.00	Х						0.	0.	0.
(14) AMY ANYANWU	1.00	Λ				\vdash			0.	<u></u>
BOARD MEMBER	1.00	Х						0.	0.	0.
(15) CHELSEA CORDONNIER	1.00	- 22				\vdash		1	0.	<u></u>
BOARD MEMBER	1.00	Х						0.	0.	0.
(16) CHAD WYEN	1.00					\vdash		† ·	•	-
BOARD MEMBER		х						0.	0.	0.
		1				\vdash				
		1								
								<u> </u>		

Form 990 (2023)

26-1594574

Part VII Section A. Officers, Directors, Tr	(B)	PiOy	 5,		<u>я пі</u> С)	gries	,, ,		, ,		(F)	
(A) Name and title	Average			Pos	•	1		(D)	(E)			tod
Name and title	hours per		not c	heck	more	than (Reportable compensation	Reportable compensation		Estima amoun	
	week		cer ar					from	from related		othe	
	(list any	tor						the	organizations		compens	
	hours for	direc				- - - - -		organization	(W-2/1099-MISC)/	from t	
	related	tee or	ıstee			ensat		(W-2/1099-MISC/	1099-NEC)		organiza	ation
	organizations	trus	nal tri		oyee	omo.		1099-NEC)			and rela	ated
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organiza	tions
	line)	lu	lust	ij 0	Key	E High	윤			_		
		-										
										\dashv		
		-										
										\dashv		
		-										
			\vdash							\dashv		
		-										
		-										
1b Subtotal				<u> </u>			<u> </u>	103,187.		0.	21,7	733.
c Total from continuation sheets to Part	VII, Section A							0.		0.	•	0.
d Total (add lines 1b and 1c)								103,187.		0.	21,7	733.
2 Total number of individuals (including bu								eceived more than \$100,	000 of reportable			
compensation from the organization											Yes	1 No
3 Did the organization list any former office	or director truct	I	·0\	mnl	0.40	0 0	hia	hast companyated ampl	lovos on	ſ	163	NO
,			•	•	•		_		•		3	X
line 1a? If "Yes," complete Schedule J fo										··	3	125
4 For any individual listed on line 1a, is the and related organizations greater than \$											4	х
5 Did any person listed on line 1a receive of										···		1
rendered to the organization? If "Yes." c	•				•			•			5	Х
Section B. Independent Contractors												
1 Complete this table for your five highest the organization. Report compensation f										ensat	ion from	
(A)	or the calcinating	cui c	JI IGII	<u>19 W</u>	1011	<u> </u>	T	(B)	our.		(C)	
Name and busine	ess address	N	INC	3				Description of s	ervices	C	ompensati	on
									+			
Total number of independent contractors	s (includina but n	ot lir	nited	d to	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the orga					(,				
	<u> </u>								<u>-</u>		Form 990	(2023)

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			Check if Schedule O contain	s a response	or note to anv lin	e in this Part VIII			
				•	,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues			-			
S S			Fundraising events			1			
fts,			Related organizations			-			
ية إق						-			
ons,			Government grants (contribution						
utic		T	All other contributions, gifts, grants,		000,279.				
ë		-	similar amounts not included above		179,801.	-			
o d		_	Noncash contributions included in lines 1a-1	•		6,000,279.			
Oa		n	Total. Add lines 1a-1f		Business Code	0,000,273.			
	_				Business Code				
<u>ic</u> e	2	a							
er Je		b							
n S		С							
irar 3ev		d							
Program Service Revenue		е							_
Δ.			All other program service revenue						
_		g	Total. Add lines 2a-2f						
	3		Investment income (including div	idends, intere	st, and				
			other similar amounts)			8,510.			8,510.
	4		Income from investment of tax-ex	kempt bond p	roceeds				
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
		b	Less: rental expenses 6b						
		С	Rental income or (loss) 6c						
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory 7a						
		b	Less: cost or other basis						
e			and sales expenses 7b						
her Revenue		С	Gain or (loss) 7c						
Re			Net gain or (loss)						
ē	8		Gross income from fundraising event						
₽			including \$	· ·					
			contributions reported on line 1c). See					
			Part IV, line 18	8a					
		b	Less: direct expenses						
			Net income or (loss) from fundrai						
	9		Gross income from gaming activi	-					
			Part IV, line 19	I					
		b	Less: direct expenses						
			Net income or (loss) from gaming						
	10		Gross sales of inventory, less ret						
			and allowances	I .					
		b	Less: cost of goods sold						
			Net income or (loss) from sales o						
					Business Code				
sno	11	а							
Miscellaneous Revenue	• •	-							
əlla		c							
isc			All other revenue						
Σ			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			6,008,789.	0.	0.	8,510.

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Form **990** (2023)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (**D**) Fundraising Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): 26,471. 14,275. 1,278. 10,918. Management Legal 63,300. 63,300. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 10,978. 9,378. 1,600. Office expenses 13 Information technology 14 15 Royalties 35,795. 45,202. 9,407. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 3,937. 3,865. 22. 50. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 31,893. 31,893. Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 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.) 4,138,339. 4,138,339. COST OF GOODS SOLD - GO 370,325. 156,224. GOODWILL FOR LABOR & BE 579,960. 53,411. 11,090. 8,790. 2,300. REPAIRS AND MAINTENANCE 8,637. 8,637. SUPPLIES 7,349. 18,321. 8.841. 2,131. All other expenses 4,938,128. 4,630,138. 129,549. 178,441. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)

Part X | Balance Sheet

Par	tΧ	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments			263,919.	2	260,679. 42,374.
	3	Pledges and grants receivable, net			20,562.	3	42,374.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current	or former	officer, director,			
		trustee, key employee, creator or founder, su	bstantial c	ontributor, or 35%			
		controlled entity or family member of any of t	hese perso	ns		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ				6	
ţ	7	Notes and loans receivable, net			0 450 650	7	2 504 505
Assets	8	Inventories for sale or use			2,459,670.	8	3,591,785. 7,121.
۷	9	Prepaid expenses and deferred charges			7,872.	9	7,121.
	10a	Land, buildings, and equipment: cost or othe		255 226			
		basis. Complete Part VI of Schedule D	10a	357,396. 269,883.	115 021		05 512
	b	Less: accumulated depreciation	10b		117,931.		87,513.
	11	Investments - publicly traded securities			167 507	11	144 270
	12	Investments - other securities. See Part IV, lin			167,527.	12	144,370.
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets		F 104	14	62.604	
	15	Other assets. See Part IV, line 11	5,184.	15	63,684.		
	16	Total assets. Add lines 1 through 15 (must e			3,042,665.	16	4,197,526.
	17	Accounts payable and accrued expenses		1	51,587.	17	70,443.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		(O - I I - I - D		20	
	21	Escrow or custodial account liability. Comple				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su				20	
Lia	22	controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties				22	
	23 24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,				24	
	25	parties, and other liabilities not included on li					
		of O also also by	•		5,184.	25	63,684.
	26	Total liabilities. Add lines 17 through 25			56,771.	26	134,127.
		Organizations that follow FASB ASC 958, o	heck here	X			
es		and complete lines 27, 28, 32, and 33.					
au	27	• , , ,			2,927,637.	27	3,877,135.
Bala	28				58,257.	28	186,264.
힏		Organizations that do not follow FASB ASC					
Ξ.		and complete lines 29 through 33.	•	_			
Ď	29	Capital stock or trust principal, or current fun	ds			29	
šets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32				2,985,894.	32	4,063,399.
-	33	Total liabilities and net assets/fund balances			3,042,665.	33	4,197,526.

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Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,00		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,93		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,07		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,98	5,8	94.
5	Net unrealized gains (losses) on investments	5			
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		6,8	44.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,06	3,3	99.
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 Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	990	(2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

CRAYONS TO CLASSROOMS 26-1594574 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

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

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3291037.	3192572.	3909158.	2808052.	6000279.	19201098.
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						
	Total. Add lines 1 through 3	3291037.	3192572.	3909158.	2808052.	6000279.	19201098.
	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)						
	Public support. Subtract line 5 from line 4.						19201098.
	tion B. Total Support						<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	3291037.	3192572.	3909158.	2808052.		19201098.
	Gross income from interest,	0222007	01210:10	000000			
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		46.	261.	283.	8,510.	9,100.
	Net income from unrelated business		±0.	201.	203	0,510.	3,100.
9							
	activities, 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.)						19210198.
	Total support. Add lines 7 through 10					12	<u>µ9210190•</u>
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•	,	iourth or fifth town			
13		· ·		•			
Sec	organization, check this box and stop tion C. Computation of Publi		_	• • • • • • • • • • • • • • • • • • • •	•••••		
	Public support percentage for 2023 (I			column (f))		14	99.95 %
	Public support percentage from 2022						100.00 %
	33 1/3% support test - 2023. If the o						
IUa	stop here. The organization qualifies	-					77
h			•		line 15 in 22 1/20/		
ь	33 1/3% support test - 2022. If the condition have						
47-	and stop here. The organization qual						
	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-	•	_	
	meets the facts-and-circumstances te	-	•		-		
	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the						
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
	organization meets the facts-and-circu Private foundation. If the organization						

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

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

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, 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.)

	Yes	No
4		
1		
2		
3a		
3b		
0.0		
Зс		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
30		
10a		
401-		
10b	n ganı	5053

332024 12-21-23 Schedule A (Form 990) 202

Pai	TIV Supporting Organizations (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,	_		
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
360	lion o. 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	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			l
	men 277 m 1, pe m eupper mig ergamanene		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction	ı <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Ol-		
2	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

3b

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Schedule	A (For	m 99N)	2023

5

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

Enter greater of line 2 or line 3

instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

<u>4</u> 5

6

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

CRAYONS TO CLASSROOMS

26-1594574

Organization type (check one):							
Filers of:	s	Section:					
Form 990 or	r 990-EZ	$\overline{\mathbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 990-PI	F [501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Note: Only a	a section 501(c)(7),	overed by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Ru	le						
	-	ling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or e contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rul	les						
sec	ctions 509(a)(1) and ntributor, during th	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under d 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one e year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; he 1. Complete Parts I and II.					
cor lite	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.						
yea is c pui	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).							

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

CRAYONS TO CLASSROOMS

26-1594574

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOANN FABRICS 5555 DARROW RD HUDSON, OH 44236	\$ <u>159,215.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NATIONAL AVIATION HALL OF FAME 1100 SPAATZ ST. DAYTON, OH 45433	\$ <u>295,100.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	PHOENIX INTERNATIONAL PUBLICATIONS 8501 W HIGGINS RD CHICAGO, IL 60631	\$ <u>516,703.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

CRAYONS TO CLASSROOMS

26-1594574

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	SCHOOL SUPPLIES		
		\$\$	04/07/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	SCHOOL SUPPLIES		
		\$\$	06/20/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	SCHOOL SUPPLIES		
		\$516,703.	09/25/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** CRAYONS TO CLASSROOMS 26-1594574 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

323454 12-26-23 Schedule B (Form 990) (2023)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

CRAYONS TO CLASSROOMS

Employer identification number 26-1594574

Par	t I Organizations Maintaining Donor Advised Fu	ınds or Other Similar F	unds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing	g that the assets held in dono	or advised fund	ds
	are the organization's property, subject to the organization's exclu-	ısive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisor	ors in writing that grant funds of	can be used o	nly
	for charitable purposes and not for the benefit of the donor or dor	or advisor, or for any other pu	ırpose conferri	ing
	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the organiz	ation answered "Yes" on Forn	n 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (c			
	Preservation of land for public use (for example, recreation of	or education) Preserva	ation of a histo	orically important land area
	Protection of natural habitat	Preserva	ation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified of	onservation contribution in the	e form of a co	
	day of the tax year.			Held at the End of the Tax Year
_				2a
b				2b
C	Number of conservation easements on a certified historic structur			2c
d	Number of conservation easements included on line 2c acquired a			
•	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, release	d, extinguished, or terminated	by the organi	zation during the tax
	year	at to to act of		
4	Number of states where property subject to conservation easeme			
5	Does the organization have a written policy regarding the periodic		-	Yes No
6	violations, and enforcement of the conservation easements it hold Staff and volunteer hours devoted to monitoring, inspecting, hand			
U	Stan and volunteer riours devoted to monitoring, inspecting, nanc	illing of violations, and emorcin	ig conservatio	in easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing co	nservation eas	sements during the year
•	7 thount of expenses mounted in monitoring, inspecting, harding	or violations, and emercing ec	rioci valioni cal	sements daming the year
8	Does each conservation easement reported on line 2d above satisfied above sati	sfv the requirements of section	n 170(h)(4)(B)(i)	1
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation ea			
	balance sheet, and include, if applicable, the text of the footnote t		•	
	organization's accounting for conservation easements.	· ·		
Par		, Historical Treasures,	or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990	, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, no	t to report in its revenue state	ment and bala	ance sheet works
	of art, historical treasures, or other similar assets held for public e	xhibition, education, or resear	ch in furtherar	ice of public
	service, provide in Part XIII the text of the footnote to its financial	statements that describes the	se items.	
b	If the organization elected, as permitted under FASB ASC 958, to	report in its revenue statemer	nt and balance	sheet works of
	art, historical treasures, or other similar assets held for public exhi	bition, education, or research	in furtherance	of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical treasure			
	the following amounts required to be reported under FASB ASC 9	58 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for	Form 990.		Schedule D (Form 990) 2023

	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Simila	r Assets	(contin	ried)	age Z
3	Using the organization's acquisition, accessi								COITE	idea)	
•	collection items (check all that apply).	on, and other record	.o, oncon	arry or the	ionownig triat	Than or	grimodine	400 01 110			
а	Public exhibition	,	d 🗍 I	l oan or exc	hange progra	am					
b											
c	Preservation for future generations	`									
4		ollections and explai	n how the	ev further th	ne organizatio	n's even	ant nurno	se in Part	XIII		
5											
3	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No										
Par	Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Part X, line 21.										
1a	Is the organization an agent, trustee, custodi		diary for	contribution	ns or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
	, 1	· ·	3						Amount	:	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.						•]
Pai	t V Endowment Funds Complete if	the organization an	swered "	Yes" on Fo	m 990, Part I	IV, line 10	٥.				
		(a) Current year	(b) P	rior year	(c) Two year	rs back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g	, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	.%									
	The percentages on lines 2a, 2b, and 2c sho	•									
3a	Are there endowment funds not in the posse	ssion of the organization	ation that	t are held a	nd administer	ed for the	е		_	1	
	organization by:									Yes	No
									3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment fu	unds.							
rai	Complete if the organization answere		0 Bort IV	lino 11a S	200 Form 000	Dort V	lino 10				
	· · · · · · · · · · · · · · · · · · ·										
	Description of property	(a) Cost or o			or other		ccumulate		(d) Bool	k value	9
	Land	basis (investi	ment)	Dasis	(other)	uep	oreciation				
	Land										
	Buildings			၁ ၀	3,844.		203,8	16	9 (0,02	28
	Leasehold improvements	l l			3,552.		66,0			7,48	
	Equipment Other				J,JJ4.		00,0	0 / •		,,40	
e	OUICI							ı			

Schedule D (Form 990) 2023

87,513.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))

Schedule D (Form 990) 2023 CRAYONS TO C	LASSROOMS	26	-1594574 Page
Part VII Investments - Other Securities			
Complete if the organization answered "Yes" o	n 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	l-of-year market value
) Financial derivatives			
) Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n 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	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" o	n 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)			
otal. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X Other Liabilities			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OPERATING LEASE LIABILITIE	S		63,68
(3)			22,30
(4)			
(5)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

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

Schedule D (Form 990) 2023

63,684.

(6) (7) (8)

26	1	_ (A .	E 7	1	_ 1
26-	· Т	2	94	2/	4	Page 4

	rt XI Reconciliation of Revenue per Audited Financial St	atements With H	revenue per Ke	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	6,095,769.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	80,136.		
С	Recoveries of prior year grants	2c			
d			6,844.		
е	Add lines 2a through 2d			2e	86,980.
3	Subtract line 2e from line 1			3	6,008,789.
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			
	A 1 1 17 A 1 A 1			40	0.
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1.	2.)		5	6,008,789.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S	2.) tatements With I		5	6,008,789.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV,	2.) tatements With I line 12a.	Expenses per F	5 Returi	6,008,789. n
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S	2.) tatements With I line 12a.	Expenses per F	5	6,008,789.
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2.) tatements With I line 12a.	Expenses per F	5 Returi	6,008,789. n
5 Pa i	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1. rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2.) tatements With I line 12a.	Expenses per F	5 Returi	6,008,789. n
5 Par 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2.) tatements With I line 12a.	Expenses per F	5 Returi	6,008,789. n
1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2.) tatements With line 12a. 2a 2b	Expenses per F	5 Returi	6,008,789. n
1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements 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	2.) tatements With line 12a. 2a 2b 2c	Expenses per F	5 Returi	6,008,789. n 5,018,264.
Par 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements 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.)	2.) tatements With line 12a. 2a 2b 2c 2d	80,136.	5 Returi	6,008,789. n 5,018,264. 80,136.
Par 1 2 a b c	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements 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.)	2.) tatements With line 12a. 2a 2b 2c 2d	Expenses per F	5 Return	6,008,789. n 5,018,264.
Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements 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	2.) tatements With line 12a. 2a 2b 2c 2d	Expenses per F	5 Return	6,008,789. n 5,018,264. 80,136.
5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements 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:	2.) tatements With line 12a. 2a 2b 2c 2d	Expenses per F	5 Return	6,008,789. n 5,018,264. 80,136.
5 Par 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements 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	2.) tatements With line 12a. 2a 2b 2c 2d	Expenses per F	5 Return	6,008,789. n 5,018,264. 80,136. 4,938,128.
1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 rt XII Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 990, Part IV, Total expenses and losses per audited financial statements 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	2.) tatements With line 12a. 2a 2b 2c 2d	80,136.	5 Return	6,008,789. n 5,018,264. 80,136.

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

PART X, LINE 2:

ACCOUNTING STANDARDS REQUIRE THE EVALUATION OF TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, IN THE COURSE OF PREPARING THE ORGANIZATION'S TAX RETURNS, TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY. THIS STATEMENT PROVIDES THAT A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED IN THE FINANCIAL STATEMENTS ONLY WHEN IT IS "MORE-LIKELY-THAN-NOT" THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED UPON THE TECHNICAL MERITS AND CONSIDERATION OF ALL AVAILABLE INFORMATION. ONCE THE RECOGNITION THRESHOLD IS MET, THE PORTION OF THE TAX BENEFIT THAT IS RECORDED REPRESENTS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

ZUZ3

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

CRAYONS TO CLASSROOMS

 $Employer\ identification\ number \\ 26-1594574$

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
				l
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
				l
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			l
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			l
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			37
	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(
(i								
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(i	i)							
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Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART VII SECTION A LINE 1 COLUMNS D & F
STEPHEN RUBENSTEIN'S AND ALL OTHER EMPLOYEE'S SALARIES ARE PAID BY
GOODWILL EASTER SEALS MIAMI VALLEY BASED ON A CONTRACT BETWEEN THE TWO
ORGANIZATIONS. TOTAL COMPENSATION PAID FOR STEPHEN RUBENSTEIN WAS
\$124,920, INCLUDING BENEFITS.

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization							Em	ployer	ident	ificati	on nur	nber		
CRAYONS TO CLASSROOMS								-15	945	74				
Part I Excess Be	nefit Transaction	ons (section 5	01(c)(3), secti	on 501(c)(4), and sec	ction 501(c)(29) orga	nizatio	ns on	ly)					
					rt IV, line 25a or 25b									
1 (a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of trans						nsactio	n		(d) Co Yes		cted?			
(1)										+ "	es	NO		
<u>(1)</u> <u>(2)</u>										+				
(3)										+				
(4)										+				
(5)										+				
(6)										+				
3 Enter the amount of ta Part II Loans to a Complete if the	ax, if any, on line 2, and/or From Into	above, reimburs erested Per vered "Yes" on	sed by Sons Form 9	the org	panization Part V, line 38a, or l			\$ or if th						
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fror	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) In default?				(h) Ap by bo comm	ard or	(i) W agreei	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No		
<u>(1)</u>														
(2)														
(3)														
_(4)														
(5)														
(6)														
_(7)			-											
(8)			1					l		i		l		

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
_(2)				
(3)				
_ (4)				
<u>(5)</u>				
_(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

(9) (10) Total

\$

Schedule L (Form 990) 2023 CRAYONS TO CLASSROOMS Part IV Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	
				Yes	No
(1)LANCE DETRICK	BOARD MEMBER	627,050.	SEE SUPPLEM		Х
(2)					
(3)					
(4)					
(5)					
(6)					
(7) (8)					
(9)					
(10)					
Part V Supplemental Information					
Provide additional information for re	esponses to questions on Schedule L. See i	instructions.			
TOUR THE DISCUSSION OF THE PROPERTY OF THE PRO	#P.11616#T016 T1#1011171		D DEDGOMG		
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVIN	G INTERESTE	ED PERSONS:		
(A) NAME OF PERSON: LANC	E DETRICK				
(A) NAME OF TERDON: DANC	E BEIRICK				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORGANIZATI	ON:		
BOARD MEMBER					
/ C \ AMOINE OF EDANGACETO	M & 627 050				
(C) AMOUNT OF TRANSACTION	N \$ 627,050.				
(D) DESCRIPTION OF TRANS.	ACTION: SEE SUPPLEMENT	AL INFORMAT	ION.		
(- ,					
(E) SHARING OF ORGANIZAT	ION REVENUES? = NO				
SCH L, PART IV, BUSINESS	TRANCACTIONS INVOLVIN	C TNTFDFCTF	TO DEPCONC		
CH L, FARI IV, BUSINESS	TRANSACTIONS INVOLVIN	G INTERESTE	TO PERSONS		
LANCE IS PRESIDENT OF GO	ODWILL EASTER SEALS MI	AMI VALLEY.	CRAYONS T	0	
CLASSROOMS CONTRACTS WIT:	H GOODWILL TO PROVIDE	1) LEASED E	EMPLOYEES; 2)	
ACCOUNTING SERVICES; 2)	INFORMATION TECHNOLOGY	SUPPORT; 4) PAYROLL A	ND	
BENEFITS SERVICES; 5) HUI	MANI DECOMBCE CEDUTCEC.	6\ 00078TC	NTA T		
BENEFIIS SERVICES; 3) HO	MAN RESOURCE SERVICES;	0) OCCABIC	MAL		
TRANSPORTATION SERVICES;	AND 7) MISCELLANEOUS	OTHER ADMIN	IISTRATIVE		
			-		
SUPPORT SERVICES. CRAYO	NS TO CLASSROOMS ALSO	LEASED SPAC	E FROM		
GOODWILL UNDER A BARGAIN	LEASE AGREEMENT.				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection Employer identification number

	CRAYONS TO C	LASSRO	OMS			26-1	594	574	
Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	no	(d) Method of de oncash contribu	etermin	•	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (SCHOOL SUPPLIES)	X	266	5,179,801.	FAII	R MARKET	VA:	LUE	
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz								
	for which the organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29					
								Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	jh 28, tl	hat it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for				
	exempt purposes for the entire holding period?	?					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that re	equires the review of	of any nonstandard contribut	tions?		31	X	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash					
	contributions?						32a	X	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	for which column (a) is chec	cked,				
	describe in Part II.								

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023

332142 09-11-23

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.

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

CRAYONS TO CLASSROOMS

Employer identification number 26-1594574

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

THE 990 IS PROVIDED TO THE FULL BOARD FOR REVIEW AND APPROVAL BEFORE IT IS

FILED WITH THE IRS.

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

TRUSTEE WOULD RAISE A POTENTIAL CONFLICT OF INTEREST. THE INDIVIDUAL WOULD

BE EXCUSED FROM THE MEETING AND THE MATTER WOULD BE DISCUSSED BY THE FULL

BOARD. THE BOARD WOULD THEN MAKE A DETERMINATION IF A CONFLICT EXISTED.

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

MEMBER WOULD ABSTAIN FROM VOTING.

EXECUTIVE DIRECTOR COMPLETES A SELF-EVALUATION AND DISTRIBUTES IT TO THE

EXECUTIVE COMMITTEE FOR REVIEW. EXECUTIVE COMMITTEE COMPLETES AN EVALUATION

FORM FOR THE EXECUTIVE DIRECTOR. THE EXECUTIVE COMMITTEE REVIEWS

COMPENSATION FOR SIMILAR POSITIONS IN THE MARKET AND COMPARES THE FINDINGS

TO THE CURRENT COMPENSATION FOR THE EXECUTIVE DIRECTOR.

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

FINANCIALS AND IRS DETERMINATION LETTER POSTED ON WEB SITE. OTHER INFORMATION AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN FUNDS HELD BY OTHERS 6,844.

FORM 990, PART XII LINE 2C

THE ORGANIZATION HAS NOT CHANGED THE COMMITTEE THAT ASSUMES

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023	Page 2
Name of the organization CRAYONS TO CLASSROOMS	Employer identification number $26-1594574$
RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL	STATEMENTS
AND SELECTION OF AN INDEPENDENT ACCOUNTANT.	