

Forms 990 / 990-EZ Return Summary

For calendar year 2024, or tax year beginning **07/01/24** , and ending **06/30/25**

65-0918564

CHILDREN'S BEREAVEMENT CENTER, INC.

Net Asset / Fund Balance at Beginning of Year		<u>1,697,899</u>
Revenue		
Contributions	<u>1,528,417</u>	
Program service revenue	<u>5,525</u>	
Investment income	<u>58,437</u>	
Capital gain / loss	<u>77</u>	
Fundraising / Gaming:		
Gross revenue	<u>19,832</u>	
Direct expenses	<u>44,957</u>	
Net income	<u>-25,125</u>	
Other income	<u>0</u>	
Total revenue		<u>1,567,331</u>
Expenses		
Program services	<u>905,700</u>	
Management and general	<u>119,159</u>	
Fundraising	<u>321,272</u>	
Total expenses		<u>1,346,131</u>
Excess / (deficit)		<u>221,200</u>
Changes		<u>87,265</u>
Net Asset / Fund Balance at End of Year		<u><u>2,006,364</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>1,567,331</u>
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total revenue per return	<u><u>1,567,331</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>1,346,131</u>
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	_____
Plus:	
Investment expenses	_____
Other	_____
Total expenses per return	<u><u>1,346,131</u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>1,861,742</u>	<u>2,238,257</u>	
Liabilities	<u>163,843</u>	<u>231,893</u>	
Net assets	<u><u>1,697,899</u></u>	<u><u>2,006,364</u></u>	<u><u>308,465</u></u>

Miscellaneous Information

Amended return _____
Return / extended due date 11/17/25
Failure to file penalty _____

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

Department of the Treasury
Internal Revenue Service

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

A For the **2024** calendar year, or tax year beginning **07/01/24**, and ending **06/30/25**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHILDREN'S BEREAVEMENT CENTER, INC.		D Employer identification number 65-0918564
	Doing business as		E Telephone number 305-668-4902
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 1,612,288
	6619 SOUTH DIXIE HIGHWAY, #302		
City or town, state or province, country, and ZIP or foreign postal code MIAMI FL 33143		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
F Name and address of principal officer: DEBRA ALBO-STEIGER, LCSW 6619 SOUTH DIXIE HIGHWAY #302 MIAMI FL 33143		H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: CHILDBEREAVEMENT.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1999	M State of legal domicile: FL

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO EMPOWER CHILDREN, TEENS, ADULTS, AND FAMILIES TO ADJUST TO LIFE AFTER THE LOSS OF A LOVED ONE WITHIN A SUPPORTIVE COMMUNITY OF THEIR PEERS AND TO PROMOTE HEALTHFUL GRIEF, HEALING, AND GROWTH.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	20
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5
	6 Total number of volunteers (estimate if necessary)	104
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 1,225,476 Current Year: 1,528,417
	9 Program service revenue (Part VIII, line 2g)	10,133 5,525
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	57,506 58,514
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-46,721 -25,125
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,246,394 1,567,331
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	569,151 611,290
	16a Professional fundraising fees (Part IX, column (A), line 11e)	89,884 90,000
	b Total fundraising expenses (Part IX, column (D), line 25)	321,272
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	468,715 644,841
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,127,750 1,346,131	
19 Revenue less expenses. Subtract line 18 from line 12	118,644 221,200	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year: 1,861,742 End of Year: 2,238,257
	21 Total liabilities (Part X, line 26)	163,843 231,893
	22 Net assets or fund balances. Subtract line 21 from line 20	1,697,899 2,006,364

Part II Signature Block

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

Sign Here	Signature of officer DEBRA ALBO-STEIGER, LCSW CEO		Date	
	Type or print name and title			
Paid Preparer Use Only	Preparer's name DAVID GOLDWEITZ, CPA	Preparer's signature DAVID GOLDWEITZ, CPA	Date 03/09/26	Check <input type="checkbox"/> if self-employed PTIN P00228221
	Firm's name KSDT ADVISORS, LLC	Firm's EIN 39-3071042		
	Firm's address 9300 S DADELAND BLVD STE 600 MIAMI, FL 33156	Phone no. 305-670-3370		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
OUR MISSION IS TO EMPOWER CHILDREN, TEENS, ADULTS, AND FAMILIES TO ADJUST TO LIFE AFTER THE LOSS OF A LOVED ONE WITHIN A SUPPORTIVE COMMUNITY OF THEIR PEERS AND TO PROMOTE HEALTHFUL GRIEF, HEALING, AND GROWTH.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **769,846** including grants of \$) (Revenue \$ **5,525**)

GRIEF SUPPORT: CHILDREN'S BEREAVEMENT CENTER "CBC" PROVIDES FREE-OF-COST, YEAR-ROUND PEER GRIEF SUPPORT GROUPS THAT PROVIDE A SAFE SPACE FOR INDIVIDUALS OVER THE AGE OF FOUR TO HEAL AND BUILD RESILIENCE AFTER THE LOSS OF A LOVED ONE. CBC PROVIDED SUPPORT FOR 1,386 INDIVIDUALS IN 2024.

4b (Code:) (Expenses \$ **135,854** including grants of \$) (Revenue \$)

TRAINING: CBC ALSO PROVIDES GRIEF-INFORMED TRAINING, CUSTOMIZED EDUCATION, AND CONSULTATION SERVICES FOR PROFESSIONALS AT HOSPITALS, HOSPICES, HEALTHCARE AGENCIES, AND SCHOOLS. CBC'S TRAININGS ADDRESS THE UNIQUE WAYS THAT GRIEF CAN BE EXPERIENCED ACROSS ONE'S LIFESPAN AS WELL AS PRACTICAL STRATEGIES FOR PROVIDING COMPASSIONATE AND EFFECTIVE GRIEF SUPPORT ACROSS DIVERSE MULTICULTURAL SPECTRUMS BOTH INDIVIDUALLY AND WITHIN A COMMUNITY-BASED ORGANIZATION. CBC TRAINED 420 GRIEF INFORMED TRAINING ATTENDEES, 335 INDIVIDUALS ATTENDED CBC'S LUNCH AND LEARN GRIEF EDUCATION FORUMS FOR PROFESSIONALS, AND 369 INDIVIDUALS ATTENDED COMMUNITY CONFERENCES, TRAININGS, AND WORKSHOPS.

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

N/A

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

4e Total program service expenses **905,700**

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows 1-21 with various questions and 'X' marks in the Yes/No columns.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Part V check

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding.

Part 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	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	X		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1a	20		
b	Enter the number of voting members included on line 1a, above, who are independent		
1b	20		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
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			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X
9			

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11a			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12a			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
13			
14	Did the organization have a written document retention and destruction policy?	X	
14			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a			
b	Other officers or key employees of the organization	X	
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 taxable entity during the year?		X
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?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.

DEBRA ALBO-STEIGER
MIAMI

6619 SOUTH DIXIE HIGHWAY

FL 33143

305-668-4902

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEBRA ALBO-STEIGER, LCSW CEO	40.00 0.00			X				173,508	0	0
(2) MELISSA GOLDMAN, JD VICE CHAIR	2.00 0.00	X		X				0	0	0
(3) ALAN FRIEDLAND TREASURER	2.00 0.00	X		X				0	0	0
(4) LINDSEY PARKER SECRETARY	2.00 0.00	X		X				0	0	0
(5) TERRY SMALLHORNE TRUSTEE/ PROG. CHAIR	2.00 0.00	X						0	0	0
(6) ALEXANDER ADMIRE, CPA TRUSTEE/FINANCE	2.00 0.00	X						0	0	0
(7) CHIRA CASSEL, MAPP, C.T. TRUSTEE/MARKETING	2.00 0.00	X						0	0	0
(8) MICHAEL CASSEL TRUSTEE	2.00 0.00	X						0	0	0
(9) MINDY CASSEL, PHD TRUSTEE/CO-FOUNDER	2.00 0.00	X						0	0	0
(10) MELISSA DOVAL TRUSTEE	2.00 0.00	X						0	0	0
(11) MAGGIE FADER, MD TRUSTEE/PROGRAMMING	2.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) SIMEON GENADIEV										
(12) TRUSTEE	2.00 0.00	X					0	0	0	
(13) JONATHAN GOTTLIEB, MD										
(13) TRUSTEE	2.00 0.00	X					0	0	0	
(14) ELIZABETH LEIGHT, PHD										
(14) TRUSTEE/PROGRAMMING	2.00 0.00	X					0	0	0	
(15) KURT LUNKENHEIMER										
(15) TRUSTEE	2.00 0.00	X					0	0	0	
(16) ASHLEIGH LINDENAUER										
(16) TRUSTEE/MARKETING	2.00 0.00	X					0	0	0	
(17) SANDRA SEALS										
(17) TRUSTEE/FUNDRAISING	2.00 0.00	X					0	0	0	
(18) DANIEL SIMON, ESQ.										
(18) TRUSTEE/GOVERNANCE	2.00 0.00	X					0	0	0	
(19) JONATHAN OSBORNE, JD										
(19) CHAIR & MARKETING	2.00 0.00	X		X			0	0	0	
1b Subtotal							173,508			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							173,508			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	387,133				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,141,284				
	g Noncash contributions included in lines 1a-1f	1g	\$ 107,660				
	h Total. Add lines 1a-1f		1,528,417				
	Program Service Revenue	2a PROGRAM SERVICE REVENUE	Business Code				
		900099	5,525	5,525			
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		5,525					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		58,437			58,437	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other		77			
		7a					
		b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c		77			
	d Net gain or (loss)		77	77			
8a Gross income from fundraising events (not including \$ 387,133 of contributions reported on line 1c). See Part IV, line 18							
	8a		19,832				
	b Less: direct expenses	8b	44,957				
c Net income or (loss) from fundraising events		-25,125					
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions		1,567,331	5,602	0	58,437		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	173,507	125,103	16,459	31,945
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	327,582	236,195	31,075	60,312
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	70,928	51,141	6,728	13,059
10 Payroll taxes	39,273	28,316	3,726	7,231
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	90,000			90,000
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	407,882	294,093	38,692	75,097
12 Advertising and promotion				
13 Office expenses	24,021	17,320	2,278	4,423
14 Information technology				
15 Royalties				
16 Occupancy	10,189	7,347	967	1,875
17 Travel	7,993	5,763	758	1,472
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	25,249	18,205	2,395	4,649
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a IN-KIND SERVICES AND OTHE	107,660	77,625	10,213	19,822
b MARKETING AND DEVELOPMENT	55,219	39,814	5,238	10,167
c TRAINING	3,454	2,490	328	636
d PROGRAM SUPPLIES	2,924	2,108	278	538
e All other expenses	250	180	24	46
25 Total functional expenses. Add lines 1 through 24e	1,346,131	905,700	119,159	321,272
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X 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	
Assets	1	Cash—non-interest-bearing	502,327	1	265,874
	2	Savings and temporary cash investments	494,348	2	478,715
	3	Pledges and grants receivable, net	116,082	3	31,500
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	2,127	9	6,278
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		10a	
	b	Less: accumulated depreciation		10b	
	11	Investments—publicly traded securities	746,858	11	1,455,890
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,861,742	16	2,238,257	
Liabilities	17	Accounts payable and accrued expenses	38,211	17	64,877
	18	Grants payable		18	
	19	Deferred revenue	125,632	19	167,016
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	163,843	26	231,893
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input type="checkbox"/>				
	and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions		27	
	28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/>				
	and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds	1,697,899	31	2,006,364	
32	Total net assets or fund balances	1,697,899	32	2,006,364	
33	Total liabilities and net assets/fund balances	1,861,742	33	2,238,257	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,567,331
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,346,131
3	Revenue less expenses. Subtract line 2 from line 1	3	221,200
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,697,899
5	Net unrealized gains (losses) on investments	5	87,265
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,006,364

Part XII Financial Statements and Reporting

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) JULIUS STEWART										
(12) TRUSTEE	2.00 0.00	X						0	0	
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

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

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

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

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2024

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

CHILDREN'S BEREAVEMENT CENTER, INC.

Employer identification number

65-0918564

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 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.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 An organization that normally receives (1) more than 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.)
11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes rows (A) through (E) and a Total row.

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received... 2 Tax revenues levied for the organization's benefit... 3 The value of services or facilities furnished by a governmental unit... 4 Total. Add lines 1 through 3... 5 The portion of total contributions by each person... 6 Public support. Subtract line 5 from line 4...

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 7 Amounts from line 4... 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources... 9 Net income from unrelated business activities... 10 Other income. Do not include gain or loss from the sale of capital assets... 11 Total support. Add lines 7 through 10...

12 Gross receipts from related activities, etc. (see instructions) 12 514,132
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 84.00 %
15 Public support percentage from 2023 Schedule A, Part II, line 14 15 72.05 %
16a 33 1/3% support test — 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]
b 33 1/3% support test — 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test — 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here []

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests — 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization []

b 33 1/3% support tests — 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization []

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions []

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3, 3a, 3b.

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

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

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2024 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule B
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

CHILDREN'S BEREAVEMENT CENTER, INC.

65-0918564

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

CHILDREN'S BEREAVEMENT CENTER, INC.

Employer identification number

65-0918564

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	FLORIDA BLUE 1800 SW 27TH AVENUE JACKSONVILLE FL 33145-2457	\$ 175,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MAE PHILANTHROPIES C/O FRANKRIMERMAN 1801 PAGE MILL RD PALO ALTO CA 94304	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CIGNA GROUP FOUNDATION 900 COTTAGE GROVE ROAD BLOOMFIELD CT 06002	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	FLORMAN FAMILY FOUNDATION 401 EAST LAS OLAS BLVD 2200 FT. LAUDERDALE FL 33301	\$ 62,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BAPTIST HEALTH SOUTH FLORIDA 6855 RED ROAD CORAL GABLES FL 33413	\$ 56,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	NEW YORK LIFE FOUNDATION 51 MADISON AVENUE NEW YORK NY 10010	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

CHILDREN'S BEREAVEMENT CENTER, INC.

Employer identification number

65-0918564

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	QUANTUM FOUNDATION 2701 NORTH AUSTRALIAN AVE WEST PALM BEACH FL 33407	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	FARRIS FOUNDATION 250 S AUSTRALIAN AVE UNIT 1403 WEST PALM BEACH FL 33401	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	CITIZENS BANK ONE CITIZENS PLAZA PROVIDENCE RI 02903	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	SHIPLEY FOUNDATION NUTTER MCCLENNEN FISH POB 51400 BOSTON MA 02205	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	UNITED WAY OF MIAMI 3250 SW 3RD AVE MIAMI FL 33129	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Open to Public Inspection

Name of the organization

Employer identification number

CHILDREN'S BEREAVEMENT CENTER, INC.

65-0918564

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange program
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
1c	
1d	
1e	
1f	

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment%
- b Permanent endowment%
- c Term endowment%

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations?
- (ii) Related organizations?

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

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

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,567,331
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b		
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,567,331
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,567,331

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

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

1	Total expenses and losses per audited financial statements		1	1,346,131
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a		
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,346,131
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,346,131

Part XIII Supplemental Information

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

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION IS ORGANIZED AS A NOT-FOR-PROFIT ENTITY AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE. UNRELATED BUSINESS INCOME, OF WHICH THE ORGANIZATION HAS NONE FOR THE YEAR ENDED JUNE 30, 2025, WOULD BE SUBJECT TO FEDERAL INCOME TAXES. THE ORGANIZATION'S INFORMATION RETURNS FILED WITH THE INTERNAL REVENUE SERVICE HAVE NOT BEEN EXAMINED IN THE PAST. THE ORGANIZATION IS NOT AWARE OF ANY UNCERTAINTIES THAT COULD JEOPARDIZE ITS NOT-FOR-PROFIT STATUS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES IS DEEMED NECESSARY.

THE ORGANIZATION FOLLOWS THE PROVISIONS OF UNCERTAIN TAX PROVISIONS ADDRESSED BY ASC 740-10 ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2025 AND 2024, FOR WHICH THE ULTIMATE DEDUCTIBILITY IS HIGHLY CERTAIN BUT FOR WHICH THERE ARE UNCERTAINTIES ABOUT THE TIMING OF SUCH DEDUCTIBILITY. THE ORGANIZATION RECOGNIZES INTEREST ACCRUED RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN OPERATING EXPENSE. THE ORGANIZATION HAS DETERMINED THAT NO AMOUNT IS REQUIRED TO BE ACCRUED FOR TAXES OR RELATED PENALTIES AND INTEREST FOR ANY TAX POSITION TAKEN THROUGH JUNE 30, 2025 AND 2024.

PART XIII - SUPPLEMENTAL FINANCIAL INFORMATION

THE TOTAL EXPENSES AND LOSSES REFLECTED IN THE AUDITED FINANCIAL STATEMENTS

Part XIII Supplemental Information *(continued)*

ALIGN WITH THE TOTAL FUNCTIONAL EXPENSES REPORTED ON FORM 990. HOWEVER, FORM 990 PROVIDES A MORE DETAILED BREAKDOWN OF FUNCTIONAL EXPENSES THAN WHAT IS TYPICALLY PRESENTED IN THE AUDITED FINANCIAL STATEMENTS. A RECONCILIATION STATEMENT SHOWING HOW THE FUNCTIONAL EXPENSES CORRESPOND BETWEEN THE AUDITED STATEMENTS AND FORM 990 IS AVAILABLE UPON REQUEST.

**SCHEDULE G
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CHILDREN'S BEREAVEMENT CENTER, INC.

Employer identification number

65-0918564

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of nongovernment grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
TRACY ADIRIKA 1 17980 COURT, APT 1220 AVENTURA FL 33160	VARIOUS		X	404,862	90,000	314,862
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				404,862	90,000	314,862

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

ALL STATES

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>STEPS FOR HEAL</u> (event type)	<u>ROCKIN ON THE G</u> (event type)	<u>3</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	164,042	115,630	125,190	404,862
	2	Less: Contributions	147,160	112,680	125,190	385,030
	3	Gross income (line 1 minus line 2)	16,882	2,950		19,832
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	22,193	22,191	573	44,957
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-25,125

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

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

9 Enter the state(s) in which the organization conducts gaming activities:
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

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

b If "Yes," explain:

SCHEDULE G
(Form 990 or
990-EZ)

Supplemental Information

2024

For calendar year 2024, or tax year beginning **07/01/24**, and ending **06/30/25**

Name of the organization

CHILDREN'S BEREAVEMENT CENTER, INC.

Employer identification number

65-0918564

SCHEDULE G, PAGE 3, PART IV - ADDITIONAL INFORMATION

**FUNDRAISING CONSULTANT, TRACY ADIRIKA, DEDICATED 85% OF HER TIME ON GRANTS:
WRITING, REPORTING, & MANAGEMENT, AND THE REMAINING 15% ON FUNDRAISING
ACTIVITIES/EVENTS.**

**FORM 990, PART VIII, STATEMENT OF REVENUE, LINE 1F: TRACY ADIRIKA'S TIME IS
PRIMARILY DEDICATED TOWARDS RAISING THE \$1,141,284 GRANTS REPORTED ON LINE
1F.**

**THE NET LOSS REPORTED ON SCHEDULE G (SUPPLEMENTAL INFORMATION REGARDING
FUNDRAISING ACTIVITIES) EXCLUDES CONTRIBUTIONS AND DONATIONS RECEIVED FOR
EACH EVENT. PER INTERNAL REVENUE SERVICE REGULATIONS, ALL CONTRIBUTIONS ARE
TO BE REPORTED ON PART VIII OF FORM 990 AS CONTRIBUTIONS FROM FUNDRAISING
EVENTS AND ARE NOT INCLUDED AS REVENUE ON SCHEDULE G.**

SCHEDULE J

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

CHILDREN'S BEREAVEMENT CENTER, INC.

65-0918564

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)									
<p>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</p>	1b									
<p>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?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p> <p>c Participate in or receive payment from an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	X								
	4b	X								
	4c	X								
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5a	X								
	5b	X								
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6a	X								
	6b	X								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>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</p>	8	X								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DEBRA ALBO-STEIGER, LCSW CEO	(i)	170,508	3,000	0	0	0	173,508	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE M (Form 990)

Noncash Contributions

2024

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

Attach to Form 990.

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

CHILDREN'S BEREAVEMENT CENTER, INC.

65-0918564

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Row 25 is highlighted with 'X' in (a), '290' in (b), '107,660' in (c), and 'MARKET VALUE' in (d).

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

Table with 3 columns: Question ID, Yes, No. Row 30a: Yes is empty, No has 'X'. Row 31: Yes is empty, No has 'X'. Row 32a: Yes is empty, No has 'X'.

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

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

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

CHILDREN'S BEREAVEMENT CENTER, INC.

Employer identification number

65-0918564

**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS
TOTAL FOR ALL PROGRAM SERVICES LISTED.**

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS
CHIRA CASSEL **MINDY CASSEL**
TRUSTEE **TRUSTEE**
DAUGHTER/MOTHER

MICHAEL CASSEL **MINDY CASSEL**
TRUSTEE **TRUSTEE**
BROTHER IN LAW

MICHAEL CASSEL **CHIRA CASSEL**
TRUSTEE **TRUSTEE**
NIECE/UNCLE

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
AFTER COMPLETION OF THE RETURN, A COPY IS SENT TO EVERY BOARD MEMBER FOR
THEIR REVIEW. UPON COMPLETION OF THEIR REVIEW AND APPROVAL, IT IS SUBMITTED
TO THE INTERNAL REVENUE SERVICE.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE BOARD MEMBERS REGULARLY AND CONSISTENTLY MONITORS THE CONFLICT OF
INTEREST POLICY.**

**FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
CHILDREN'S BEREAVEMENT CENTER, INC'S POLICY IS TO COMPARE SALARIES TO
SIMILAR ORGANIZATIONS AND GENERAL MARKET CONDITIONS ON AN ANNUAL BASIS.
THE EXECUTIVE COMMITTEE REVIEWS AND APPROVES SALARIES FOR ALL KEY
EMPLOYEES.**

**FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
CHILDREN'S BEREAVEMENT CENTER, INC'S POLICY IS TO COMPARE SALARIES TO
SIMILAR ORGANIZATIONS AND GENERAL MARKET CONDITIONS ON AN ANNUAL BASIS.
THE EXECUTIVE COMMITTEE REVIEWS AND APPROVES SALARIES FOR ALL KEY
EMPLOYEES.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
UPON REQUEST**

**FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES
DESCRIPTION**

	TOT/PROG SERVICE	MGT & GENERAL	FUNDRAISING
CONTRACT LABOR	\$ 294,093	\$ 38,692	\$ 75,097

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
1	PRINTER/COPIER/FAX	5/29/03	460	X	X		0	5	HY 200DB	460	0
3	COMPUTER-NEW	12/04/03	1,356	X	X		0	5	HY 200DB	1,356	0
4	PHONE SYSTEM	6/04/03	1,600	X	X		0	7	HY 200DB	1,600	0
5	OFFICE FURNITURE	6/10/03	6,824	X	X		0	7	HY 200DB	6,824	0
6	LEASEHOLD IMPVTS	5/09/03	1,000				1,000	39	MM S/L	1,000	0
7	LEASEHOLD IMPVTS	5/20/03	1,720				1,720	39	MM S/L	1,720	0
8	OFFICE FURNITURE	10/31/01	2,197			X	1,538	7	HY 200DB	2,197	0
9	COMPUTER	3/30/01	1,729				1,729	5	HY 200DB	1,729	0
10	LAPTOP COMPUTER	12/03/04	1,557	X	X		0	5	HY 200DB	1,557	0
11	BLACKBERRY	5/21/05	481	X			0	5	HY 200DB	481	0
12	DELL LAPTOP COMPUTER	2/09/06	2,501	X			0	5	HY 200DB	2,501	0
13	PHONE SYSTEM	5/25/06	300	X			0	5	HY 200DB	300	0
14	BOOK CASES	12/06/04	495			X	247	7	HY 200DB	495	0
15	STORAGE CABINET	7/06/04	180			X	90	7	HY 200DB	180	0
16	STORAGE CART	11/29/04	107			X	53	7	HY 200DB	107	0
18	TOSHIBA SATELLITE LAPTOP	9/19/11	647	X	X		0	5	HY 200DB	647	0
			<u>23,154</u>				<u>6,377</u>			<u>23,154</u>	<u>0</u>
Other Depreciation:											
17	2007 Computer Additions	6/30/07	690				690	5	MO S/L	690	0
	Total Other Depreciation		<u>690</u>				<u>690</u>			<u>690</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>690</u>				<u>690</u>			<u>690</u>	<u>0</u>
	Grand Totals		23,844				7,067			23,844	0
	Less: Dispositions and Transfers		0				0			0	0
	Less: Start-up/Org Expense		0				0			0	0
	Net Grand Totals		<u>23,844</u>				<u>7,067</u>			<u>23,844</u>	<u>0</u>

FL Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	FL Prior	FL Current	Federal Current	Difference Fed - FL
Prior MACRS:								
1	PRINTER/COPIER/FAX	5/29/03	460	230	460	0	0	0
3	COMPUTER-NEW	12/04/03	1,356	678	1,356	0	0	0
4	PHONE SYSTEM	6/04/03	1,600	800	1,600	0	0	0
5	OFFICE FURNITURE	6/10/03	6,824	3,412	6,824	0	0	0
6	LEASEHOLD IMPVTS	5/09/03	1,000	1,000	1,000	0	0	0
7	LEASEHOLD IMPVTS	5/20/03	1,720	1,720	1,720	0	0	0
8	OFFICE FURNITURE	10/31/01	2,197	1,538	2,197	0	0	0
9	COMPUTER	3/30/01	1,729	1,729	1,729	0	0	0
10	LAPTOP COMPUTER	12/03/04	1,557	779	1,557	0	0	0
11	BLACKBERRY	5/21/05	481	481	481	0	0	0
12	DELL LAPTOP COMPUTER	2/09/06	2,501	2,501	2,501	0	0	0
13	PHONE SYSTEM	5/25/06	300	300	300	0	0	0
14	BOOK CASES	12/06/04	495	247	495	0	0	0
15	STORAGE CABINET	7/06/04	180	90	180	0	0	0
16	STORAGE CART	11/29/04	107	53	107	0	0	0
18	TOSHIBA SATELLITE LAPTOP	9/19/11	647	0	647	0	0	0
			<u>23,154</u>	<u>15,558</u>	<u>23,154</u>	<u>0</u>	<u>0</u>	<u>0</u>
Other Depreciation:								
17	2007 Computer Additions	6/30/07	690	690	690	0	0	0
	Total Other Depreciation		<u>690</u>	<u>690</u>	<u>690</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>690</u>	<u>690</u>	<u>690</u>	<u>0</u>	<u>0</u>	<u>0</u>
	Grand Totals		23,844	16,248	23,844	0	0	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals		<u>23,844</u>	<u>16,248</u>	<u>23,844</u>	<u>0</u>	<u>0</u>	<u>0</u>

CHIL8564 CHILDREN'S BEREAVEMENT CENTER, INC.

65-0918564

Bonus Depreciation Report

FYE: 6/30/2025

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
1	PRINTER/COPIER/FAX	5/29/03	460		460	0	0	0
3	COMPUTER-NEW	12/04/03	1,356		1,356	0	0	0
4	PHONE SYSTEM	6/04/03	1,600		1,600	0	0	0
5	OFFICE FURNITURE	6/10/03	6,824		6,824	0	0	0
8	OFFICE FURNITURE	10/31/01	2,197		0	0	659	1,538
10	LAPTOP COMPUTER	12/03/04	1,557		1,557	0	0	0
14	BOOK CASES	12/06/04	495		0	0	248	247
15	STORAGE CABINET	7/06/04	180		0	0	90	90
16	STORAGE CART	11/29/04	107		0	0	54	53
18	TOSHIBA SATELLITE LAPTOP	9/19/11	647		647	0	0	0
Grand Total			<u>15,423</u>		<u>0</u>	<u>0</u>	<u>1,051</u>	<u>1,928</u>

CHIL8564 CHILDREN'S BEREAVEMENT CENTER, INC.

65-0918564

FYE: 6/30/2025

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Prior MACRS:</u>					
1	PRINTER/COPIER/FAX	5/29/03	460	0	0
3	COMPUTER-NEW	12/04/03	1,356	0	0
4	PHONE SYSTEM	6/04/03	1,600	0	0
5	OFFICE FURNITURE	6/10/03	6,824	0	0
6	LEASEHOLD IMPVTS	5/09/03	1,000	0	0
7	LEASEHOLD IMPVTS	5/20/03	1,720	0	0
8	OFFICE FURNITURE	10/31/01	2,197	0	0
9	COMPUTER	3/30/01	1,729	0	0
10	LAPTOP COMPUTER	12/03/04	1,557	0	0
11	BLACKBERRY	5/21/05	481	0	0
12	DELL LAPTOP COMPUTER	2/09/06	2,501	0	0
13	PHONE SYSTEM	5/25/06	300	0	0
14	BOOK CASES	12/06/04	495	0	0
15	STORAGE CABINET	7/06/04	180	0	0
16	STORAGE CART	11/29/04	107	0	0
18	TOSHIBA SATELLITE LAPTOP	9/19/11	647	0	0
			<u>23,154</u>	<u>0</u>	<u>0</u>
<u>Other Depreciation:</u>					
17	2007 Computer Additions	6/30/07	<u>690</u>	<u>0</u>	<u>0</u>
	Total Other Depreciation		<u>690</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>690</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>23,844</u>	<u>0</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>FL</u>
<u>Prior MACRS:</u>				
1	PRINTER/COPIER/FAX	5/29/03	460	0
3	COMPUTER-NEW	12/04/03	1,356	0
4	PHONE SYSTEM	6/04/03	1,600	0
5	OFFICE FURNITURE	6/10/03	6,824	0
6	LEASEHOLD IMPVTS	5/09/03	1,000	0
7	LEASEHOLD IMPVTS	5/20/03	1,720	0
8	OFFICE FURNITURE	10/31/01	2,197	0
9	COMPUTER	3/30/01	1,729	0
10	LAPTOP COMPUTER	12/03/04	1,557	0
11	BLACKBERRY	5/21/05	481	0
12	DELL LAPTOP COMPUTER	2/09/06	2,501	0
13	PHONE SYSTEM	5/25/06	300	0
14	BOOK CASES	12/06/04	495	0
15	STORAGE CABINET	7/06/04	180	0
16	STORAGE CART	11/29/04	107	0
18	TOSHIBA SATELLITE LAPTOP	9/19/11	647	0
			<u>23,154</u>	<u>0</u>
<u>Other Depreciation:</u>				
17	2007 Computer Additions	6/30/07	<u>690</u>	<u>0</u>
	Total Other Depreciation		<u>690</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>690</u>	<u>0</u>
	Grand Totals		<u>23,844</u>	<u>0</u>

**SCHEDULE G
(Form 990 or
990-EZ)**

Fundraising Other Events

2024

For calendar year 2024, or tax year beginning **07/01/24**, and ending **06/30/25**

Name

Employer Identification Number

CHILDREN'S BEREAVEMENT CENTER, INC.

65-0918564

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>GIVE DAY MIAMI</u>	<u>ROTG AUCTIONS</u>	<u>PIG ROAST</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(event type)	
Revenue	1 Gross receipts	93,174	18,330	13,686	125,190
	2 Less: Charitable contributions	93,174	18,330	13,686	125,190
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses		524	49	573

Form 990	Two Year Comparison Report	2023 & 2024
For calendar year 2024, or tax year beginning 07/01/24 , ending 06/30/25		

Name **CHILDREN'S BEREAVEMENT CENTER, INC.** Taxpayer Identification Number **65-0918564**

		2023	2024	Differences
Revenue	1. Contributions, gifts, grants	1,225,476	1,528,417	302,941
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	10,133	5,525	-4,608
	5. Investment income	57,506	58,437	931
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory		77	77
	8. Net income or (loss) from fundraising events	-46,721	-25,125	21,596
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	1,246,394	1,567,331	320,937
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	162,225	173,507	11,282
	16. Salaries, other compensation, and employee benefits	406,926	437,783	30,857
	17. Professional fundraising fees	89,884	90,000	116
	18. Other professional fees	326,158	407,882	81,724
	19. Occupancy, rent, utilities, and maintenance	16,439	10,189	-6,250
	20. Depreciation and Depletion			
	21. Other expenses	126,118	226,770	100,652
	22. Total expenses. Add lines 13 through 21	1,127,750	1,346,131	218,381
	23. Excess or (Deficit). Subtract line 22 from line 12	118,644	221,200	102,556
Other Information	24. Total exempt revenue	1,246,394	1,567,331	320,937
	25. Total unrelated revenue			
	26. Total excludable revenue	67,639	64,039	-3,600
	27. Total assets	1,861,742	2,238,257	376,515
	28. Total liabilities	163,843	231,893	68,050
	29. Retained earnings	1,697,899	2,006,364	308,465
	30. Number of voting members of governing body	20	20	
31. Number of independent voting members of governing body	20	20		
32. Number of employees	5	5		
33. Number of volunteers	91	104		

Form 990	Tax Return History	2024
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Name CHILDREN'S BEREAVEMENT CENTER, INC.	Employer Identification Number 65-0918564
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	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants	874,290	1,014,356	1,231,529	1,225,476	1,528,417	
Membership dues						
Program service revenue			112,622	10,133	5,525	
Capital gain or loss	10,723				77	
Investment income	43,425	-25,839	16,546	57,506	58,437	
Fundraising revenue (income/loss)	-17,258	-23,990	-82,353	-46,721	-25,125	
Gaming revenue (income/loss)						
Other revenue	269,185	169,753				
Total revenue	1,180,365	1,134,280	1,278,344	1,246,394	1,567,331	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.			156,779	162,225	173,507	
Other compensation	495,266	518,939	468,254	406,926	437,783	
Professional fees	269,847	307,789	366,094	416,042	497,882	
Occupancy costs	3,451	12,381	13,530	16,439	10,189	
Depreciation and depletion						
Other expenses	86,096	79,503	114,281	126,118	226,770	
Total expenses	854,660	918,612	1,118,938	1,127,750	1,346,131	
Excess or (Deficit)	325,705	215,668	159,406	118,644	221,200	
Total exempt revenue	1,180,365	1,134,280	1,278,344	1,246,394	1,567,331	
Total unrelated revenue						
Total excludable revenue	323,333	143,914	129,168	67,639	64,039	
Total Assets	1,374,069	1,439,574	1,663,725	1,861,742	2,238,257	
Total Liabilities	255,098	104,935	158,895	163,843	231,893	
Net Fund Balances	1,118,971	1,334,639	1,504,830	1,697,899	2,006,364	

CHIL8564 CHILDREN'S BEREAVEMENT CENTER, INC.

65-0918564

FYE: 6/30/2025

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 45,256		14			
TOTAL	<u>\$ 45,256</u>					

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDEND INCOME	\$ 13,181		14			
TOTAL	<u>\$ 13,181</u>					

CHIL8564 CHILDREN'S BEREAVEMENT CENTER, INC.

65-0918564

FYE: 6/30/2025

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
CONTRACT LABOR	\$ 407,882	\$ 294,093	\$ 38,692	\$ 75,097
TOTAL	\$ 407,882	\$ 294,093	\$ 38,692	\$ 75,097

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
CONTRIBUTIONS	\$ 250	\$ 180	\$ 24	\$ 46
TOTAL	\$ 250	\$ 180	\$ 24	\$ 46

CHIL8564 CHILDREN'S BEREAVEMENT CENTER, INC.

65-0918564

FYE: 6/30/2025

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
CONTRIBUTIONS AND GIFTS	\$ 292,458
GRANTS LOCAL	706,166
IN-KIND SERVICES	107,660
UNITED WAY	35,000
STEPS FOR HEALING	
CASH CONTRIBUTION	147,160
ROCKIN ON THE GREEN	
CASH CONTRIBUTION	112,680
ROTG AUCTIONS	
CASH CONTRIBUTION	18,330
GIVE DAY MIAMI	
CASH CONTRIBUTION	93,174
PIG ROAST	
CASH CONTRIBUTION	13,686
OTHER EVENTS	
CASH CONTRIBUTION	2,103
TOTAL	<u>\$ 1,528,417</u>

CHIL8564 CHILDREN'S BEREAVEMENT CENTER, INC.

65-0918564

Federal Statements

FYE: 6/30/2025

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
FLORIDA BLUE	\$ 175,000	\$ 54,746
MAE PHILANTHROPIES	100,000	
CIGNA GROUP FOUNDATION	100,000	
FLORMAN FAMILY FOUNDATION	62,500	
BAPTIST HEALTH SOUTH FLORIDA	128,750	8,496
NEW YORK LIFE FOUNDATION	111,035	
QUANTUM FOUNDATION	193,900	73,646
FARRIS FOUNDATION	84,952	
CITIZENS BANK	50,000	
THE BATCHELOR FOUNDATION	200,000	79,746
GARFIELD CHARITABLE FOUNDATION	90,000	
DUNSPAUGH-DALTON FOUNDATION	116,799	
PEACOCK FOUNDATION	35,000	
DR. JOHN T. MACDONALD FOUNDATION	100,000	
COMMUNITY FOUNDATION OF BROWARD	50,000	
BAPTIST HEALTH SOUTH FLORIDA	138,750	18,496
THE CHILDREN'S TRUST	59,833	
AL & JANE NAHMAD FAMILY FOUNDATION	120,000	
KIRK FOUNDATION	131,355	11,101
FREDERICK A. DELUCA FOUNDATION	90,000	
THE MIAMI FOUNDATION	219,879	99,625
SHIPLEY FOUNDATION	40,000	
UNITED WAY OF MIAMI	70,293	
DAVID AND LEILA CENTNER FAMILY	60,000	
THE CARRIE MEEK FOUNDATION	56,566	
	<u>597,733</u>	<u>477,479</u>
TOTAL	<u>\$ 3,182,345</u>	<u>\$ 823,335</u>

CHIL8564 CHILDREN'S BEREAVEMENT CENTER, INC.

65-0918564

FYE: 6/30/2025

Federal Statements

Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
INTEREST INCOME	\$ 45,256
DIVIDEND INCOME	13,181
TOTAL	<u>\$ 58,437</u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
PROGRAM SERVICE REVENUE	\$ 5,525
STEPS FOR HEALING	16,882
ROCKIN ON THE GREEN	2,950
ROTG AUCTIONS	
GIVE DAY MIAMI	
PIG ROAST	
OTHER EVENTS	
TOTAL	<u>\$ 25,357</u>

CHIL8564 CHILDREN'S BEREAVEMENT CENTER, INC.

65-0918564

Federal Statements

FYE: 6/30/2025

STEPS FOR HEALING

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
FUNDRAISING EXPENSES	\$ <u>22,193</u>
TOTAL	\$ <u><u>22,193</u></u>

CHIL8564 CHILDREN'S BEREAVEMENT CENTER, INC.

65-0918564

Federal Statements

FYE: 6/30/2025

ROCKIN ON THE GREEN

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
CREDIT CARD FEES	\$ 1,265
FUNDRAISING EXPENSES	20,926
TOTAL	<u>\$ 22,191</u>

CHIL8564 CHILDREN'S BEREAVEMENT CENTER, INC.

65-0918564

Federal Statements

FYE: 6/30/2025

ROTG AUCTIONS

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
FUNDRAISING EXPENSE	\$ 524
TOTAL	\$ <u>524</u>

CHIL8564 CHILDREN'S BEREAVEMENT CENTER, INC.

65-0918564

Federal Statements

FYE: 6/30/2025

GIVE DAY MIAMI

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
CREDIT CARD FEES	\$ _____
TOTAL	\$ <u>0</u>

CHIL8564 CHILDREN'S BEREAVEMENT CENTER, INC.

65-0918564

Federal Statements

FYE: 6/30/2025

PIG ROAST

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
CREDIT CARD FEES	\$ 49
TOTAL	\$ <u>49</u>