EXTENDED TO MAY 15, 2023

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

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.

Inspection

A For the 2021 calendar year, or tax year beginning $JUL I$, 2021 and end	ل ling	UN 30, 2022		
B Check if applicable: C Name of organization		D Employer identifi	cation number	
Address Change DAVID ORTIZ CHILDREN'S FUND				
Name change Doing business as		45-16444	37	
,	m/suite	E Telephone numbe		
Final return/ 214 MAIN STREET 448	8	(714) 23		
city or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,249,547.	
Amended return EL SEGUNDO, CA 90245		H(a) Is this a group re		
Application Pending Pe			? Yes X No	
SAME AS C ABOVE	_	H(b) Are all subordinates in		
I Tax-exempt status: X 501(c)(3)	527	·	list. See instructions	
J Website: ► HTTP: //WWW.DAVIDORTIZCHILDRENSFUND.ORG/		H(c) Group exemptio		
K Form of organization: X Corporation	L Year o	of formation: ZUIU N	M State of legal domicile: VA	
TIPL D. CT	D T TT	CAT.T.V TT.T. CI	HTT.DR FN	
1 Briefly describe the organization's mission or most significant activities: HELP CI OBTAIN PEDIATRIC SURGICAL AND MEDICAL CARE				
OBTAIN PEDIATRIC SURGICAL AND MEDICAL CARE Check this box if the organization discontinued its operations or disposed of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)				
3 Number of voting members of the governing body (Part VI, line 1a)		1	15	
4 Number of independent voting members of the governing body (Part VI, line 1b)			15	
			0	
6 Total number of volunteers (estimate if necessary)			50	
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a 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.	
		Prior Year	Current Year	
8 Contributions and grants (Part VIII, line 1h)		656,811.	1,066,462.	
9 Program service revenue (Part VIII, line 2g)		0.	0.	
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2.	0.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		237,082.		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		893,895.	1,264,173.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		466,345.	497,492.	
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.	
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (D), line 25)		0.	0.	
b Total fundraising expenses (Part IX, column (D), line 25) 109,370	<u>. </u>			
Other expenses (Fart IX, Column (A), lines 11a-11u, 111-24e)		599,666.	892,930.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,066,011.	1,390,422.	
19 Revenue less expenses. Subtract line 18 from line 12		-172,116.	-126,249.	
Total assets (Part X, line 16) 20 Total liabilities (Part X, line 26)	Beg	ginning of Current Year	End of Year	
20 Total assets (Part X, line 16)		2,165,379.	2,081,002.	
#d		6,561.	48,433.	
22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block		2,158,818.	2,032,569.	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and	Latatama	nto and to the heat of m	/ knowledge and heliof it is	
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which p			/ knowledge and beller, it is	
titue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which p	Jiepaiei	lias any knowledge.		
Sign Signature of officer		Date		
Sign Signature of officer Here HALLIE LORBER, PRESIDENT				
Type or print name and title				
Print/Type preparer's name Preparer's signature		Date Check	PTIN	
Paid JAYME MIKA	3.	/14/2023 if self-employ		
Preparer Firm's name KEITER, STEPHENS, MURST, GARY & SH	IREAV		54-1631262	
Use Only Firm's address 4401 DOMINION BLVD	<u>-==</u> •	o Ent		
GLEN ALLEN, VA 23060		Phone no. (8	04) 747-0000	
May the IRS discuss this return with the preparer shown above? See instructions	<u></u>		X Yes No	

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE DAVID ORTIZ CHILDREN'S FUND PROVIDES ESSENTIAL SUPPORT FOR CHILDREN IN THE DOMINICAN REPUBLIC AND IN NEW ENGLAND WHO CANNOT
	AFFORD THE CRITICAL CARDIAC SERVICES THEY NEED. WE ARE PROUD TO
	PARTNER WITH CEDIMAT HOSPITAL IN SANTO DOMINGO AND THE MASSACHUSETTS
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	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.
7	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 \$ 884,635 • including grants of \$ 422,492 •) (Revenue \$)
	DIRECT FUNDING OF PEDIATRIC SURGERIES AND ASSOCIATED EXPENSES. THIS
	INCLUDES PAYMENTS FOR PEDIATRIC SURGICAL COSTS FOR CHILDREN WHO HAVE
	BEEN DETERMINED TO BE IN FINANCIAL NEED OF SUPPORT, AND PROCUREMENT OF
	SURGICAL EQUIPMENT AND SUPPLIES FOR THESE CHILDREN'S PROCEDURES. IN
	ADDITION TO THESE CONTRIBUTIONS, THE DOCF SECURES HIGHLY SKILLED
	PEDIATRIC CARDIOLOGY SURGEONS AND MEDICAL PROFESSIONALS TO DONATE THEIR
	TIME FOR THESE SURGERIES AND FOLLOW UP CARE. DOCF COORDINATES WITH
	BOTH LOCAL MEDICAL PROFESSIONALS IN THE DOMINICAN REPUBLIC AND WITH
	CARDIAC SURGEONS FROM THE UNITED STATES, AND COORDINATES THE USE OF
	MEDICAL FACILITIES, TRAVEL AND OTHER REQUIREMENTS OF MULTI-DAY MISSIONS
	TO TREAT CHILDREN IN NEED. IN TOTAL, DOCF CONTRIBUTED \$526,029 IN
	DONATED MEDICAL SERVICES AND FACILITIES IN FY 2022.
4b	(Code:) (Expenses \$
	COMPREHENSIVE CONGENITAL HEART DISEASE EDUCATION, AWARENESS-RAISING AND
	COMMUNITY SCREENING MISSIONS FOR PEDIATRIC CONGENITAL HEART CASES.
	THIS INCLUDES OUTREACH WITH EDUCATIONAL MESSAGING, COORDINATION BETWEEN
	LOCAL AGENCIES AND FAMILIES IN NEED, AND SCREENING DAYS WITH TRAINED
	PHYSICIANS IN RURAL AREAS AND IN EMERGENCY ROOM.
4c	(Code:) (Expenses \$75,000 • including grants of \$75,000 •) (Revenue \$)
	PROVIDE FUNDING FOR MASSACHUSETTS GENERAL HOSPITAL IN SUPPORT OF
	IMPROVED PEDIATRIC CARDIAC CARE.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,228,975.
	Form 990 (2021)

Form 990 (2021) DAVID ORTIZ CHILDREN'S FUND Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D		12b		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13	Pid the approximation projection on office and because the state of the United Obstaco	14a	Х	1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	148	21	\vdash
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	441.	Х	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		\vdash
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		v	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	Х	

Form	1990 (2021) DAVID ORTIZ CHILDREN'S FUND 45-16	44437	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			,,
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			,,
	Schedule K. If "No," go to line 25a			X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			,,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			,,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	<u>26</u>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	.		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	•		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1			X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization	?		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Pal	rt 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	<u></u>	 T	\perp
		11	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	11		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

Form **990** (2021)

Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 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)? Х 4a **b** If "Yes," enter the name of the foreign country ▶ DOMINICAN REPUBLIC See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a 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 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 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 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

> 6 Form **990** (2021) 2021.05060 DAVID ORTIZ CHILDREN'S FU 083095.1

If "Yes," complete Form 6069.

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

				Yes	N						
1a	Enter the number of voting members of the governing body at the end of the tax year	.5									
	If there are material differences in voting rights among members of the governing body, or if the governing				l						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				ı						
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	.5			l						
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?	. L	2		X						
3	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?	L	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	L	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	L	5		X						
6	Did the organization have members or stockholders?	. L	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				l						
	more members of the governing body?	. L	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				l						
	persons other than the governing body?	. L7	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	[За	Х	L						
b	Each committee with authority to act on behalf of the governing body?	. [8	3b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				l						
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
	· · · · · · · · · · · · · · · · · · ·			Yes	N						
					7.7						

10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	and the control of th	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b		15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a				
	taxable entity during the year?	16a		Х
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 wh	nich a copy of this Form 990 is i	required to be filed 🕨	NONE			
18	Section 6104 requires	an organization to make its Fo	rms 1023 (1024 or 1024-	A, if applicable), 990	, and 990-T (section 5	01(c)(3)s only) a	vailable
	for public inspection. I	ndicate how you made these a	vailable. Check all that a	pply.			
	Own website	X Another's website	X Upon request	Other (exp	lain on Schedule O)		
		,					

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and reco 20

State the	name, addres	ss, and ter	ephone num	iber of the	person who posses	sses me	organizations	s books and records	
WARRE	EN WHITN	1EY -	804-28	32-95	66				
7231	FOREST	AVE,	SUITE	203,	RICHMOND,	VA	23226		

Form **990** (2021)

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

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

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

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

(A) Check this box if neither the organize	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos	itior			Reportable	Reportable	Estimated
Traine and the	hours per					than o		compensation	compensation	amount of
	week	offi				r/trus		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	9			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		ploye	t con	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) SUE BRADY	3.00	_	_		<u> </u>	T 9	ш			
DIRECTOR		Х						0.	0.	0.
(2) C. J. DECRESCENTE	3.00									
DIRECTOR		Х						0.	0.	0.
(3) SAL JAMAL	3.00									
DIRECTOR		Х						0.	0.	0.
(4) DR. RONALD KLEINMAN	4.00									
DIRECTOR		Х						0.	0.	0.
(5) LARRY LUCCHINO	2.00									
DIRECTOR		Х						0.	0.	0.
(6) ERIC MAYS	3.00								_	_
DIRECTOR		Х						0.	0.	0.
(7) JOHN CLARK	3.00								_	_
EXECUTIVE VICE PRESIDENT		Х						0.	0.	0.
(8) TIFFANY ORTIZ	6.00									
EXECUTIVE VICE PRESIDENT		Х						0.	0.	0.
(9) DARREN ROSS	2.00	1							_	
DIRECTOR		Х						0.	0.	0.
(10) DAVID ORTIZ	5.00	ļ								
DIRECTOR	2 22	Х						0.	0.	0.
(11) WILLIAM STONE	3.00	.,								•
DIRECTOR (12) NELLA DEL A DE	40.00	Х						0.	0.	0.
(12) NELVA PELAEZ	40.00	Х						0.	0.	0
VP DOM REP DEV	40.00	Δ						0.	0.	0.
(13) HALLIE LORBER PRESIDENT	40.00	Х		х				0.	0.	0.
(14) KIRK SCHRODER	3.00	^		^	-			0.	J •	0.
SECRETARY	3.00	Х		Х				0.	0.	0.
(15) ALEX PANLILIO	3.00			<u> </u>						.
DIRECTOR	3.00	х						0.	0.	0.
		T-								
		1								
		1					l			

Form 990 (2021)

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			•	C)			(D)	(E)		(F)	
Name and title	Average	(do		Posi		l than c	one	Reportable	Reportable		Estima	ted
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	n	amoun	t of
	week		cer an	ia a a	recto	r/trus	iee)	from	from related		othe	
	(list any	director						the	organizations	- 1	compens	
	hours for related	or di	96			ated		organization	(W-2/1099-MIS	C/	from t	
	organizations	ustee	trust		e e	Suedi		(W-2/1099-MISC/	1099-NEC)		organiza	
	below	ual tr	tional		ploye	t con	_	1099-NEC)			and rela organiza	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				Organiza	
	,	=	=	0	¥	Ξ 0	ш.					
1h Subtotal								0.		0.		0.
1b Subtotal c Total from continuation sheets to Part VI								0.		0.		0.
								0.		0.		0.
d Total (add lines 1b and 1c)							2 "		000 of reportable			•
compensation from the organization	ot illflited to th	ose	liste	u au	ove) WII	O TE	eceived more than \$100,	ooo or reportable			0
											Yes	No
3 Did the organization list any former officer,	director, truste	ee, k	еу е	empl	oye	e, or	hig	hest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for s											3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150											4	X
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ıch r	oers	on .					5	Х
Section B. Independent Contractors												
1 Complete this table for your five highest continuous the organization. Report compensation for the organization.	· ·	-							· · · · · · · · · · · · · · · · · · ·	ensa	tion from	
(A)				<u> </u>				(B)			(C)	
Name and business	address							Description of s	ervices	С	ompensati	on
DO GOOD; MAKE MONEY								PROGRAM AND	PROJECT			
620 WEST MAPLE AVENUE, EL	SEGUND	ο.	C.	Α	90	24	- 1	MANAGEMENT			195,0	000.
		- ,										
O Tatal growth as a find a section to set to 1.	a alicalia e le cel		_:4 -	J 1 - 1	LIL -		- د د		and the are			
2 Total number of independent contractors (in	iciuaing but no	זכ ווח	ıııtec	a tO 1	เทอร	e IIS	ιed	above) who received mo	re than			

Form **990** (2021)

\$100,000 of compensation from the organization

Form 990 (2021) DAVID O
Part VIII Statement of Revenue

			Check if Schedule O contains a	a response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenuè excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	'								
ij g			Membership dues		838,235.				
fts, Ar			Fundraising events	1d	030,233.				
ig ig			Related organizations						
ns, Sim			Government grants (contributions)	1e					
utio er (All other contributions, gifts, grants, and	1 1	222 227				
현된			similar amounts not included above \dots		228,227.				
ont od (•	Noncash contributions included in lines 1a-1f	1g \$	402,112.	1 055 150			
<u>ŏ</u> <u>ö</u>		h	Total. Add lines 1a-1f			1,066,462.			
					Business Code				
e	2	а							
Program Service Revenue		b							
S		С							
am		d							
og B		е							
P		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divide						
			other similar amounts)						
	4		Income from investment of tax-exer						
	5		Royalties	-					
	_			(i) Real	(ii) Personal				
	6	а	Gross rents 6a	· ·	. ,				
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Not rental income or (loss)						
			` '	Securities	(ii) Other				
	′		Circle and	occurrics .	(ii) Other				
			assets other than inventory 7a						
			Less: cost or other basis						
her Revenue			and sales expenses						
ève			Gain or (loss) 7c						
æ			Net gain or (loss)						
he	8	а	Gross income from fundraising events	·					
δ			including \$838,235	<u>·</u> of					
			contributions reported on line 1c).						
			Part IV, line 18	<u>8a</u>	1,183,085.				
		b	Less: direct expenses	8b	985,374.				
		С	Net income or (loss) from fundraisir	ng events		197,711.			197,711.
	9	а	Gross income from gaming activities	es. See					
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming a	ctivities					
	10	а	Gross sales of inventory, less return	ns					
			and allowances	10a					
			Less: cost of goods sold						
			Net income or (loss) from sales of in						
			· · ·		Business Code				
Miscellaneous Revenue	11	а							
ine Due		b		_					
ella		c		_					
isc.			All other revenue						
Σ			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			1,264,173.	0.	0.	197,711.

Form 990 (2021) DAVID ORTIZ CHILDREN'S FUND Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon-				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	75,000.	75,000.		
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	400 400	400 400		
	individuals. See Part IV, lines 15 and 16	422,492.	422,492.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	9	10.000		10.000	
С	5	12,880.		12,880.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,	222 444	242 522	0= 644	- 0.400
	column (A), amount, list line 11g expenses on Sch O.)	308,444.	218,698.	37,644.	52,102.
12	Advertising and promotion	1,931.	1,931.	422	
13	Office expenses	18,908.	10,961.	433.	7,514.
14	Information technology				
15	Royalties				
16	Occupancy	24.252	24.424		
17	Travel	34,269.	34,194.		75.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	45.040			45.040
19	Conferences, conventions, and meetings	47,842.	2,500.		45,342.
20	Interest				
21	Payments to affiliates	255 555	055 555		
22	Depreciation, depletion, and amortization	255,555.	255,555.	1 000	
23	Insurance	1,069.		1,069.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
-	amount, list line 24e expenses on Schedule 0.) CHARITABLE MEDICAL ACTI	206,588.	206,588.		
a	PROCESSING FEES	2,451.	400,300.		2,451.
b	MEALS	1,458.	406.		1,052.
C	WEBSITE	1,450.	650.		740.
d		145.	030.	51.	94.
	All other expenses		1 220 075		
<u>25</u>	Total functional expenses. Add lines 1 through 24e	1,390,422.	1,228,975.	52,077.	109,370.
26	Joint costs . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2021)

Form 990 (2021)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments	1,490,835.	2	1,068,564.		
	3	Pledges and grants receivable, net			60,000.	3	40,000.
	4	Accounts receivable, net			15,100.	4	33,549.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial co	ntributor, or 35%			
		controlled entity or family member of any of the	nese persor	ns		5	
	6	Loans and other receivables from other disqu	alified pers	ons (as defined			
		under section 4958(f)(1)), and persons describ	ed in section	on 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			5,000.	9	50,000.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	1,495,057.			
	b	Less: accumulated depreciation	10b	606,168.	144,444.	10c	888,889.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lir				13	
	14	Intangible assets	450.000	14			
	15	Other assets. See Part IV, line 11	450,000.	15	0.		
	16	Total assets. Add lines 1 through 15 (must e			2,165,379.	16	2,081,002.
	17	Accounts payable and accrued expenses	6,561.	17	48,433.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul					
Lia Lia	00	controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unr				23 24	
	24 25	Unsecured notes and loans payable to unrela				24	
	23	Other liabilities (including federal income tax, parties, and other liabilities not included on lir					
			•			25	
	26	Total liabilities. Add lines 17 through 25			6,561.	26	48,433.
		Organizations that follow FASB ASC 958, c	heck here	► X			
es		and complete lines 27, 28, 32, and 33.					
SI C	27				2,098,818.	27	1,992,569.
3ak	28				60,000.	28	40,000.
둳		Organizations that do not follow FASB ASC			•		,
Ξ		and complete lines 29 through 33.	,				
p	29	Capital stock or trust principal, or current fund	ds			29	
;ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated		Г		31	
Net Assets or Fund Balances	32				2,158,818.	32	2,032,569.
~	33	Total liabilities and net assets/fund balances			2,165,379.	33	2,081,002.
					•		Form 990 (2021)

Form **990** (2021)

Pa	T 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	<u>1,26</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,39		
3	Revenue less expenses. Subtract line 2 from line 1	3	-12		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,15	8,8	<u> 18.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	2,03	2,5	69.
Pa	t 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization DAVID ORTIZ CHILDREN'S FUND 45-1644437 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support			,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	,	,
	membership fees received. (Do not						
	include any "unusual grants.")	429,778.	893,029.	650,470.	514,406.	1066462.	3554145.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	429,778.	893,029.	650,470.	514,406.	1066462.	3554145.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						550 554
	column (f)						759,754.
	Public support. Subtract line 5 from line 4.						2794391.
	• • • • • • • • • • • • • • • • • • • •	() 22/-	# N 22.42	() 22/2	() 2222	() 222 ((0
	ndar year (or fiscal year beginning in)	(a) 2017 429, 778.	(b) 2018 893, 029.	(c) 2019 650, 470.	(d) 2020 514,406.	(e) 2021 1066462.	(f) Total 3554145.
	Amounts from line 4	429,110.	093,049.	030,470.	314,400.	1000402.	3334143.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	44.		586.	2.	0.	632.
_	and income from similar sources	44.		200.	4.	0.	032.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3554777.
	Gross receipts from related activities,	etc. (see instruction	ins)			12 4	,833,577.
	First 5 years. If the Form 990 is for th					<u> </u>	, , -
	organization, check this box and stop	•				. , . ,	>
Sec	tion C. Computation of Publi		centage				,
14	Public support percentage for 2021 (li	ne 6, column (f), d	ivided by line 11, c	column (f))		14	78.61 %
	Public support percentage from 2020					15	52.19 %
	33 1/3% support test - 2021. If the o					ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶ X
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			▶□
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		▶∟
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th				•		. —
	organization meets the facts-and-circu			•			.
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u> </u>

Schedule A (Form 990) 2021

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

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

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to r expended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a w	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.5	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

132023 01-04-22

Schedule A (Form 990) 2021

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

1		Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
3a	1		
3a			
3a			
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	2		
3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
3c	3a		
3c			
3c			
4a	3b		
4a			
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	3с		
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
4c 5a 5b 5c 6 7 8 8 9a 9b 9c	4a		
4c 5a 5b 5c 6 7 8 8 9a 9b 9c			
4c 5a 5b 5c 6 7 8 8 9a 9b 9c			
5a 5b 5c 6 7 8 9a 9b	4b		
5a 5b 5c 6 7 8 9a 9b			
5a 5b 5c 6 7 8 9a 9b			
5a 5b 5c 6 7 8 9a 9b	_		
5b	4c		
5b			
5c 6 7 8 9a 9b 9c	5a		
5c 6 7 8 9a 9b 9c	Eh		
6 7 8 9a 9b 9c			
7 8 9a 9b	50		
7 8 9a 9b			
7 8 9a 9b			
7 8 9a 9b			
7 8 9a 9b	6		
9a 9b 9c			
9a 9b 9c			
9a 9b 9c	7		
9a 9b 9c			
9b 9c	8		
9b 9c			
9b 9c			
9c	9a		
9c			
	9b		
100	9с		
100			
1 400			
iua	10a		
10b 10b 2001			

132024 01-04-21 Schedule A (Form 990) 2021

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported	1		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Seci	ion D. All Type III Supporting Organizations			Г
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructio	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Schedule A (Form 990) 2021

5

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

3

<u>4</u> 5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

3 Minimum asset amount for prior year (from Section B, line 8, column A)

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

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
c	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i_	Carryover from 2016 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2021

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
BADIA SPICES, INC.	325,000.	253,904.
ANTHONY IANNIELLO	105,000.	33,904.
FIDELITY INVESTMENTS	500,000.	428,904.
THE GIVENGAIN FOUNDATION	114,138.	43,042.
Total Excess Contributions to Schedule A, Part II, Line 5		759,754.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization Employer identification number

DAVID ORTIZ CHILDREN'S FUND 45-1644437 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. 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).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

DAVID ORTIZ CHILDREN'S FUND

45-1644437

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	ETX 2000 CENTER STREET BERKELEY, CA 94704	\$\$5,325.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE GIVENGAIN FOUNDATION AV. CENTRALE 122, 1884 VILLARS-SUR-OLLON SWITZERLAND	\$114,138.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DAVID AND TIFFANY ORTIZ 9505 SW 63RD COURT PINECREST, FL 33156	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ALEXANDER CICCOLO 75 POND ST NORWELL, MA 02061	\$ 23,606.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	ADAM JONES 9333 MILKWEED LOOP PHOENIX, AZ 85037	\$ <u>25,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

DAVID ORTIZ CHILDREN'S FUND

45-1644437

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	CRYPTOCURRENCY	\$\$5,325.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization **Employer identification number** DAVID ORTIZ CHILDREN'S FUND 45-1644437 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

DAVID ORTIZ CHILDREN'S FUND

Employer identification number 45-1644437

Par	t I Organizations Maintaining Donor Advised Fund	ls or Other Sir	nilar Funds or Ad	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			
		(a) Donor advised	funds ((b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing the	nat the assets held	l in donor advised fund	ds
	are the organization's property, subject to the organization's exclusive	e legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors $\ensuremath{\mathrm{i}}$	n writing that gran	it funds can be used o	nly
	for charitable purposes and not for the benefit of the donor or donor a	advisor, or for any	other purpose conferr	ing
_	impermissible private benefit?			
Par	t II Conservation Easements. Complete if the organization	n answered "Yes'	on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (chec	k all that apply).		
	Preservation of land for public use (for example, recreation or e	ducation)	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified cons	servation contribut	ion in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic structure in			2c
d	Number of conservation easements included in (c) acquired after 7/25			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, released, e	xtinguished, or te	minated by the organi	zation during the tax
	year >			
4	Number of states where property subject to conservation easement is	· · · · · · · · · · · · · · · · · · ·		
5	Does the organization have a written policy regarding the periodic mo			
	violations, and enforcement of the conservation easements it holds?			
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	g of violations, and	enforcing conservation	n easements during the year
_	Assessment of consequences for some of the consequence of the conseque			
7	Amount of expenses incurred in monitoring, inspecting, handling of vi	iolations, and enfo	rcing conservation eas	sements during the year
•	> \$		- f H 470/I-\/4\/D\	(*)
8	Does each conservation easement reported on line 2(d) above satisfy			
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation easer		·	
	balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements.	ie organization s ii	manciai statements the	at describes trie
Par	t III Organizations Maintaining Collections of Art, H	istorical Trea	sures. or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form 990, Pa		,	
	If the organization elected, as permitted under FASB ASC 958, not to		ue statement and hala	ance sheet works
	of art, historical treasures, or other similar assets held for public exhibit	•		
	service, provide in Part XIII the text of the footnote to its financial stat			ice of public
b	If the organization elected, as permitted under FASB ASC 958, to rep			sheet works of
_	art, historical treasures, or other similar assets held for public exhibition			
	provide the following amounts relating to these items:	,,		
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
	(ii) Assets included in Form 990, Part X			. .
2	If the organization received or held works of art, historical treasures, or			· · ———
•	the following amounts required to be reported under FASB ASC 958			
а	Revenue included on Form 990, Part VIII, line 1	-		> \$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions for For			Schedule D (Form 990) 2021

		RTIZ CHILD						<u> 5-16</u>			age 2
Pai	rt III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar	Assets	(contin	nued)	
3	Using the organization's acquisition, accession	n, and other record	s, check	any of the f	ollowing tha	t make si	gnificant us	se of its			
	collection items (check all that apply):										
а	Public exhibition	C		Loan or excl	nange progra	am					
b	Scholarly research	•		Other							
С	Preservation for future generations										
4	Provide a description of the organization's col	llections and explain	n how th	ey further th	e organizatio	on's exem	npt purpos	e in Part	XIII.		
5	During the year, did the organization solicit or	•		-	-						
	to be sold to raise funds rather than to be mai	intained as part of t	he orgar	nization's col	lection?			\square	Yes		No
Pai	rt IV Escrow and Custodial Arrang								ine 9, or		
	reported an amount on Form 990, Part										
	Is the organization an agent, trustee, custodia	n or other intermed	liary for o	contributions	or other as	sets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
		·	· ·						Amoun	t	
С	Beginning balance						1c				
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planatio	n has been i	orovided on	Part XIII]
Pai							0.				
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d) Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С		6									
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
За	Are there endowment funds not in the posses	sion of the organiza	ation tha	t are held an	d administe	red for the	e organizat	ion			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the		wment f	unds.							
Pai	rt VI Land, Buildings, and Equipme	ent.									
	Complete if the organization answered	"Yes" on Form 990), Part IV	/, line 11a. S	ee Form 990), Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulated	t	(d) Boo	k value	9
		basis (investr	ment)	basis	(other)	dep	oreciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment			1,49	5,057.	6	06,16	8.	88	8,88	39.
е	Other										

Schedule D (Form 990) 2021

888,889.

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

	CHILDREN'S F	UND	45-1644437 Page 3
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 o	r end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost o	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<u> </u>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lin	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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 ... X

Schedule D (Form 990) 2021

(9)

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

	edule D (Form 990) 2021 DAVID ORTIZ CHILDREN'S FUND		L644437 Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	₹eturn.	
	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	1,597,115.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	· .	
С	Recoveries of prior year grants		
	I Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	332,942.
3	Subtract line 2e from line 1		1,264,173.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		, ,
-	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	0.
Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) Irt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	r Returr	1,201,175.
ı u	O 11 71 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		1,723,364.
1	Total expenses and losses per audited financial statements	. 1	1,723,304.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	,	
	Donated services and use of facilities 2a 332,942	<u> </u>	
	Prior year adjustments 2b	_	
С	Other losses 2c	_	
	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		332,942.
3	Subtract line 2e from line 1	. 3	1,390,422.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	1,390,422.
Pa	rt XIII Supplemental Information.		
	vide 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	e 4; Part X	, line 2; Part XI,
PAF	RT X, LINE 2:		
IAN	NAGEMENT HAS EVALUATED THE EFFECTS OF ACCOUNTING GUIDANCE	RELAT	TED TO
JNC	CERTAIN INCOME TAX POSITIONS AND CONCLUDED THAT THE ORGANI	ZATIC	N HAD NO
SIC	GNIFICANT FINANCIAL STATEMENT EXPOSURE TO UNCERTAIN INCOME	TAX	POSITIONS
ΑT	JUNE 30, 2022 AND 2021. THE ORGANIZATION IS NOT CURRENTI	Y UNI	DER AUDIT
ВY	ANY TAX JURISDICTION.		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

lame of the organization					Employer identi	fication number
DAVID ORTIZ CHI	LDREN'S E	TUND			45-164443	37
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "	Yes" on
Form 990, Part IV	/, line 14b.					
			ds to substantiate the amount of its gra			1 (47)
the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes X No
2 For grantmakers. Desc	rihe in Part V the	organization's r	procedures for monitoring the use of its	arants and oth	ner assistance outs	side the
United States.	inde ii i ait v tile	organization 3 p	orocedures for mornitoring the use of its	grants and ou	iei assistance outs	side tile
	ne following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)		
(a) Region	(b) Number of offices in the region	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prog describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
			FUNDRAISE, RUN SEVERAL			
OMINICAN REPUBLIC	0	1	PROGRAMS AND MAKE GRANTS	PEDIATRIC S	URGERIES	422,492.
						+
						1
3 a Subtotal	0	1				422,492.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a						100 100

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

Schedule F (Form 990) 2021

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			PEDIATRIC SURGERIES	422,492.	WIRE TRANS	0.		
			e recognized as charities by the					

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.												
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)					

Schedule F (Form 990) 2021 Part IV Foreign Forms

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

Schedule F (Form 990) 2021

SCHEDULE G (Form 990)

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

2021

Open to Public Inspection

lame of the organization						Employer ide	ntification number					
							437					
	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.											
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a												
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization					
		Yes	No									
- Cotal												
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is	exempt from re	gistration					

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

Schedule G (Form 990) 2021

45-1644437 Page 2 DAVID ORTIZ CHILDREN'S FUND Schedule G (Form 990) 2021 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 CELEBRITY BOSTON HEART (add col. (a) through GOLF TOURNAMCLASSIC col. (c)) (event type) (total number) (event type) 1,246,735. 632,430. 142,155. 2,021,320. Gross receipts 488,150. 207,930. 142,155. 838,235. 2 Less: Contributions 758,585. 424,500. 1,183,085. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages Entertainment 8 784,872. 179,757. 20,745. 985,374. Other direct expenses 985,374 **10** Direct expense summary. Add lines 4 through 9 in column (d) 197,711 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes % Yes 6 Volunteer labor No

а	Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? If "No," explain:	Yes	☐ No
10a	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	Yes	No No

132082 10-21-21

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)

Sch	edule G (Form 990) 2021	DAVID ORT	IZ CHI	LDREN'S FUND		45-164443	7 Page 3
11	Does the organization conduc	t gaming activities with	nonmembe	rs?		Yes	s No
	Is the organization a grantor, b						
	to administer charitable gamin					Yes	s No
13	Indicate the percentage of gar	ning activity conducted	d in:				
	The organization's facility					13a	%
	An outside facility						
	Enter the name and address o						70
14	Effet the hame and address of	the person who prepa	ares trie orga	anization's gaming/speci	al events books and record	15.	
	Name						
	Address >						
15a	Does the organization have a	contract with a third pa	arty from who	om the organization rece	ives gaming revenue?	Yes	s No
b	If "Yes," enter the amount of g	gaming revenue receive	d by the org	anization > \$	and the amo	ount	
	of gaming revenue retained by						
С	If "Yes," enter name and addre						
	Name ▶						
	A status as a N						
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	on 🕨 \$					
	darning manager compensation						
	Description of services provide	ed >					
				_			
	Director/officer	Employee		Independent contrac	tor		
	Mandatory distributions:						
а	Is the organization required ur		charitable di	stributions from the gam	ning proceeds to		—
	retain the state gaming license					Yes	S L No
b	Enter the amount of distribution	•		distributed to other exem	npt organizations or spent i	n the	
Da	organization's own exempt ac						
Pa					ine 2b, columns (iii) and (v)	; and Part III, lines 9	9, 9b, 10b,
	15b, 15c, 16, and 17b	, as applicable. Also pr	ovide any ac	dditional information. Se	e instructions.		

Schedule G (Form 990) DAVID ORTIZ CHILDREN S FUND	45-1644437 Page 4
Schedule G (Form 990) DAVID ORTIZ CHILDREN'S FUND Part IV Supplemental Information (continued)	
, is a second of the second of	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

2021
Open to Public

Inspection

OMB No. 1545-0047

Employer identification number Name of the organization 45-1644437 DAVID ORTIZ CHILDREN'S FUND Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990. Part IV. line 21. for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) SUPPORT PEDIATRIC CARDIAC MASS GENERAL HOSPITAL SURGERIES, PROVIDE TRAINING FOR EMERGENCY 55 FRUIT STREET 04-1564655 0 CARE WORKERS, TO BOSTON, MA 02114 75,000. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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Enter total number of other organizations listed in the line 1 table

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2021

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information re	equired in Part I, lin	e 2; Part III, columr	n (b); and any other ad	ditional information.	
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT	r: MASS GE	NERAL HOS	PITAL		
(H) PURPOSE OF GRANT OR ASSISTANCE	E: SUPPORT	PEDIATRI	C CARDIAC S	URGERIES,	
PROVIDE TRAINING FOR EMERGENCY CAI	RE WORKERS	, TO EFFE	CTIVELY DIA	GNOSE AND	
RESPOND TO PEDIATRIC HEART CARE N	EEDS, CREA	TING AN U	PLIFTING DI.	AGNOSIS	
AND TREATMENT SPACE, AND PROVIDING	G CHILD LI	FE SPECIA	LIST SUPPOR	T FOR	
PEDIATRIC PATIENTS.					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

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

➤ Attach to Form 990.

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

Name of the organization DAVID ORTIZ CHILDREN'S FUND

Types of Property

Employer identification number 45-1644437

		(a)	(b)	(c)		(d)			
		Check if applicable	Number of contributions or	Noncash contri amounts repor		Method of de noncash contribu		_	•
		арріісаріе	items contributed			Tioricasii contribu	ilionai	Hourit	
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies	Х		166	,387.				
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ▶ (VARIOUS AUCTI)	X	32	163	,700.	FMV			
26	Other (CRYPTOCURRENC)	X	1	45	,325.	FMV			
27	Other ▶ (MEDICAL EQUIP)	X	1	26	,700.	FMV			
28	Other ()								
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co	ontributions					
	for which the organization completed Form 82	83, Part V, D	onee Acknowledge	ement	29				
								Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, line	s 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't require	ed to be us	sed for			
	exempt purposes for the entire holding period?	?					30a		_ X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	oolicy that re	equires the review o	of any nonstandard	d contribut	tions?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to solic	cit, process, or sell	noncash				_
	contributions?						32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column	(a) is ched	cked,			
	describe in Part II.								
I HA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).		Schedule M	1 (Forn	n 990)	2021

132141 11-17-21

132142 11-17-21

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DAVID ORTIZ CHILDREN'S FUND

Employer identification number 45-1644437

DITTE CHILD CHILD DICE.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
REPUBLIC AND IN THE UNITED STATES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
GENERAL HOSPITAL FOR CHILDREN TO FULFILL THIS MISSION. THROUGH
OUTREACH, EDUCATION, AND SUPPORT FOR MEDICAL CARE, WE'RE COMMITTED TO
ENHANCING THE HEALTH AND WELL-BEING OF CHILDREN WHO REQUIRE LIFE-SAVING
HEART SURGERIES.
FORM 990, PART VI, SECTION B, LINE 11B:
EACH OFFICER AND DIRCTOR REVIEWS THE RETURN PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
WE HAVE A WRITTEN CONFLICT OF INTEREST POLICY AND EACH BOARD MEMBER IS
REQUIRED TO REVIEW AND SIGN IT ANNUALLY.
FORM 990, PART VI, SECTION B, LINE 15A:
MEETING OF EXECUTIVE COMMITTEE, REVIEW OF COMPARABLE ORGANIZATIONS, ALONG
WITH OTHER ORGANIZATIONS REQUIRING SAME SKILL SET.
FORM 990, PART VI, SECTION C, LINE 19:
NO OTHER DOCUMENTS AVAILABLE TO THE PUBLIC.
FORM 990, PART IX, LINE 11G, OTHER FEES:
PROFESSIONAL SERVICES:
PROGRAM SERVICE EXPENSES 218,698.

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

Schedule O (Form 990) 2021

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	Name of the organization DAVID ORTIZ CHILDREN'S FUND													number
MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES												37,6	44.	
												52,1	02.	
TOTAL EXPENSES												308,4	44.	
TOTAL	OTHER	FEES	ON	FORM	990,	PART	IX,	LINE	11G,	COL	A		308,4	44.