

Return of Organization Exempt From Income Tax

Form 990

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

2022

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

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

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CHILD'S VOICE SCHOOL		D Employer identification number ** - ***1325
	Doing business as		E Telephone number 630-595-8200
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 2,651,724.
	180 HANSEN COURT		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code WOOD DALE, IL 60191		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
F Name and address of principal officer: DAN STRATIS SAME AS C ABOVE		H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.CHILDVOICE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1995 M State of legal domicile: IL

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE MISSION OF CHILD'S VOICE IS TO EMPOWER CHILDREN WITH HEARING LOSS TO BE SUCCESSFUL IN ALL
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3	Number of voting members of the governing body (Part VI, line 1a) 3 14
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 11
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 52
	6	Total number of volunteers (estimate if necessary) 6 106
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.

Revenue		Prior Year	Current Year
		8	Contributions and grants (Part VIII, line 1h) 1,463,632.
9	Program service revenue (Part VIII, line 2g) 1,713,220.	1,701,102.	
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 123,353.	280,035.	
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 417,777.	49,907.	
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,717,982.	2,600,325.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,524,969.	2,446,274.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) 181,524.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 555,101.	674,508.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,080,070.	3,120,782.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12 637,912.	-520,457.
	20	Total assets (Part X, line 16) 8,913,445.	8,421,637.
	21	Total liabilities (Part X, line 26) 318,462.	182,913.
	22	Net assets or fund balances. Subtract line 21 from line 20 8,594,983.	8,238,724.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	DAN STRATIS, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name CHERYL K. ROHLFS, CPA	Preparer's signature <i>Cheryl Rohlf</i>	Date 5/29/24	Check if self-employed <input type="checkbox"/>	PTIN P01387972
	Firm's name CHERYL ROHLFS & ASSOCIATES, LTD.	Firm's EIN ** - ***8687			
	Firm's address 401 HUEHL ROAD, SUITE 1E NORTHBROOK, IL 60062	Phone no. 847-753-9200			

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

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. CHILD'S VOICE SCHOOL	Taxpayer identification number (TIN) **-***1325
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 180 HANSEN COURT	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WOOD DALE, IL 60191	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

WENDY DETERS

• The books are in the care of ▶ **180 HANSEN COURT - WOOD DALE, IL 60191**

Telephone No. ▶ **630-595-8200** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE MISSION OF CHILD'S VOICE IS TO EMPOWER CHILDREN WITH HEARING LOSS TO BE SUCCESSFUL IN ALL EDUCATIONAL AND SOCIAL SETTINGS BY OPTIMIZING THEIR LISTENING, SPEAKING AND ACADEMIC SKILLS, OUR PROGRAMS PROVIDE SPECIALIZED SUPPORT AND EDUCATION TO CHILDREN WITH HEARING LOSS AND

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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

4a (Code:) (Expenses \$ 1,663,859. including grants of \$) (Revenue \$ 1,546,099.)

SCHOOL PROGRAM: FOR NEARLY 27 YEARS, CHILD'S VOICE HAS EMPOWERED CHILDREN WITH HEARING LOSS FOR A LIFETIME OF LEARNING ALONGSIDE THEIR HEARING PEERS. PARENTS ARE GIVEN THE OPPORTUNITY TO PROVIDE THEIR CHILD WITH THE EDUCATIONAL SERVICES THEY NEED.

CHILD'S VOICE PARTNERS WITH FAMILIES WITH THE END GOAL OF PREPARING EACH STUDENT TO MOVE INTO THEIR NEIGHBORHOOD SCHOOL DISTRICTS AND ATTEND THEIR LOCAL MAINSTREAM SCHOOLS. AS THE ONLY PRIVATE SCHOOL IN NORTHERN ILLINOIS THAT SUPPORTS THIS UNDERSERVED POPULATION, WE PROVIDE SPECIALIZED DEAF EDUCATION TO CHILDREN AND THEIR FAMILIES.

THE SCHOOL PROGRAM IS A SCHOOL-AGE, CLASSROOM-STYLE, LISTENING AND

4b (Code:) (Expenses \$ 677,343. including grants of \$) (Revenue \$ 180,763.)

EARLY INTERVENTION: CHILDREN BEGIN LISTENING EVEN BEFORE THEY ARE BORN. LEARNING THE SOUNDS OF THEIR MOTHER, HEARING HER VOICE, HER HEARTBEAT. THOSE EARLY DAYS AND YEARS ARE SPENT ABSORBING ALL THE SOUNDS AND VOICES AROUND THEM. WHEN AN INFANT/TODDLER IS DIAGNOSED WITH HEARING LOSS THEY HAVE LOST THAT EARLY EXPOSURE TO SOUND. THAT CHILD IS NOW WORKING TO CLOSE THE GAP IN THAT EARLY LEARNING. CHILD'S VOICE STRIVES TO BRIDGE THAT GAO.

THE EARLY INTERVENTION PROGRAM PROVIDES A FOUNDATION OF LISTENING AND SPOKEN LANGUAGE SKILLS TO CHILDREN FROM BIRTH THROUGH THREE YEARS OLD. THIS IS SHARED THROUGH HOME BASED SERVICES (INDIVIDUALIZED SPEECH AND LESTENING THERAPIES ALONG WITH PARENT EDUCATION SUPPORT), THE BABY

4c (Code:) (Expenses \$ 179,687. including grants of \$) (Revenue \$ 34,435.)

AUDIOLOGY CENTER & PEDICATRIC EARLY HEARING DETECTION & INTERVENTION (PEHDI) PROGRAM: THE AUDIOLOGY CENTER PROVIDES SERVICES TO ALL CHILDREN IN THE SCHOOL PROGRAM AS WELL AS THOSE ATTENDING THE GROUPS IN THE EARLY INTERVENTION PROGRAM. THESE SERVICES INCLUDE DIAGNOSTIC TESTING EVALUATION AND DEVICE (HEARING AIDS/COCHLEAR IMPLANTS) SUPPORT. ADDITIONALLY, THE PEDIATRIC HEARING & INTERVENTION (PEHDI) PROGRAM OFFERS DIAGNOSTIC TESTING TO IMPROVE THE FOLLOW UP OF FAMILIES WITH NEWBORNS/INFANTS AT RISK FOR HEARING LOSS AND INCREASING THE TIMELINESS OF DIAGNOSIS WHEN A LOSS IS PRESENT. WITH THE AMAZING AND CONTINUED ADVANCEMENTS IN TECHNOLOGY, EARLY IDENTIFICATION, AND EARLY INTERVENTION SERVICES, CHILDREN WITH HEARING LOSS CAN DEVELOP THE SKILLS TO LISTEN AND TO SPEAK. THIS BEGINS WITH EARLY DIAGNOSIS AND

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ 225,186.)

4e Total program service expenses 2,520,889.

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, controlled entities, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent 11		
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization		<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
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?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed IL
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
WENDY DETERS - 630-595-8200
180 HANSEN COURT, WOOD DALE, IL 60191

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WENDY DETERS EXECUTIVE DIRECTOR	40.00	X						118,807.	0.	0.
(2) DAWN A. VIOLETTO DIRECTOR OF AUDIOLOGY	40.00				X			115,558.	0.	0.
(3) ROLLEN M. COOPER DIRECTOR OF EARLY INTERVENTION	40.00				X			111,698.	0.	0.
(4) DAN STRATIS PRESIDENT	2.00	X		X				0.	0.	0.
(5) CATHY JARECZEK VICE PRESIDENT	2.00	X		X				0.	0.	0.
(6) JENNIFER POLSTON SECRETARY	2.00	X		X				0.	0.	0.
(7) DAN MCMAHON TREASURER	2.00	X		X				0.	0.	0.
(8) MEG BRESLIN DIRECTOR	2.00	X						0.	0.	0.
(9) JEFF BELDEN DIRECTOR	2.00	X						0.	0.	0.
(10) SHANNON DEAMER DIRECTOR	2.00	X						0.	0.	0.
(11) JULIE LYNK DIRECTOR	2.00	X						0.	0.	0.
(12) CATHERINE CAPPUZZELLO DIRECTOR	2.00	X						0.	0.	0.
(13) ZORNITSA PETROVA DIRECTOR	2.00	X						0.	0.	0.
(14) ANGELA CHAUDHARI DIRECTOR	2.00	X						0.	0.	0.

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	95,276.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	60,049.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	413,956.			
	g Noncash contributions included in lines 1a-1f	1g	\$ 8,030.			
	h Total. Add lines 1a-1f		569,281.			
	Program Service Revenue	2 a SCHOOL DISTRICT TUITIO	Business Code 611110	1,507,457.	1,507,457.	
b INSURANCE PAYMENTS		611110	141,476.	141,476.		
c PARENT TUITION AND FEE		611110	52,169.	52,169.		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			1,701,102.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		160,329.	160,329.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a	(i) Real			
			(ii) Personal			
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	119,706.		
			(ii) Other			
	b Less: cost or other basis and sales expenses	7b	0.			
c Gain or (loss)	7c	119,706.				
d Net gain or (loss)		119,706.	119,706.			
8 a Gross income from fundraising events (not including \$ 95,276. of contributions reported on line 1c). See Part IV, line 18	8a		95,960.			
		b Less: direct expenses	8b	51,399.		
		c Net income or (loss) from fundraising events		44,561.	44,561.	
9 a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a					
		b Less: cost of goods sold	10b			
		c Net income or (loss) from sales of inventory				
Miscellaneous Revenue	11 a RENTALS	Business Code 611110	3,262.	3,262.		
	b MISCELLANEOUS	611110	2,084.	2,084.		
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		5,346.			
12 Total revenue. See instructions		2,600,325.	1,986,483.	0.	44,561.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,079,523.	1,793,644.	181,973.	103,906.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	185,910.	151,957.	24,535.	9,418.
10 Payroll taxes	180,841.	147,814.	23,866.	9,161.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	120,036.	49,596.	44,894.	25,546.
12 Advertising and promotion	3,799.		518.	3,281.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	18,829.	16,023.	1,531.	1,275.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	108,739.	87,739.	15,527.	5,473.
23 Insurance	14,404.		14,404.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a COMPUTER SERVICES	105,538.	89,478.	9,177.	6,883.
b SUPPLIES	44,415.	24,284.	19,258.	873.
c JONITORIAL SERVICES	34,646.	31,596.	1,525.	1,525.
d BUILDING AND GROUNDS MA	34,153.	31,236.	1,459.	1,458.
e All other expenses	189,949.	97,522.	79,702.	12,725.
25 Total functional expenses. Add lines 1 through 24e	3,120,782.	2,520,889.	418,369.	181,524.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	5,749,984.	1	165,748.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	700,000.	3	350,000.
	4	Accounts receivable, net	205,899.	4	278,153.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	32,611.	9	14,430.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,527,245.		
	b	Less: accumulated depreciation	10b 1,896,179.	1,712,286.	10c 1,631,066.
	11	Investments - publicly traded securities	512,665.	11	5,967,277.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	14,963.
16	Total assets. Add lines 1 through 15 (must equal line 33)	8,913,445.	16	8,421,637.	
Liabilities	17	Accounts payable and accrued expenses	316,962.	17	166,386.
	18	Grants payable		18	
	19	Deferred revenue	1,500.	19	0.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	16,527.
	26	Total liabilities. Add lines 17 through 25	318,462.	26	182,913.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	3,191,717.	27	2,792,090.
	28	Net assets with donor restrictions	5,403,266.	28	5,446,634.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	8,594,983.	32	8,238,724.	
33	Total liabilities and net assets/fund balances	8,913,445.	33	8,421,637.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,600,325.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,120,782.
3	Revenue less expenses. Subtract line 2 from line 1	3	-520,457.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,594,983.
5	Net unrealized gains (losses) on investments	5	164,198.
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	8,238,724.

Part XII Financial Statements and Reporting

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

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

Form 990 (2022)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14		%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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?		
b	A family member of a person described on line 11a above?		
c	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.		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Schedule A (Form 990) 2022

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information.

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

2022

Name of the organization

CHILD'S VOICE SCHOOL

Employer identification number

** - ***1325

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization

Employer identification number

CHILD'S VOICE SCHOOL

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MCMASTER-CARR SUPPLY COMPANY P.O. BOX 680 ELMHURST, IL 60126	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	GRACE BERSTED FOUNDATION PO BOX 653067 DALLAS, TX 75265	\$ 18,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	RICK & HEATHER SMURAWSKI 452 S. POPLAR AVE ELMHURST, IL 60126	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	WILLIAM & EVELYN FUCHS FOUNDATION 1900 S. HIGHLAND AVE, SUITE 100 LOMBARD, IL 60148	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	HERMINE C. ROTHMAN 311 S. WACKER DRIVE, SUITE 4190 CHICAGO, IL 60606	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	HELEN BRACH FOUNDATION 140 SOUTH MICHIGAN AVE, STE 1310 CHICAGO, IL 60608	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CHILD'S VOICE SCHOOL

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	W.P. & H.B. WHITE FOUNDATION 540 FRONTAGE ROAD, SUITE 3240 NORTHFIELD, IL 60093	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	LAURIE MCMAHON 311 E. 6TH ST. HINSDALE, IL 60521	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	JOHN & JANE DEMLER CHARITABLE FOUNDATION C/O MORGAN STANLEY GIFT FUND PURCHASE, NY 10577	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	INSPERITY 19001 CRESCENT SPRINGS DRIVE KINGWOOD, TX 77339	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	NATHAN & LISA LEWIS 230 CARRIAGE TRAIL BARRINGTON, IL 60010	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	WINTRUST/SCHAUMBURG BANK & TRUST 1180 E. HIGGINS RD. SCHAUMBURG, IL 60173	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CHILD'S VOICE SCHOOL

**** - ***1325**

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
13	RAVIN GANDHI 175 E DELAWARE PL, APT. 6410 CHICAGO, IL 60611	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	A. MONTGOMERY WARD FOUNDATION 111 N. WACKER DRIVE CHICAGO, IL 60606	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	ROBERT & LAURIE MCMAHON FAMILY FUND C/O THE DUPAGE COMMUNITY FOUNDATION DOWNERS GROVE, IL 60515	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	NANCY AND JACK HARTUNG 1821 AUBURN AVE. NAPERVILLE, IL 60565	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CHILD'S VOICE SCHOOL

**** - ***1325**

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization

Employer identification number

CHILD'S VOICE SCHOOL

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

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

_____ _____ _____	_____ _____ _____
-------------------------	-------------------------

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

_____ _____ _____	_____ _____ _____
-------------------------	-------------------------

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

_____ _____ _____	_____ _____ _____
-------------------------	-------------------------

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

_____ _____ _____	_____ _____ _____
-------------------------	-------------------------

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

CHILD'S VOICE SCHOOL

Employer identification number

-*1325

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes No

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

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

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

Yes No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2022

232051 09-01-22

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

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

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

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,000,000.				
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	5,000,000.				

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

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

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

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

	Yes	No
(i) Unrelated organizations		X
(ii) Related organizations		X

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,613,918.	1,208,846.	1,405,072.
c Leasehold improvements		603,886.	434,009.	169,877.
d Equipment		256,573.	207,773.	48,800.
e Other		52,868.	45,551.	7,317.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,631,066.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITIES	16,527.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,819,253.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	164,198.	
b	Donated services and use of facilities	2b	3,331.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	51,399.	
e	Add lines 2a through 2d	2e	218,928.	
3	Subtract line 2e from line 1	3	2,600,325.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,600,325.	

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

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

1	Total expenses and losses per audited financial statements		1	3,175,512.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	3,331.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	51,399.	
e	Add lines 2a through 2d	2e	54,730.	
3	Subtract line 2e from line 1	3	3,120,782.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,120,782.	

Part XIII Supplemental Information.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 51,399.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES 51,399.

SCHEDULE E
(Form 990)

Schools

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

CHILD'S VOICE SCHOOL

Employer identification number

-*1325

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>NONDISCRIMINATION POLICY IS INCLUDED IN ADVERTISING AND NEWS RELEASES.</u>		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d Copies of all material used by the organization or on its behalf to solicit contributions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Admissions policies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Employment of faculty or administrative staff?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Scholarships or other financial assistance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Educational policies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Use of facilities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Athletic programs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Other extracurricular activities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Has the organization's right to such aid ever been revoked or suspended?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Schedule E (Form 990) 2022

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

Lined area for supplemental information.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GOLF OUTING	GALLERY NIGHT	1	(add col. (a) through col. (c))
Revenue		(event type)	(event type)	(total number)	
1	Gross receipts	140,166.	46,550.	4,520.	191,236.
2	Less: Contributions	62,746.	32,530.		95,276.
3	Gross income (line 1 minus line 2)	77,420.	14,020.	4,520.	95,960.
Direct Expenses					
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs	25,039.			25,039.
7	Food and beverages	3,492.	5,410.		8,902.
8	Entertainment				
9	Other direct expenses	16,122.	1,336.		17,458.
10	Direct expense summary. Add lines 4 through 9 in column (d)				51,399.
11	Net income summary. Subtract line 10 from line 3, column (d)				44,561.

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

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

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

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

CHILD'S VOICE SCHOOL

Employer identification number

** - ***1325

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

EDUCATIONAL AND SOCIAL SETTINGS BY OPTIMIZING THEIR LISTENING, SPEAKING
AND ACADEMIC SKILLS, OUR PROGRAMS PROVIDE SPECIALIZED SUPPORT AND
EDUCATION TO CHILDREN WITH HEARING LOSS AND THEIR FAMILIES.

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

THEIR FAMILIES.

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

SPOKEN LANGUAGE PROGRAM FOR CHILDREN AGED 3-8. STUDENTS RECEIVE AN
INTENSIVE CLASSROOM EDUCATION FOCUSED ON LANGUAGE AND AUDITORY SKILL
DEVELOPMENT AS WELL AS KEY ACADEMIC COMPONENTS AND SOCIAL INTERACTIONS.

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

VOICES GROUP (A BI-MONTHLY GROUP SESSION FOR PARENTS AND INFANT/TODDLER
4 WEEKS - 17 MONTHS TARGETING PARENT EDUCATION, SOCIAL INTERACTION AND
SUPPORT) AND THE TODDLER GROUP (A GROUP EXPERIENCE THAT PROVIDES SOCIAL
INTERACTION, A VARIED LANGUAGE/LISTENING ENVIRONMENT AND
LANGUAGE/VOCABULARY EXPOSURE FOR CHILDREN 18 MONTHS - 3 YEARS WITH
THEIR PARENTS).

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

GOOD ACCESS TO SOUND, BOTH OF WHICH CAN BE ACCOMPLISHED THROUGH THE
AUDIOLOGY CENTER AT CHILD'S VOICE. WHEN CHILDREN LEAVE CHILD'S VOICE,
THEY ARE BETTER PREPARED FOR SUCCESS. THE CURRICULUM AND THERAPIES
SHARED PROVIDE THE BUILDING BLOCKS NEEDED FOR THESE CHILDREN TO ACHIEVE

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization

CHILD'S VOICE SCHOOL

Employer identification number

-*1325

GREAT THINGS. THEY HAVE BUILT A STRONG FOUNDATION THAT ENABLES THE STUDENT AND THEIR FAMILY TO SUCCEED. THE WONDERFUL SUCCESS OF THE THE MANY CHILD'S VOICE GRADUATES IS DUE, IN LARGE PART, TO THE EARLY EDUCATION THEY RECEIVED AT CHILD'S VOICE. WE OFTEN SAY THAT A FUTURE PRESIDENT WALKS OUR HALLWAYS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FUNDRAISING EVENTS AND INVESTMENT INCOME THAT BENEFIT THE ENTIRE ORGANIZATION

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 225,186.

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

PRIOR TO FILING THE ENTIRE BOARD OF DIRECTORS IS PROVIDED A COPY OF THE FORM 990 FOR THEIR REVIEW.

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

ANNUALLY EACH MEMBER OF THE BOARD OF DIRECTORS AND EMPLOYEES ARE REQUESTED TO SIGN AND SUBMIT THE CONFLICT OF INTEREST DISCLOSURE FORM. FORMS ARE UPDATED AS NECESSARY DURING THE YEAR. POSSIBLE CONFLICTS ARE REVIEWED AT MEETINGS OF THE BOARD DIRECTORS AND DECISIONS ARE RECORDED IN THE MINUTES.

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

COMPENSATION ADJUSTMENTS FOR THE EXECUTIVE DIRECTOR ARE DECIDED BY THE PRESIDENT OF THE BOARD AFTER A PERFORMANCE REVIEW AND APPROVED BY THE VICE PRESIDENT AND TREASURER OF THE BOARD.

ADJUSTMENTS FOR THE OTHER STAFF MEMBERS ARE RECOMMENDED BY THE EXECUTIVE DIRECTOR AND APPROVED BY THE BOARD OF DIRECTORS BASED ON AN ANNUAL SALARY

Name of the organization

CHILD'S VOICE SCHOOL

Employer identification number

** - ***1325

SURVEY OF PAY SCHEDULES AT COMPARABLE AREA SCHOOLS.

FORM 990, PART VI, SECTION C, LINE 18:

FORM 990 IS AVAILABLE FOR INSPECTION UPON REQUEST AT THE SCHOOL OFFICE.

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

THE GOVERNING BYLAWS ARE ON FILE WITH THE ILLINOIS SECRETARY OF STATE. THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE PROVIDED UPON REQUEST.

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	BUILDING	06/03/03	SL	40.00		16	2,236,357.				2,236,357.	1,094,286.		55,909.	1,150,195.
2	CARPET	02/01/03	SL	7.00		16	76,613.				76,613.	76,613.		0.	76,613.
3	DOORS	02/01/03	SL	7.00		16	7,100.				7,100.	7,100.		0.	7,100.
4	SPRINKLERS	02/01/03	SL	7.00		16	11,680.				11,680.	11,680.		0.	11,680.
5	PLAYGROUND/FENCE	08/01/03	SL	15.00		16	72,701.				72,701.	72,701.		0.	72,701.
6	FURNITURE	04/10/03	SL	7.00		16	6,991.				6,991.	6,991.		0.	6,991.
7	FURNITURE	04/24/03	SL	7.00		16	644.				644.	644.		0.	644.
8	FURNITURE	05/20/03	SL	7.00		16	15,200.				15,200.	15,200.		0.	15,200.
9	FURNITURE	06/10/03	SL	7.00		16	1,842.				1,842.	1,842.		0.	1,842.
10	FURNITURE	06/30/03	SL	7.00		16	1,917.				1,917.	1,917.		0.	1,917.
11	WATER HEATER	01/20/04	SL	10.00		16	1,340.				1,340.	1,340.		0.	1,340.
12	PLASTIC LAMINATE BENCHES , CLEATS	06/22/04	SL	7.00		16	6,897.				6,897.	6,897.		0.	6,897.
13	GLASS DOORS	08/24/04	SL	7.00		16	500.				500.	500.		0.	500.
14	GLASS DOORS	09/07/04	SL	7.00		16	1,000.				1,000.	1,000.		0.	1,000.
15	PLAY GROUND EQUIPMENT	06/13/05	SL	5.00		16	1,681.				1,681.	1,681.		0.	1,681.
16	INSTALL PLAYGROUND EQUIPMENT	08/15/05	SL	5.00		16	480.				480.	480.		0.	480.
17	PLAY GROUND EQUIPMENT	10/20/05	SL	5.00		16	4,932.				4,932.	4,932.		0.	4,932.
18	BACKFLOW HOSES	06/30/06	SL	7.00		16	3,706.				3,706.	3,706.		0.	3,706.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	SEAL AND STRIP PARKING LOT	08/15/06	SL	7.00		16	1,935.				1,935.	1,935.		0.	1,935.
20	DOOR CLOSET	08/23/06	SL	7.00		16	3,715.				3,715.	3,715.		0.	3,715.
21	AUDIOLOGY DRAWINGS	05/07/06	SL	7.00		16	4,556.				4,556.	4,556.		0.	4,556.
22	PLAYGROUND INSTALL	01/10/06	SL	5.00		16	2,000.				2,000.	2,000.		0.	2,000.
23	DEFIBRILLATOR	07/25/06	SL	5.00		16	1,362.				1,362.	1,362.		0.	1,362.
24	HVAC	02/03/07	SL	15.00		16	47,580.				47,580.	47,580.		0.	47,580.
25	ROOF REPLACEMENT	06/11/07	SL	7.00		16	22,071.				22,071.	22,071.		0.	22,071.
26	ROOF REPLACEMENT	06/26/07	SL	7.00		16	47,820.				47,820.	47,820.		0.	47,820.
27	ROOF	06/30/07	SL	7.00		16	4,751.				4,751.	4,751.		0.	4,751.
28	AUDIOLOGY SUITE BUILDOUT	09/11/07	SL	15.00		16	46,366.				46,366.	45,722.	644.		46,366.
29	AUDIOLOGY LAB EQUIPMENT	04/30/07	SL	5.00		16	23,194.				23,194.	23,194.		0.	23,194.
30	PHONES & INSTALLATION MIDWEST PROP-2 OFFICE	09/05/07	SL	7.00		16	2,599.				2,599.	2,599.		0.	2,599.
31	CONVERSION	06/12/08	SL	15.00		16	2,188.				2,188.	1,969.	146.		2,115.
32	BALANCE OF OFFICE CONVERSION	08/19/08	SL	15.00		16	4,163.				4,163.	3,746.	278.		4,024.
33	FURNITURE-OFFICE DEPOT	10/09/08	SL	7.00		16	656.				656.	656.		0.	656.
34	AUDIOLOGY SUITE FURNITURE	05/15/08	SL	7.00		16	520.				520.	520.		0.	520.
35	AUDIOLOGY CHAIRS & TABLE	09/04/08	SL	7.00		16	1,359.				1,359.	1,359.		0.	1,359.
36	PARKING LOT CATCH BASIN	06/25/09	SL	15.00		16	1,800.				1,800.	1,620.	120.		1,740.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	BENCHES-DAN STRATIS	02/19/09	SL	7.00		16	665.				665.	665.	0.	0.	665.
38	J-K LOG INC-CHAIRS X 4	08/12/09	SL	7.00		16	640.				640.	640.	0.	0.	640.
39	PARKING LOT DRAIN TO STREET	06/08/10	SL	7.00		16	600.				600.	600.	0.	0.	600.
40	SHED	11/22/10	SL	15.00		16	5,351.				5,351.	4,132.	357.	357.	4,489.
41	INSPIRO/NOAH LINK	03/09/10	SL	5.00		16	5,816.				5,816.	5,816.	0.	0.	5,816.
42	2 POWERFLUSH	04/06/10	SL	5.00		16	1,030.				1,030.	1,030.	0.	0.	1,030.
43	BUSINESS CARD DESKS ASSEMBLE 4 DESKS & FILE	03/02/10	SL	7.00		16	2,649.				2,649.	2,649.	0.	0.	2,649.
44	CABINET	03/16/10	SL	7.00		16	910.				910.	910.	0.	0.	910.
45	DESK AND 3 RACKMOUNTS	07/14/10	SL	7.00		16	1,230.				1,230.	1,230.	0.	0.	1,230.
46	TV IN LOBBY	04/06/11	SL	5.00		16	2,705.				2,705.	2,705.	0.	0.	2,705.
47	SMART BOARDS	03/08/11	SL	5.00		16	2,468.				2,468.	2,468.	0.	0.	2,468.
48	TODDLER CHANGING TABLE	10/11/11	SL	5.00		16	642.				642.	642.	0.	0.	642.
49	5 MEDIUM DUTY RACKS	12/22/11	SL	5.00		16	2,172.				2,172.	2,172.	0.	0.	2,172.
50	BOOKSHELVES	09/19/11	SL	7.00		16	1,647.				1,647.	1,647.	0.	0.	1,647.
51	AUDIOLOGY EQUIPMENT	09/26/12	SL	5.00		16	19,808.				19,808.	19,808.	0.	0.	19,808.
52	TOY BINS & WALL CABINETS	09/13/12	SL	7.00		16	2,479.				2,479.	2,479.	0.	0.	2,479.
53	PHILLIPS HEART START	09/11/13	SL	5.00		16	1,215.				1,215.	1,215.	0.	0.	1,215.
54	CHICAGO BUILDOUT	09/03/13	SL	5.00		16	17,647.				17,647.	17,647.	0.	0.	17,647.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
55	AUDIOLOGY RENOVATION	01/17/14	SL	15.00		16	10,291.				10,291.	5,774.		686.	6,460.
56	AUDIOLOGY REMODEL	01/17/14	SL	15.00		16	14,709.				14,709.	8,253.		980.	9,233.
57	M&M LOCK & SAFE DOOR LOCKS	08/05/14	SL	15.00		16	2,386.				2,386.	1,259.		159.	1,418.
58	DRAPERY MINI BLINDS	08/15/14	SL	7.00		16	1,635.				1,635.	1,616.		19.	1,635.
59	ROSE PAVING CO PARKING LOT REPAIR	10/26/15	SL	15.00		16	9,508.				9,508.	4,226.		634.	4,860.
60	SOLVAST CAMERA CHICAGO	06/10/15	SL	5.00		16	1,791.				1,791.	1,791.		0.	1,791.
61	VINTECH EQUIPMENT 1	04/08/15	SL	5.00		16	997.				997.	997.		0.	997.
62	VINTECH EQUIPMENT 2	04/14/15	SL	5.00		16	997.				997.	997.		0.	997.
63	VINTECH SERVICE CALL	04/23/15	SL	5.00		16	95.				95.	95.		0.	95.
64	AUDIOLOGY SYSTEM-SUITE	08/25/15	SL	5.00		16	37,465.				37,465.	37,465.		0.	37,465.
65	30" PLAY DECK	09/04/13	SL	7.00		16	1,607.				1,607.	1,607.		0.	1,607.
66	CLASSROOM ACTIVITY TABLE AND CHAIR	09/04/13	SL	7.00		16	794.				794.	794.		0.	794.
67	RAISE RITE SIDEWALK REPAIR	06/08/16	SL	15.00		16	3,615.				3,615.	1,466.		241.	1,707.
68	PHONAK LLC-ROGER WALLPILOTDIGI	09/21/16	SL	5.00		16	2,042.				2,042.	1,941.		102.	2,043.
69	CHICAGO CONDO BUILDING	06/01/17	SL	40.00		16	377,561.				377,561.	49,212.		9,439.	58,651.
70	VERVIA, INC-BUILDING IMPROVEMENT	03/06/17	SL	40.00		16	4,471.				4,471.	596.		112.	708.
71	STEVE BUSSA DECORATING INC.	03/22/17	SL	40.00		16	1,489.				1,489.	195.		37.	232.
72	COTG-SMART BOARD	03/06/17	SL	5.00		16	3,382.				3,382.	2,931.		451.	3,382.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
73	CPTG-SMART BOARD	09/07/17	SL	5.00		16	9,606.				9,606.	9,126.		480.	9,606.
74	COTG-SMART BOARD	09/07/17	SL	5.00		16	4,836.				4,836.	4,594.		242.	4,836.
75	CAMERA CHICAGO-INV 102218	11/15/18	SL	5.00		16	600.				600.	440.		120.	560.
76	COTG-2 SMARTBOARDS	01/17/18	SL	5.00		16	9,606.				9,606.	8,645.		961.	9,606.
77	DELL SERVER & MIGRATION	07/01/18	SL	5.00		16	6,123.				6,123.	4,898.		1,225.	6,123.
78	EPSON POWERLINE LCD PROJECTOR	07/01/18	SL	5.00		16	1,489.				1,489.	1,191.		298.	1,489.
79	INTEL NUC KIT-SMARTBOARD GRANT	08/15/18	SL	5.00		16	1,762.				1,762.	1,380.		352.	1,732.
80	NEW WIFI ACCESS POINTS	08/15/18	SL	5.00		16	2,028.				2,028.	1,589.		405.	1,994.
81	DELL OPTIFLEX	08/15/18	SL	5.00		16	8,375.				8,375.	6,560.		1,675.	8,235.
82	DELL LED MONITOR	11/18/18	SL	5.00		16	400.				400.	293.		80.	373.
83	VILLA PARK OFFICE EQUIPMENT	03/14/18	SL	5.00		16	940.				940.	799.		141.	940.
84	ADVANCEMENT FURNITURE	07/03/19	SL	5.00		16	544.				544.	317.		109.	426.
85	CAMERA-WOOD DALE	12/17/19	SL	5.00		16	400.				400.	280.		80.	360.
86	PORT SWITCH	12/17/19	SL	5.00		16	1,998.				1,998.	1,398.		400.	1,798.
87	HARD DRIVE UPDATE	12/07/19	SL	5.00		16	600.				600.	420.		120.	540.
88	INTEL NUC KIT-SMARTBOARD GRANT	02/25/19	SL	5.00		16	727.				727.	497.		145.	642.
89	SMARTBOARD GRANT	02/18/19	SL	5.00		16	3,681.				3,681.	2,515.		736.	3,251.
90	SMARTBOARD GRANT	06/21/19	SL	5.00		16	3,680.				3,680.	2,208.		736.	2,944.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
91	SMARTBOARD GRANT	06/24/19	SL	5.00		16	639.				639.	394.		128.	522.
92	PLAGROUND SHADE	07/30/19	SL	7.00		16	9,987.				9,987.	4,161.		1,427.	5,588.
93	SMARTBOARD GRANT	09/16/19	SL	5.00		16	4,447.				4,447.	3,558.		889.	4,447.
94	SMARTBOARD GRANT	09/17/19	SL	5.00		16	730.				730.	402.		146.	548.
95	OPTIPLEX DESKTOP 3	10/04/19	SL	5.00		16	4,497.				4,497.	2,398.		899.	3,297.
96	OPTIPLEX DESKTOP 1	10/04/19	SL	5.00		16	1,499.				1,499.	799.		300.	1,099.
97	SETUP OF NEW COMPUTERS	10/04/19	SL	5.00		16	728.				728.	388.		146.	534.
98	MAP ROOM COMPUTER	10/04/19	SL	5.00		16	2,164.				2,164.	1,154.		433.	1,587.
99	SMARTBOARD-LEARNING CENTER	02/01/20	SL	5.00		16	4,418.				4,418.	2,062.		883.	2,945.
100	DISCOVERY CENTER	03/02/20	SL	5.00		16	789.				789.	355.		158.	513.
101	INTEL NUC KIT-SMARTBOARD GRANT	05/18/20	SL	5.00		16	639.				639.	266.		128.	394.
102	CHROMEBOOKS - 20	12/04/20	SL	5.00		16	6,600.				6,600.	1,980.		1,320.	3,300.
103	ROSE PAVING CONCRETE	07/26/21	SL	15.00		16	6,385.				6,385.			426.	426.
104	ALLPRO-DEPOSIT DOORS	03/17/21	SL	20.00		16	8,335.				8,335.	521.		417.	938.
105	ALLPRO-DEPOSIT MASON	04/26/21	SL	20.00		16	25,677.				25,677.	1,498.		1,284.	2,782.
106	ALLPRO-DOORS FINAL PAYMENT	04/08/21	SL	20.00		16	8,336.				8,336.	486.		417.	903.
107	BUILDING IMPROVEMENT	04/13/21	SL	7.00		16	2,949.				2,949.	492.		421.	913.
108	ALLPRO-2ND PAYMENT MASON	06/04/21	SL	20.00		16	25,677.				25,677.	1,284.		1,284.	2,568.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
109	ALLPRO-3RD PAYMENT MASON	06/14/21	SL	20.00		16	30,255.				30,255.	1,513.		1,513.	3,026.
110	ALLPRO-FINAL PAYMENT	06/29/21	SL	20.00		16	8,559.				8,559.	428.		428.	856.
111	ROSE PAVING CONCRETE	07/26/21	SL	15.00		16	45,976.				45,976.	2,810.		3,065.	5,875.
112	SMART BOARD	01/21/21	SL	5.00		16	2,917.				2,917.	826.		583.	1,409.
113	SOLVAST-CAMERA, LICENSE & INSTALL	02/17/21	SL	5.00		16	736.				736.	196.		147.	343.
114	SOLVAST-CHROMEBOOK LICENSES	02/17/21	SL	5.00		16	600.				600.	160.		120.	280.
115	5 LAPTOPS	05/28/21	SL	5.00		16	6,995.				6,995.	1,516.		1,399.	2,915.
116	YEALINK PHONES	09/29/21	SL	5.00		16	2,500.				2,500.	375.		500.	875.
117	SMART BOARD	09/01/21	SL	5.00		16	2,845.				2,845.	474.		569.	1,043.
118	WEBSITE DEVELOPMENT	12/31/22	SL	5.00		16	8,000.				8,000.			800.	800.
119	5 LAPTOPS	04/25/22	SL	5.00		16	8,000.				8,000.	267.		1,600.	1,867.
120	4 DOCKING STATIONS	05/25/22	SL	5.00		16	800.				800.	27.		160.	187.
121	E3 DIAGNOSTICS	11/28/22	SL	7.00		16	8,823.				8,823.			735.	735.
122	ABT TV	11/30/22	SL	5.00		16	2,034.				2,034.			237.	237.
123	INTELLIGENCE ENGINEERING	05/22/23	SL	5.00		16	2,487.				2,487.			41.	41.
124	INTELLIGENCE ENGINEERING	05/22/23	SL	5.00		16	1,743.				1,743.			29.	29.
125	INTELLIGENCE ENGINEERING	05/22/23	SL	5.00		16	1,743.				1,743.			29.	29.
126	INTELLIGENCE ENGINEERING	06/09/23	SL	5.00		16	2,426.				2,426.			40.	40.

228111 04-01-22

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
127	FRAZEN PLUMBING, INC.	01/06/23	SL	10.00		16	3,190.				3,190.			160.	160.
	* TOTAL 990 PAGE 10 DEPR						3,527,245.				3,527,245.	1,794,295.		101,880.	1,896,175.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						3,496,799.			0.	3,496,799.	1,794,295.			1,894,104.
	ACQUISITIONS						30,446.			0.	30,446.	0.			2,071.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						3,527,245.			0.	3,527,245.	1,794,295.			1,896,175.
	ENDING ACCUM DEPR											1,896,175.			
	ENDING BOOK VALUE											1,631,070.			

4562

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

2022

Attachment Sequence No. 179

Form

Department of the Treasury Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

CHILD'S VOICE SCHOOL

FORM 990 PAGE 10

** - ***1325

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Form section 1: Lines 1-13. Includes fields for maximum amount, total cost, threshold cost, reduction in limitation, and dollar limitation.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

Form section 2: Lines 14-16. Includes fields for special depreciation allowance, property subject to election, and other depreciation.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Form section 3: Lines 17-18. Includes fields for MACRS deductions and election to group assets.

Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction.

Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Recovery period, (c) Convention, (d) Method, (e) Depreciation deduction.

Part IV Summary (See instructions.)

Form section 4: Lines 21-23. Includes fields for listed property amount, total depreciation, and section 263A costs.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table with 2 columns: Yes, No. Includes rows 37-41.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

PMT #	_____
AMT	_____
INIT	_____

**Illinois Attorney General Kwame Raoul
Charitable Trust Bureau, 115 S. LaSalle St
Chicago, IL 60603**

CO # _____

Report for the Fiscal Period:

Beginning 07/01/2022

& Ending 06/30/2023

Make Checks Payable to Illinois Charity Bureau Fund

- Check all items attached:**
- Copy of IRS Return
 - Audited Financial Statements
 - Reviewed Financial Statements
 - Copy of Form IFC
 - \$15 Annual Report Filing Fee
 - \$100 Late Report Filing Fee

Federal ID # **** - *** 1325**

Are contributions to the organization tax deductible? Yes No

Date organization was created: MO DAY YR

Legal Name: CHILD'S VOICE SCHOOL	YEAR-END AMOUNTS	
Mail Address: 180 HANSEN COURT	A) ASSETS	A) \$ 8,421,637.
City, State: WOOD DALE, IL	B) LIABILITIES	B) \$ 182,913.
Zip Code: 60191	C) NET ASSETS	C) \$ 8,238,724.

CLIENT'S COPY

	PERCENTAGE	AMOUNT
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:		
D) PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REV. (GROSS AMTS.)	85.002%	D) \$ 2,210,334.
E) GOVERNMENT GRANTS AND MEMBERSHIP DUES	2.309%	E) \$ 60,049.
F) OTHER REVENUES	12.688%	F) \$ 329,942.
G) TOTAL REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$ 2,600,325.
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	80.777%	H) \$ 2,520,889.
I) EDUCATION PROGRAM SERVICE EXPENSE	%	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	80.777%	J) \$ 2,520,889.
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J)		\$
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	%	K) \$
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	80.777%	L) \$ 2,520,889.
M) MANAGEMENT AND GENERAL EXPENSE	13.406%	M) \$ 418,369.
N) FUNDRAISING EXPENSE	5.817%	N) \$ 181,524.
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N)	100 %	O) \$ 3,120,782.
III. SUMMARY OF ALL PAID FUNDRAISER & CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign (Form IFC). One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$ 0.
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$ 0.
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: <u>WENDY B. DETERS, EXECUTIVE DIRECTOR</u>		T) \$ 118,807.
U) NAME, TITLE: <u>DAWN A. VIOLETTO, DIRECTOR OF AUDIOLOGY</u>		U) \$ 115,558.
V) NAME, TITLE: <u>ROLLEN M. COOPER, DIRECTOR OF EARLY INTERVENTION</u>		V) \$ 111,698.
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION:		W) #
X) DESCRIPTION:		X) #
Y) DESCRIPTION:		Y) #



Cheryl Rohlfs & Associates, Ltd.

Certified Public Accountants

December 21, 2023

Office of the Attorney General
Charitable Trust and Solicitations Bureau
Attn: Annual Report Section
100 West Randolph Street, 11th Floor
Chicago, Illinois 60601-3175

RE: Child's Voice School, Inc.

Dear Sirs:

On behalf of our client, Child's Voice School, Inc., we are requesting an extension of the filing date of the Form AG 990 for their fiscal year ended June 30, 2023 for sixty (60) days to February 29, 2024. Our firm requires the additional time to properly prepare the tax forms 990 and AG 990.

Thank you very much for your cooperation.

Very truly yours,


Cheryl K. Rohlfs

cc: Wendy Deters
Child's Voice School, Inc.

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?		<input checked="" type="checkbox"/>
2.	HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?		<input checked="" type="checkbox"/>
3.	DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PART TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?		<input checked="" type="checkbox"/>
4.	HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?		<input checked="" type="checkbox"/>
5.	IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?		<input checked="" type="checkbox"/>
6.	DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)		<input checked="" type="checkbox"/>
7a.	DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?		<input checked="" type="checkbox"/>
7b.	IF "YES", ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ ; (II) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ ; (III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ ; AND (IV) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____ .		
8.	DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?		<input checked="" type="checkbox"/>
9.	HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?		<input checked="" type="checkbox"/>
10.	WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?		<input checked="" type="checkbox"/>
11.	LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: SCHAUMBURG BANK & TRUST, 9801 W. HIGGINS, ROSEMONT, IL 60018 NORTHERN TRUST, 50 S. LASALLE ST., CHICAGO, IL 60603		
12.	NAME AND TELEPHONE NUMBER OF CONTACT PERSON: WENDY DETERS - 630-595-8200		

• ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS •

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

DAN STRATIS

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

CHERYL K. ROHLFS, CPA

PREPARER (PRINT NAME)

SIGNATURE

DATE

[Handwritten Signature] 5/29/24

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

CHILD'S VOICE SCHOOL

EIN or SSN

36-4031325

Name and title of officer or person subject to tax **DAN STRATIS
PRESIDENT**

CLIENT'S COPY

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	2,600,325.
2a	Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a	Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **CHERYL ROHLFS & ASSOCIATES, LTD.** to enter my PIN **14222**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

36160934179

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)