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Form	J	J	U	

Return of Organization Exempt From Income Tax

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



Form 990 (2022)

		t of the Treasury enue Service					social sec v.irs.gov/Fo											en to F Inspec	Public
		ne 2022 caler	ndar vear, o	or tax v				07/0			nd en		cot morn			06	/30/20	-	arem
			Name of or		and the second				-/ -						D Em		r identific		umber
Bc	heck if a	applicable:	CRAYONS	то	COMPUI	ERS	, INC.												
	Addre	ss change	Doing busine	ess as											31	-15	07076		
	Name	change	Number and	d stree	t (or P.O. b	ox if m	nail is not deliv	vered to	street a	address)		1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	Room/su	uite	E Tel	ephor	ne number		
	Initial	return	1350 TEN	INES	SEE AV	ENU	Έ								(5)	800			
	Final r	return/terminated	City or town	i, state	or provinc	e, cou	ntry, and ZIP	or foreig	n posta	al code	- 1	_		-	G Gro	oss ree	ceipts \$		
	Amen	ded return	CINCINNA	ATI,	OH 45	229											6,6	79,48	81.
	Applic	ation pending	Name and a	addres	s of principa	al office	er: AMY	CHEN	ΕY					H(a) Is thi subo	s a group dinates?	return f	r	Yes	X No
			1350 TEN	INES	SEE AV	ENU	E, CINC	INNA	TI,	OH 452	229			H(b) Are		inates ir	cluded?	Yes	No
1	Tax-e	xempt status:	X 501(c)(3)	501	l(c) () (i	nsert no)	4947(a)	1) or		527	If	"No," at	tach a	list. See inst	ructions.	
J	Webs	ite: WWV	.CRAYON	IS2C	OMPUTE	RS.	ORG					- <u></u>		H(c) Grou	ip exem	ption n	umber		
ĸ	Form	of organization	X Corpo	oration	Trus	t	Association	C	ther			L Yea	ar of forma	tion: 199	6 M	State	of legal do	micile:	OH
P	art l	Summa	ry																
	1	Briefly desc	-				-									rs :	TO LEV	'EL I	THE
lce		PLAYIN	IG FIELD	IN	THE C	LAS	SROOM B	Y ENS	SURI	ING THA	T T	EACH	ERS CA	N PROV	/IDE				
Governance		-	STUDENT																
ver	2	Check this I	Resource and a second													1 mar 1	et asset	s.	
	3	Number of														3			16
es es	4	Number of i	in the second		70 or 100		- 19 ⁷⁵ - 199	S. Terrer and	2 and the second							4			16
vitie	5	Total numb			10 N.					2000 000						5			17
Activities &	6	Total numb														6			575
٩	5	Total unrela														7a			
	b	Net unrelate	ed business	taxab	le income	from	Form 990-1	, Part I,	line 1	11	• •		· · · ·	A220 AL 2021		7b	0		
				(5										Prior Y		-	7.00%	rent Ye	
an	8	Contribution											104 State 100 100 100 100 100 100 100 100 100 10	8,65			5,		,153.
Revenue	9	Program se												0.550	4,20		1		<u>,912.</u>
Re	10	Investment												20 22	0,93		, T.	and the second	,668.
	11	Other reven												1000 1000 1000 1000 1000 1000 1000 100	7,29		6	8099977777-10	,806.
	12	Total reven												8,00		ONE	6,	544,	<u>, 539.</u> NONE
	13 14	Grants and Benefits pai						75					- 23 S - 24 S - 24 S	0.00	1999 - Carlos - Carlo	ONE	0.0000 - 53		NONE
	15	Salaries, ot												1,01			1	043	, 538.
ses	2022/02	Professiona	221 236 23		S		•		1 A A		3101 St 13			1,01		ONE	,	010	NONE
Expenses		Total fundra								276,02				68.563			e la compañía	1000	mont
ň	8000	Other exper	•	0.623				10				67 X 2011/2	_	5,73	8.33	1	5	799	,175.
	000000	Total expen	1992 I. S.		10 100000			1200 10					100	6,74	90 - Herest		2.20		,713.
	19	Revenue les				10000		0.00		28 20201 20 202				1,25				100000000	,174.
or													Begin	ning of Cu	-		200.05	of Yea	
Net Assets or Fund Balances	20	Total assets	(Part X, line	16).										14,45	3,94	0.	13,	921,	,358.
Ass	21	Total liabilit	ies (Part X, li	ine 26)									41	4,02	1.		183	,507.
Fun	22	Net assets	or fund bala	nces.	Subtract I	ine 21	1 from line 2	0						14,03	9,91	9.	13,	737,	,851.
	rt II		re Block	114/12/2															
Und	der pe	enalties of perju	ry, I declare t	that I h	nave exami	ned th	his return, inc	luding a		panying sch	edules	and sta	tements, a	and to the	best of	my k	nowledge	and be	lief, it is
tiue	, com			1.0						ination of t		propulo	nuo uny n		- 1-		- (
C :	-	ana	h.C	ne	neg								<i>4</i>		211	41	24		
Sig Hei		Signature of	1 1	(0	D.	resider	1 0	0	En				Dat	e				
пе	e	AM	14.11	A en	ey,	111	tsiall	17 4		10									
_			name and title	1000							<u> </u>	Det					TINI	<u></u>	
Paic	1	Print/Type p	reparer's nam	е			Preparer's	signature	11			Date		Chec		" -	TIN		
	parer	AARON	HERSHBE	RGEF	2		aano	m d.)	Vin	shing	in	02.23	3.2024	self-	employe		P00961		
Q., 222	Only	Firm's name			LLP	10/10				~	8 			Firm's EIN	****		4-0160		
		Firm's addre		10000			SUITE 3000	z 1607	NUS 117	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Phone no		51	13-621		
May	/ the	IRS discus	s this retur	n with	1 the bre	nare	r snown al	oove?	Seel	Instruction	S .						$ \mathbf{x} \mathbf{y}$	as I	No

	CRAYONS TO COMPUTERS, INC.	31-1507076
-	m 990 (2022)	Page 2
Pa	art 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:	
	CRAYONS TO COMPUTERS EXISTS TO LEVEL THE PLAYING FIELD IN THE	
	CLASSROOM BY ENSURING THAT TEACHERS CAN PROVIDE THEIR STUDENTS IN	
	NEED THE TOOLS TO SUCCEED IN SCHOOL.	
2	Did the organization undertake any significant program services during the year which were not listed	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any	
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service 22 stars (2)(2) and (2)(4) service instance are required to report the service of the se	
	expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of gran the total expenses, and revenue, if any, for each program service reported.	ts and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$5,097,467. including grants of \$) (Revenue \$	77,912.)
	PROGRAM: TEACHER RESOURCE CENTER PROVIDES FREE SCHOOL SUPPLIES,	
	INCENTIVE ITEMS, AND EDUCATIONAL ENHANCEMENTS TO TEACHERS FOR USE	
	IN THEIR CLASSROOMS. OVERALL, CRAYONS TO COMPUTERS HAD THE	
	POTENTIAL TO REACH 122,671 STUDENTS DURING THE 2022-2023 SCHOOL	
	YEAR.	
	$\frac{1}{2}$	
	TEACHER SHOPPING VISITS: 10,738 AND \$4,176,894 OF PRODUCT	
	DISTRIBUTED THROUGH THE STORE.	
<u>4</u> h	(Code:) (Expenses \$ 186,186. including grants of \$) (Revenue \$)
	PROGRAM: ONLINE PICKUP PROGRAM DISTRIBUTES BASIC SCHOOL SUPPLIES	,
	TO TEACHERS AT SCHOOLS THAT FACE TIME CHALLENGES TO SHOPPING AT	
	OUR STORE.	
	NUMBER OF TEACHER SHOPS: 1,111	
	THE VALUE OF PRODUCT DISTRIBUTED WAS \$152,562	
4c	(Code:) (Expenses \$ 908,207. including grants of \$) (Revenue \$)
	SEE SCHEDULE O	
4d	Other program services (Describe on Schedule O.) SEE SCHEDULE O	
	(Expenses \$ 61,272. including grants of \$ NONE) (Revenue \$ NONE)	
4e	Total program service expenses 6,253,132.	
_		

	90 (2022)		F	Page 3
Part	V Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		162	NO
•	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			37
7	"Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		Х
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	-		21
•	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	110	v	
h	<i>complete Schedule D, Part VI</i> Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	11a	X	
U	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
с	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If</i> "Yes," and <i>if the organization answered</i> "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	120		X X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		v
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		Х
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		- 22	
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Form 990 (2022)

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Part	V Checklist of Required Schedules (continued)		Yes	No
22	Did the examination report more than ^(5,000) of grants or other equividuals as \int		res	NO
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		v
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the	22		X
25	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
2 70	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24a		Х
b		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	, , ,	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	~ 7		
20	persons? If "Yes," complete Schedule L, Part III	27		X
28	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u		28a		Х
b		28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or W and Part V line 1	24		v
25 2	or IV, and Part V, line 1. Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	3 J a		
		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	•••		
4 -	Enter the number reported in her 2 of Form 1006. Enter 0 if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a1Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1bNONE			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE Did the organization comply with backup withholding rules for reportable payments to vendors and			
U	reportable gaming (gambling) winnings to prize winners?	1c	Х	
JSA 2E1030				(2022)

CRAYONS TO COMPUTERS, INC.

31-1507076

Form	990 (2022)		F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
		-		
	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders.			
		-		
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
120	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Form 9	(2022) CRAYONS TO COMPUTERS, INC. 31-	-1507076		Page 6
Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b	below, and	d for a	a "No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Sched			ctions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sect	n A. Governing Body and Management			
			Yes	No
1a	nter the number of voting members of the governing body at the end of the tax year	16		
	there are material differences in voting rights among members of the governing body, or			
	the governing body delegated broad authority to an executive committee or similar			
b	ommittee, explain on Schedule O. nter the number of voting members included on line 1a, above, who are independent 1b	16		
2	id any officer, director, trustee, or key employee have a family relationship or a business relationship	with		
-	ny other officer, director, trustee, or key employee?	2		Х
3	id the organization delegate control over management duties customarily performed by or under the c			<u> </u>
3	upervision of officers, directors, trustees, or key employees to a management company or other person?			х
4		•••		X
_	id the organization make any significant changes to its governing documents since the prior Form 990 was filed?	••		X
5	id the organization become aware during the year of a significant diversion of the organization's assets?			X
6	id the organization have members or stockholders?	· · -		- 21
7a	id the organization have members, stockholders, or other persons who had the power to elect or ap			х
	ne or more members of the governing body?	••	_	
b	re any governance decisions of the organization reserved to (or subject to approval by) mem			v
-	tockholders, or persons other than the governing body?			X
8	id the organization contemporaneously document the meetings held or written actions undertaken d	uring		
	ne year by the following:			
а	he governing body?	<u>8a</u>	X	
b	ach committee with authority to act on behalf of the governing body?		X	
9	there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	ed at		
0	ne organization's mailing address? If "Yes," provide the names and addresses on Schedule O		(-)	X
Secti	B. Policies (This Section B requests information about policies not required by the Internal Rev	enue Coa	<i>e.)</i> Yes	No
	id the organization have local chapters, branches, or affiliates?			X
b	"Yes," did the organization have written policies and procedures governing the activities of such char			
	ffiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? .		-	
11a	as the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for	m?. 11a	I X	
b	escribe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	id the organization have a written conflict of interest policy? If "No," go to line 13	. 12a	I X	
b	/ere officers, directors, or trustees, and key employees required to disclose annually interests that could			
	se to conflicts?	. 12b		
С	id the organization regularly and consistently monitor and enforce compliance with the policy? If '			
	escribe on Schedule O how this was done		-	<u> </u>
13	id the organization have a written whistleblower policy?		X	
14	id the organization have a written document retention and destruction policy?	14	X	
15	id the process for determining compensation of the following persons include a review and approve	al by		
	dependent persons, comparability data, and contemporaneous substantiation of the deliberation and decis	sion?		
а	he organization's CEO, Executive Director, or top management official	15a	I X	
b	ther officers or key employees of the organization		X	
	"Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	id the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment		
	ith a taxable entity during the year?		ı	Х
b	"Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	te its		
	articipation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	rganization's exempt status with respect to such arrangements?	16k)	
Secti	n C. Disclosure			
17	ist the states with which a copy of this Form 990 is required to be filed <u>KY</u> ,			
18	ection 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	990-T (se	ction :	501(c)
	B)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	escribe on Schedule O whether (and if so, how) the organization made its governing documents, cor	affict of int	erect	oolicy
15	nd financial statements available to the public during the tax year.		51031	concy,
20	tate the name, address, and telephone number of the person who possesses the organization's books and	recorde		
20	ERRYBETH MCKEE 1350 TENNESSEE AVENUE CINCINNATI, OH 45229	1000103		
	13-482-6800	For	m 990	(2022)
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Page 7

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

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 dotted line)	box, office or direct	unles	Pos heck ss pe	erson	e than c is both tor/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NIEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
			ee			ated				
(1) AMY CHENEY	50.00									
PRESIDENT & CEO	NONE			Х				126,733.	NONE	4,293.
(2) ANGEL BEETS	1.00	-								
TRUSTEE	NONE	X						NONE	NONE	NONE
(3) PHILIP BIERHOFF	1.00	-								
TRUSTEE	NONE	X						NONE	NONE	NONE
(4) THOMAS BOGGS	1.00	-								
TRUSTEE	NONE	X						NONE	NONE	NONE
(5) BRIAN BORCHERDING	1.00	-								
TRUSTEE	NONE	X						NONE	NONE	NONE
(6) PHILIP COHEN	1.00	-								
TRUSTEE	NONE	X						NONE	NONE	NONE
(7) MICHAEL DOZIER	1.00	-								
TRUSTEE	NONE	X						NONE	NONE	NONE
(8) NICK FRANCIS	1.00	-								
TRUSTEE - TERM END NOV 2022	NONE	X						NONE	NONE	NONE
(9) ANTHONY GLICKHOUSE	2.00									
VICE CHAIRMAN	NONE	Х		Х				NONE	NONE	NONE
(10) COLLEEN HAAS	2.00									
CHAIRMAN	NONE	Х		Х				NONE	NONE	NONE
(11) RODNEY HARDIN	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(12) WILLIAM HARROD	2.00									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(13) GENEVIEVE MILLER HOLT	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE
(14) MISHA HOUSTON	1.00									
TRUSTEE	NONE	Х						NONE	NONE	NONE

CRAYONS TO COMPUTERS, INC.

Form 990 (2022)

Part VII Section A. Officers, Directors, Tru (A)	(B)	ſ			C)			(D)	(E)		(F)
Name and title	Average				sition			Reportable	Reporta	hle	Estimated
	hours per	(do				e than c	ne	compensation	compensatio		amount of
	week (list any	box,	unles	s pe	erson	is both	an	from	related		other
	hours for				1	or/trust		the	organizat		compensation
	related	Individual or director	Inst	Officer	Key	Hig	Former	organization	(W-2/1099-	MISC)	from the
	organizations	lire	titut	icer	en	hes	mei	(W-2/1099-MISC)			organization
	below dotted line)	ual t	iona		Key employee	ee co					and related organizations
		Individual trustee or director	1 tr		yee	mp					organizations
		tee	Institutional trustee			Highest compensated employee					
						ted					
15) LAURA KAMLOWSKY	2.00	_									
SECRETARY	NONE	X		Х				NONE		NONE	NC
16) SUZANNE KOPCHA	1.00	-									
TRUSTEE	NONE	X						NONE		NONE	NO
17) KAREN LOUIS	1.00										
TRUSTEE	NONE	Х						NONE		NONE	NC
18) JOE ROHS	1.00										
TRUSTEE	NONE	x						NONE		NONE	NC
		_									
	+	_									
	+										
	+	_									
	+	-									
1b Sub-total							►	126,733.		NONE	4,29
c Total from continuation sheets to Part VII, S	ection A						►	NONE		NONE	NC
d Total (add lines 1b and 1c)								126,733.		NONE	4,29
2 Total number of individuals (including but not	limited to t						o re	ceived more than	\$100,000 d	of	
reportable compensation from the organization	n 🕨					1					Yes
3 Did the organization list any former offic	er directo	or or	r tru	ste	e	kev e	mn	lovee or highest	compens	ated	
employee on line 1a? If "Yes," complete Sched											3
4 For any individual listed on line 1a, is the	sum of rer	ortak	ole c	om	ner	satio	n ai	nd other compens	sation from	the	
organization and related organizations gro	eater than	\$15	50.00	00?	por	"Yes	S."	complete Schedu	le J for s	such	
individual.											4
5 Did any person listed on line 1a receive or											
for services rendered to the organization? If "Y											5
Section B. Independent Contractors	,										
1 Complete this table for your five highest com											
compensation from the organization. Report c year.	ompensati	on fo	r the	ca	lenc	lar ye	ar e	ending with or with	nin the orga	nizatio	n's tax
(A)								(B)			(C)
Name and business add	lress							Description of se	rvices	С	ompensation
							_				
2 Total number of independent contractors (in				iteo	d to	thos	se li	sted above) who	received		
more than \$100,000 in compensation from th	e organizat	tion 🕽					Ν	ONE			

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Form 990	(20	22)
Part V		S

Statement of Revenue

		Check if Schedule O contains a response	se or note to an	y line in this Part V	<u>/III</u>	<u></u>	<u></u> .
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
ΰğ	c	Fundraising events 1c	103,413.				
fts,	d	Related organizations					
igigi	е	Government grants (contributions) 1e					
ns, Sin	f	All other contributions, gifts, grants,					
erio		and similar amounts not included above 11f	5,087,740.				
Ę Ę	g	Noncash contributions included in					
d t		lines 1a-1f	3,837,551.				
an	h	Total. Add lines 1a-1f		5,191,153.			
			Business Code				
e	20	SHOPPING ACCESS FEE	900099	77,912.	77,912.		
Program Service Revenue	2a						
Se	b						
л Уе	C						
2 B B B B B B B B B B B B B B B B B B B	d						
5	e						
_	f g	All other program service revenue		77,912.			
	-			11,512.			
	3	Investment income (including dividends,		247,280.			247,280
		other similar amounts)		NONE			217,200
	4 5	Income from investment of tax-exempt bond		NONE			
	J	Royalties	(ii) Personal	NONE			
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	C	Rental income or (loss) 6c NONE	NONE				
	d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a 1,064,889.					
evenue	b	Less: cost or other basis					
ver		and sales expenses . 7b 86,501.					
Re	С	Gain or (loss) 7c 978,388.					
er	d	Net gain or (loss)		978,388.			978,388
Other	8a	Gross income from fundraising					
U		events (not including \$103,413.					
		of contributions reported on line					
		1c). See Part IV, line 18	61,549.				
	b	Less: direct expenses	48,441.				
	c	Net income or (loss) from fundraising events		13,108.			13,108
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses	NONE				
	c	Net income or (loss) from gaming activities.		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances 10a	NONE				
	b	Less: cost of goods sold	NONE				
	c	Net income or (loss) from sales of inventory		NONE			
S			Business Code				
Miscellaneous Revenue	11a	OTHER REVENUE	900099	36,698.			36,698
an	b						
evel 1	c						
lis R	d	All other revenue					
2	е	Total. Add lines 11a-11d		36,698.			
	12	Total revenue. See instructions		6.544.539.	77.912.		1,275,474

Form **990** (2022)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 NONE 2 Grants and other assistance to domestic NONE individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and NONE foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members NONE 5 Compensation of current officers, directors, trustees, and key employees 131,026. 85,167. 26,205. 19,654. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and NONE persons described in section 4958(c)(3)(B) 7 Other salaries and wages 668,598 434,589. 133,720. 100,290. 9,434. 2,903. 2,177. 14,514. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 170,882 111,073 34,177 25,632. 58,518. 38,037. 11,704. 8,778. Payroll taxes 10 11 Fees for services (nonemployees): NONE a Management 834 393 134 306. **b** Legal 24,355 24,355. c Accounting NONE d Lobbying NONE e Professional fundraising services. See Part IV, line 17 24,135. 24,135 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 42,261 19,909 6,817 15,534. (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion NONE 138,311 88,080. 5,960. 44,271. 13 Office expenses 5,164. 14 Information technology 10,952. 1,765. 4,022. NONE 15 Royalties Occupancy 44,329 20,903. 7,145 16,281. 16 NONE 17 Travel Payments of travel or entertainment expenses 18 NONE for any federal, state, or local public officials Conferences, conventions, and meetings NONE 19 Interest NONE 20 NONE 21 Payments to affiliates Depreciation, depletion, and amortization 129,529 84,194. 25,906 19,429. 22 5,818. 1,989. 12,338. 4,531. Insurance 23 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 PRODUCT TO TEACHERS 5,320,748. 5,320,748. 41,177 19,417 REPAIRS AND MAINTENANCE 6,637 15,123 b c VOLUNTEER EXPENSES 10,206. 10,206 d e All other expenses Total functional expenses. Add lines 1 through 24e 6,842,713. 6,253,132. 313,552 276,029. 25 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

following SOP 98-2 (ASC 958-720)

CRAYONS TO COMPUTERS, INC.

m 990 () art X				Page 11
	Check if Schedule O contains a response or note to any line in this Pa	art X		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	849,149.	1	650,450
2	Savings and temporary cash investments.	NONE	2	NON
3	Pledges and grants receivable, net	2,160,070.	3	88,946
4	Accounts receivable, net	12,479.	4	21,591
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	NONE	5	NON
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)	NONE	6	NON
7	Notes and loans receivable, net	NONE	7	NON
7 8	Inventories for sale or use	3,012,270.	8	1,795,995
9	Prepaid expenses and deferred charges	NONE		NON
10 a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 2, 514, 720.			
b	Less: accumulated depreciation	1,177,234.	10c	1,193,123
11	Investments - publicly traded securities	7,150,291.	11	10,171,253
12	Investments - other securities. See Part IV, line 11	NONE	12	NON
13	Investments - program-related. See Part IV, line 11	NONE		NOI
14	Intangible assets	NONE		NOI
15	Other assets. See Part IV, line 11	92,447.	15	NOI
16	Total assets. Add lines 1 through 15 (must equal line 33)	14,453,940.	16	13,921,358
17	Accounts payable and accrued expenses	413,291.	17	183,107
18	Grants payable	NONE		NON
19	Deferred revenue	730.	19	400
20	Tax-exempt bond liabilities	NONE	-	NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NON
22	Loans and other payables to any current or former officer, director,	Hold		1101
22	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	22	NOI
23	Secured mortgages and notes payable to unrelated third parties	NONE		NON
24	Unsecured notes and loans payable to unrelated third parties	NONE		NOI
25	Other liabilities (including federal income tax, payables to related third	NONE	27	
20	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	NONE	25	NON
26	Total liabilities. Add lines 17 through 25.	414,021.	26	183,507
	Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.	111,021		
27	Net assets without donor restrictions	11,594,455.	27	11,120,455
28	Net assets with donor restrictions.	2,445,464.	28	2,617,396
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	2/110/1011		270277550
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		29 30	
31	Retained earnings, endowment, accumulated income, or other funds		30 31	
32	Total net assets or fund balances	14,039,919.	32	12 727 051
33	Total liabilities and net assets/fund balances	14,453,940.		13,737,851
55	ו סנמו המאחוונופט מווע רופו מטטפוט/דעווע אמומוועפט	14,403,940.	33	13,921,358 Form 990 (2022

	CRAYONS TO COMPUTERS, INC. 31	-1507	076			
_	90 (2022)				Pa	ige 12
Part						
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	· ·	1			<u>539</u>
2	Total expenses (must equal Part IX, column (A), line 25)		2			713
3	Revenue less expenses. Subtract line 2 from line 1	· ·	3			174
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	🖵	4	14,0		
5	Net unrealized gains (losses) on investments	🕒	5		-3,	894
6	Donated services and use of facilities	· · –	6			
7	Investment expenses	· · [7			
8	Prior period adjustments	🛓	3			
9	Other changes in net assets or fund balances (explain on Schedule O))			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X,					
	32, column (B))	1	0	13,7	37,	851
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Oth	er," expla	ain on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent account	tant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year we	re compi	led or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate bas	is				
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year wer					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate bas	is				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility	for overs	iaht of			
	the audit, review, or compilation of its financial statements and selection of an independent ac		-	2c	X	
	If the organization changed either its oversight process or selection process during the tax					
	Schedule O.	· ,				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as	set forth	in the			
Ju	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did r					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo		-	3b		

Form **990** (2022)

JSA

SCHEDULE	Α
(Form 990)	

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 G

Open to Public

Inspection

Department of the Treasury
Internal Revenue Service

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

Nam	e of the	e organization					Employer identifi	cation number			
CR	AYON	IS TO COMPUTERS, IN	с.				31-1	507076			
Ра	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	part.) See instructior	IS.			
The	orga	nization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	neck only	one box.)				
1		A church, convention of ch	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).				
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)					
3		A hospital or a cooperative	hospital service o	rganization described	in sectio	on 170(b)	(1)(A)(iii).				
4		A medical research organiz	zation operated in	conjunction with a hose	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the			
		hospital's name, city, and s									
5		An organization operated		a college or universit	ty owned	d or ope	erated by a governme	ental unit described in			
		section 170(b)(1)(A)(iv). (0	• •								
6		A federal, state, or local go	•								
7		An organization that norm	-	-	pport fr	om a go	vernmental unit or fro	om the general public			
		described in section 170(b)									
8		A community trust describe									
9		An agricultural research or	-			-					
		or university or a non-land-	grant college of ag	griculture (see instruct	tions). E	nter the	name, city, and state o	f the college or			
		university:									
10 11	_	An organization that norma receipts from activities rela support from gross investn acquired by the organization An organization organized	ited to its exempt f nent income and u on after June 30, 1	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	ceptions ome (les: Complete	s; and (2) no more thar s section 511 tax) from e Part III.)	n 331/3 % of its			
12		An organization organized	•	•	•			ry out the purposes of			
		one or more publicly suppo	•	•				• • •			
		the box on lines 12a throug	-			-					
а		Type I. A supporting org	anization operated	. supervised. or contr	olled by	its supp	orted organization(s).	typically by giving			
		the supported organization	•	•	•		•				
		supporting organization.	., .	• • • • •							
b		Type II. A supporting org	anization supervis	ed or controlled in co	nnectior	n with its	supported organizati	ization(s), by having			
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported			
		_ organization(s). You must	t complete Part IV	, Sections A and C.							
С		Type III functionally inte	grated. A supporti	ng organization opera	ated in c	onnectio	n with, and functional	lly integrated with,			
		_ its supported organizatior	n(s) (see instruction	ns). You must comple	te Part I	V, Sectio	ons A, D, and E.				
d		Type III non-functionally	integrated. A sup	porting organization of	perated	in conne	ection with its suppor	ted organization(s)			
		that is not functionally inte	egrated. The organ	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness			
	_	_ requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	nd D, an	d Part V.				
е		Check this box if the orga	anization received	a written determinatio	on from t	he IRS tl	hat it is a Type I, Type I	I, Type III			
		functionally integrated, or	Type III non-funct	ionally integrated sup	porting o	organizat	tion.				
f		er the number of supported	0								
g	Pro	vide the following information		orted organization(s).	1		Ι				
	(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	listed in yo	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see			
				above (see instructions))	docu Yes	ment? No	instructions)	instructions)			
(A)											
(B)											
(C)											
(D)											
(E)											
Tota	al										
For	Paper	work Reduction Act Notice, s	see the Instructions	for Form 990 or 990-EZ.			S	chedule A (Form 990) 2022			

JSA 2E1210 1.000 7772JM D410 02/06/2024 15:47:38 Schedule A (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.)

Sec	tion A. Public Support						
Cale	ndar 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.")	7,408,202.	5,131,635.	5,487,439.	8,653,647.	5,191,153.	31,872,076.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 5	Total. Add lines 1 through 3 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	7,408,202.	5,131,635.	5,487,439.	8,653,647.	5,191,153.	31,872,076.
	shown on line 11, column (f)						1,934,886.
6	Public support. Subtract line 5 from line 4						29,937,190.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7,408,202. 147,958.	5,131,635. 139,599.	5,487,439.	8,653,647. 147,927.	5,191,153.	31,872,076. 805,415.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	NONE	NONE	125,409.	191,494.	127,718.	444,621.
11	Total support. Add lines 7 through 10						33,122,112.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here.			, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	tion C. Computation of Public Supp		-				
14	Public support percentage for 2022 (lin					14	90.38 %
15	Public support percentage from 2021					15	93.86 %
16a	331/3% support test - 2022. If the org	•					
h	box and stop here. The organization qu		• • • •	•			
D	33 1/3% support test - 2021. If the org this box and stop here. The organization						
172	10%-facts-and-circumstances test - 2	•		•			
17a	10% or more, and if the organization	-					
	Part VI how the organization meets t					-	
	organization			-	-		
b	10%-facts-and-circumstances test - 2						
	15 is 10% or more, and if the organiz	-					
	in Part VI how the organization meets					-	-
	organization						📖
18	Private foundation. If the organizatio						
	instructions						<u></u>

Schedule A (Form 990) 2022

Schedule	А	(Form	990)	2022

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar 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 disgualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
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 fo	r the organizati	on's first, secor	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2022 (line 8	, column (f), divid	led by line 13, colu	ımn (f))		15	%
16	Public support percentage from 2021 Sche	edule A, Part III, lii	ne 15			16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2022 (li	ne 10c, column ((f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2021					18	%
19 a	331/3% support tests - 2022. If the o					ore than 331/3%	, and line
	17 is not more than 331/3%, check thi	-					
b	331/3% support tests - 2021. If the org	-	-				
	line 18 is not more than 331/3%, check	this box and s	top here. The or	ganization qualifi	es as a publicly	supported organ	ization .
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	, check this bo	x and see instru	uctions
JSA 2E122	1 1 000					Schedule	A (Form 990) 2022

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

Section A. All Supporting Organizations

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

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990) 2022

Part IV Supporting Organizations (continued)

- 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

- 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

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

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? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).							
а	The organization satisfied the Activities Test. Complete line 2 below.							
b	The organization is the parent of each of its supported organizations. Complete line 3 below.							
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).							
	Activities Test Answer lines 2s and 2h holew	Ye	s No					

4	Activities Test. Answer mes za and zb below.		
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.	2a	
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If</i> "Yes," <i>explain in</i> Part VI <i>the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
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.	3a	
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.	3b	

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Schedule A (Form 990) 2022

Yes No

Yes No

11a

11b

11c

1

2

3	1	-	1	5	0	7	0	7	6	

Schedule A (Form 990) 2022 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior 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 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 Other expenses (see instructions) 8 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 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 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990) 2022

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Page

Part	K Form 990) 2022 Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)		Pa
	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exen		ed	· · ·	
-	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	zations	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	-	
Ŭ	(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	
10			(::)		(:::)
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 202
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				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	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				
	Excess from 2022				

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

CRAYONS TO COMPUTERS,	INC.	31-1507076
Organization type (check one):		
F 'lle 19 - 16		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ion
	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 a	CRAYONS TO COMPUTERS, INC.		31–1507076
Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	<u>N/A</u>	\$ 3,603,157.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990) (2022)

Schedule B	(Form 990) (2022)		Page 3
Name of o			entification number
	CRAYONS TO COMPUTERS, INC.	•	-1507076
Part II	Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	SCHOOL SUPPLIES		
1			
		\$3,603,157	06/30/2023
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		(
		\$	

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	(Form 990) (2022)			Page 4		
Name of or				Employer identification number		
Dout III	CRAYONS TO COMPUTERS,			31-1507076		
	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if addit	the year from any ions completing Par e year. (Enter this in	one contributor. (t III, enter the total formation once. S	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,		
(a) No. from	(b) Purpose of gift	(c) Use		(d) Description of how gift is held		
Part I						
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship 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, a	and ZIP + 4	Relations	ship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	ship of transferor to transferee		

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(Form	990)	

Department of the Treasury

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.

Open to Public Incractio

2

OMB No. 1545-0047

Intern	al Revenue Service	Go to www.irs.gov/	<i>Form990</i> for instructions and the lates	st informati	on.	Inspection
Name	of the organization				Employer identification	
CRA	YONS TO COM	PUTERS, INC.			31-1507	076
Pa			vised Funds or Other Similar Fu	nds or A	ccounts.	
	Comple	te if the organization answered	l "Yes" on Form 990, Part IV, line	e 6.		
			(a) Donor advised funds		(b) Funds and	d other accounts
1	Total number at	end of year				
2		e of contributions to (during year)				
3		e of grants from (during year)				
4		e at end of year				
5		-	r advisors in writing that the asset	ts held in	donor advised	
5	-		e organization's exclusive legal cont			Yes No
6			and donor advisors in writing that			
U	-	-	efit of the donor or donor advisor, o	-		
				-		Yes No
Da		vation Easements.				
Га			l "Yes" on Form 990, Part IV, line	- 7		
1		onservation easements held by the		57.		
•		tion of land for public use (for example		rvation of	a historically im	portant land area
		n of natural habitat			a certified histo	•
		tion of open space				
2			eld a qualified conservation contrib	ution in th	o form of a cor	envotion
2		e last day of the tax year.	leid a quaimed conservation contrib			End of the Tax Year
_						
a ⊾					2a 2b	
b						
C			historic structure included in (a)		2c	
d) acquired after July 25, 2006, and			
•		ure listed in the National Register.			2d	
3		servation easements modified, tra	ansferred, released, extinguished, c	or termina	ated by the org	anization during the
	tax year					
4		es where property subject to conse				
5	-		garding the periodic monitoring,	-	-	
•			asements it holds?			
6	Staff and volunte	er hours devoted to monitoring, insp	pecting, handling of violations, and en	nforcing co	inservation easen	nents during the year
7			ting, handling of violations, and enfo		servation easem	pents during the year
•		nses meanea in monitoring, inspec	and the second se		Scivation casci	ients during the year
8	Does each conse	ervation easement reported on line	2(d) above satisfy the requirements	of sectior	170(h)(4)(B)(i)	
	and section 170	(h)(4)(B)(ii)?				Yes No
9	In Part XIII, de		ports conservation easements in			nse statement and
	balance sheet, a	and include, if applicable, the tex	t of the footnote to the organization	ion's finai	ncial statements	s that describes the
	organization's ac	ccounting for conservation easeme	ents.			
Ра			s of Art, Historical Treasures, o		Similar Assets	-
	Comple	te if the organization answered	I "Yes" on Form 990, Part IV, line	e 8.		
1a	If the organizati	on elected, as permitted under F	ASB ASC 958, not to report in its	revenue	statement and I	balance sheet works
	of art, historical	I treasures, or other similar asse	ets held for public exhibition, edu	cation, o	r research in fu	urtherance of public
h			to its financial statements that desc			anaa ahaat warka af
b			ASB ASC 958, to report in its rev eld for public exhibition, education,			
		owing amounts relating to these ite		01 10300		
	•	.	1			
2			urt, historical treasures, or other s			
-	•		FASB ASC 958 relating to these iten			a. gain, provido tilo
а					\$	
h		in Form 990 Part X				

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? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year f Ending balance	
collection items (check all that apply): a Public exhibition d Loan or exchange program b Scholarly research e Other	 Part No
a Public exhibition d Loan or exchange program b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in P 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 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 b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year. 1f c Beginning balance 1f c Distributions during the year angument in Part XIII. Check here if the explanation has been provided on Part XIII Yes c Beginning balance 1f 1e 1f c Distributions during the year angument in Part XIII. C	No
b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in P 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 Part IV Escrow and Custodial Arrangements. Complete if the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d e Distributions during the year 1d 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 b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes a Did the organization answered "Yes" on Form 990, Part IV, line 10. Yes	No
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in P 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 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? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance	No
 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in P 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 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?	No
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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? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year f Ending balance f Ending balance ld le lf "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.	No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year f Ending balance d If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 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.	No
included on Form 990, Part X? Yes b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year f Ending balance 1d 1e 1f 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 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.	No
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year f Ending balance 1d 1e 1f 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	No
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year f Ending balance 1d 1e 1f 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	
c Beginning balance Amount d Additions during the year 1c e Distributions during the year 1d e Distributions during the year 1d 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 b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	
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f Ending balance If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	No
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	
	ack
1a Beginning of year balance 8,563,423. 7,646,485. 6,131,212. 6,153,561. 5,999,868	8.
b Contributions	0.
c Net investment earnings, gains,	
and losses	3.
d Grants or scholarships	
e Other expenditures for facilities	
and programs	0.
f Administrative expenses	
g End of year balance 9,377,191. 8,563,423. 7,646,485. 6,131,212. 6,153,563	1.
 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 	
a Board designated or quasi-endowment 74.4000 %	
b Permanent endowment %	
c Term endowment 25.6000 %	
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 I	No
(i) Unrelated organizations	Х
(ii) Related organizations	Х
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 (b) Cost or other basis (c) Accumulated (d) Book value	
Description of property (a) Cost or other basis (investment) (other) (other) (c) Accumulated (c) Book value (c) Book value (c) Accumulated (c) Book value (c	
1a Land 260,000. 260,000	0.
b Buildings	
c Leasehold improvements	
d Equipment	
e Other	5.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,193,123	

Schedule D (Form 990) 2022

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990) Part IV line 11b See Form 990 I	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio Cost or end-of-year market	n:
(1) Financia	al derivatives			
(2) Closely	held equity interests			
(3) Other _				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (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, F	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuatio Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered), Part IV, line 11d. See Form 990, I	
	(a) De	scription		(b) Book value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
<u>(8)</u> (9)				
Total (Colu	umn (b) must equal Form 990, Part X, col. (B) I	ine 15)		
Part X	Other Liabilities. Complete if the organization answered line 25.			990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>				
I otal. (Colun	nn (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 . JSA 2E1270 1.000

Х

Schedu	IN CRAYONS TO COMPUTERS, INC.	31-	-1507076 Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	6,564,951.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities 2b		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d24,135.		
е	Add lines 2a through 2d	2e	-28,029.
3	Subtract line 2e from line 1	3	6,592,980.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b -48,441.		
с	Add lines 4a and 4b	4c	-48,441.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,544,539.
Dont			
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	
Part 1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		6,867,019.
			6,867,019.
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		6,867,019.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities		6,867,019.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements		6,867,019.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses		6,867,019.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)		6,867,019.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	1	
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	1 2e	48,441.
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses. Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e	48,441.
1 2 b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses. Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	1 2e	48,441.
1 2 b c d 8 3 4 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statements	1 2e	48,441.
1 2 b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7bOther (Describe in Part XIII.)	1 2e 3	<u>48,441.</u> 6,818,578.

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.

SEE SUPPLEMENTAL PAGE

SCHEDULE D, PART X, LINE 2

FIN48 FOOTNOTE

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501 OF THE INTERNAL REVENUE CODE AND A SIMILAR PROVISION OF STATE LAW. HOWEVER, THE ORGANIZATION IS SUBJECT TO FEDERAL INCOME TAX ON ANY UNRELATED BUSINESS TAXABLE INCOME. THERE WAS NO UNRELATED BUSINESS INCOME IDENTIFIED FOR THE YEARS ENDED JUNE 30, 2023 AND 2022. THE ORGANIZATION FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION.

SCHEDULE D, PART V, LINE 4

USES OF THE ORGANIZATION'S ENDOWMENT FUNDS

THE FUND MAY PROVIDE DISTRIBUTIONS TO CRAYONS TO COMPUTERS OF UP TO 5% ANNUALLY OF THE FUND BASED ON A ROLLING 3-YEAR AVERAGE, TO BE INCLUDED IN THE ANNUAL OPERATING BUDGET IN ORDER TO MEET ANY PROJECTS, INITIATIVES, AND/OR SHORTFALLS AS DEEMED NECESSARY BY THE BOARD.

SCHEDULE D, PART XI, LINE 2D

OTHER CHANGES

INVESTMENT EXPENSES \$(24,135)

SCHEDULE D, PART XI, LINE 4B

OTHER CHANGES

FUNDRAISING EVENT EXPENSES \$(48,441)

SCHEDULE D, PART XII, LINE 2D

OTHER CHANGES

FUNDRAISING EVENT EXPENSES \$48,411

SCHEDULE D, PART XII, LINE 4B

OTHER CHANGES

INVESTMENT EXPENSES \$24,135

SCHEDULE G	Supplemental	Information Reg	garding	Fundra	ising or Gamin	g Activities	OMB No. 1545-0047
(Form 990)		ne organization answer organization entered m				9, or if the	2022
Department of the Treasury		Attach to	o Form 990	or Form 990	-EZ.		Open to Public
Internal Revenue Service	Go	to www.irs.gov/Form9	90 for instru	ctions and t	he latest information.		Inspection
Name of the organization						Employer identificat	ion number
CRAYONS TO COMP						31-15070	
	ng Activities. Comp -EZ filers are not re	•			Yes" on Form 99	90, Part IV, line '	17.
1 Indicate whether	r the organization rais	sed funds through a	any of the	following	activities. Check a	all that apply.	
a Mail solicita	ations	е	Solic	itation of	non-government g	rants	
b Internet and	d email solicitations	f	Solic	itation of	government grants	6	
c Phone solic	itations	g	Spec	cial fundra	ising events		
d 🔄 In-person s	olicitations						
	ation have a written or						
	es listed in Form 990,						Yes No
	10 highest paid indiv		(fundraise	rs) pursua	ant to agreements	under which the	fundraiser is to be
compensated at	least \$5,000 by the o	organization.					
						(1) Amount poid to	
(i) Name and add	Iress of individual			draiser have r control of	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fu	undraiser)	(ii) Activity		utions?	from activity	fundraiser listed in col. (i)	organization
			Yes	No			
1			163	NO	-		
•							
2							
3							
4							
5							
6							
7							
8							
9							
40							
10							

- Total
 - otal

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

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.

		gross receipts greater than \$5,00	0.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			SAVED BY BELL	ARE YOU SMARTER	NONE	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
e						
eDI	1	Gross receipts	133,632.	31,330.		164,962.
Revenue	•		155,052.	51,550.		104,902.
R	2	Less: Contributions	100 /10	2 007		102 412
	2	Gross income (line 1 minus	100,416.	2,997.		103,413.
	3		22.016	00.000		C1 F 40
		line 2)	33,216.	28,333.		61,549.
	4	Cash prizes				
	5	Noncash prizes				
ŝ						
se	6	Rent/facility costs	25,856.			25,856.
e						
Direct Expenses	7	Food and beverages				
H		° 111111				
.ĕ	8	Entertainment				
Δ	-					
	9	Other direct expenses	22,585.			22,585.
	J		22,303.			22,303.
	10	Direct expense summary. Add lir	nes 4 through 9 in colu	ımn (d)		10 111
	11	Net income summary. Subtract I	ine 10 from line 3 col			48,441. 13,108.
Pa	rt II					
Га	U U II	Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		res on Form 990, F	Part IV, line 19, or	reported more than
		\$13,000 011 0111 990-EZ, 111				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
é				billigo/progressive billigo		
Ś						
<u>ш</u>	1	Gross revenue				
irect Expenses	2	Cash prizes				
ŝĽŝ						
ğ	3	Noncash prizes				
ш						
SC	4	Rent/facility costs				
Dir		,				
-	5	Other direct expenses				
	-		Yes %	Yes %	Yes %	
	6	Volunteer labor			<u> </u>	
					No	
	7	Direct expense summary. Add lir	and 2 through 5 in cal	imn (d)		
	1	Direct expense summary. Auu III	100 Z unough 5 in CON			
		Net gaming income summary. S	ubtreat line 7 from 1			
	•					

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

Sched	ule G (Form 990 or 990-EZ) 2022 CRAYONS TO COMPUTERS, INC. 31-1507076 Page 3					
11	Does the organization conduct gaming activities with nonmembers?					
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity					
	formed to administer charitable gaming?					
13	Indicate the percentage of gaming activity conducted in:					
а	The organization's facility 13a %					
b	An outside facility					
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:					
	Name ▶					
	Address ►					
15 a	Does the organization have a contract with a third party from whom the organization receives gaming					
	revenue?					
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the					
	amount of gaming revenue retained by the third party ► \$					
С	If "Yes," enter name and address of the third party:					
	Name ►					
	Address ►					
16	Gaming manager information:					
	Name ►					
	Gaming manager compensation ► \$					
	Description of services provided ►					
	Director/officer Employee Independent contractor					
17	Mandatory distributions:					
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to					
	retain the state gaming license?					
b						
	or spent in the organization's own exempt activities during the tax year 🕨 \$					
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047 2

22

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

CRAYONS TO COMPUTERS, INC.

Jioyei	achancadon
31	-1507076

Par	t Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
3	goods							
c	Cars and other vehicles							
6								
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ▶(<u>SCHOOL</u> SUPPLIES)		384	3,837,551.	% RETAIL	VALU	Ε	
26	Other ►()							
27	Other ►()							
28	Other ►()							
	Number of Forms 8283 received	by the ora	anization during the tax v	ear for contributions for				
_•	which the organization completed F				29			
		01111 0200,					Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I line	s 1 through			
	28, that it must hold for at least th				-			
	to be used for exempt purposes for	-			-	30a		х
h	If "Yes," describe the arrangement i							
31	Does the organization have a		ance policy that require	as the review of any	nonetandard			
51					nonstanuaru	31	х	
22-	contributions? Does the organization hire or use				all popooch	51	Δ	
з∠а			•			220		v
	contributions?					32a		X
	If "Yes," describe in Part II.			and for a literation of the				
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,			
	describe in Part II.							

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

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN B

NUMBER

THE NUMBER REPORTED IN COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTORS.

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.



Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer ide

CRAYONS TO COMPUTERS, INC.

Employer identification number

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

PROCESS OF THE REVIEW OF FORM 990

THE FORM 990 IS PREPARED AND REVIEWED BY A CERTIFIED PUBLIC ACCOUNTING FIRM. THE FORM IS THEN REVIEWED BY THE ORGANIZATION'S MANAGEMENT PRIOR TO BEING REVIEWED BY THE FINANCE COMMITTEE FOR APPROVAL AND ACCEPTANCE. A COPY OF THE FORM 990 IS THEN MADE AVAILABLE TO THE FULL BOARD OF TRUSTEES PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

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

ORGANIZATION'S PRACTICE FOR MONITORING COMPLIANCE

COMPENSATION REVIEW PROCESS FOR THE PRESIDENT/CEO

THE CONFLICT OF INTEREST POLICY IS REVIEWED AND SIGNED ANNUALLY BY ALL BOARD MEMBERS. IF AN EVENT ARISES WITH ANY BOARD MEMBER THAT CHANGES THE SCOPE OF THE CONFLICT OF INTEREST DISCLOSURE, A NEW DISCLOSURE FORM IS COMPLETED. IF A CONFLICT ARISES IN A BOARD MEETING, THE CONFLICTED MEMBER WILL DECLARE A CONFLICT, REFRAIN FROM VOTING, AND SUCH CONFLICT WILL BE DOCUMENTED IN THE MINUTES.

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

THE PRESIDENT/CEO COMPENSATION REVIEW WAS CONDUCTED BY THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE DETERMINES AND APPROVES COMPENSATION FOR THE PRESIDENT/CEO. THE COMMITTEE UTILIZES COMPENSATION SURVEY DATA AND OTHER INDUSTRY-SPECIFIC REPORTS FROM OTHER SIMILARLY SIZED LOCAL NON PROFITS. COMPENSATION IS DETERMINED BASED ON PERFORMANCE AND INDUSTRY-SPECIFIC REPORTS AND COMPARABLE TRENDS. COMPENSATION IS REVIEWED ANNUALLY. ALL DELIBERATIONS AND DECISIONS ARE DOCUMENTED IN THE MEETING MINUTES.

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.



Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

COMPENSATION REVIEW PROCESS FOR ALL EMPLOYEES

COMPENSATION FOR ALL EMPLOYEES IS REVIEWED ANNUALLY BY THEIR SUPERVISOR

AND THE CONTROLLER. COMPENSATION IS DETERMINED BASED ON PERFORMANCE AND

INDUSTRY-SPECIFIC REPORTS AND COMPARABLE TRENDS.

FORM 990, PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST, AND FINANCIAL STATEMENTS THE FULL AUDIT REPORT AND FORM 990 FILING ARE POSTED TO THE WEBSITE. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST.

Schedule O (Form 990 or 990-EZ) 2022			
Name of the organization	Employer identification number		
CRAYONS TO COMPUTERS, INC.	31-1507076		

FORM 990, PART III - PROGRAM SERVICE

LINE 4C, PROGRAM SERVICE

PROGRAM: CRAFTS WITH CONVICTION IS A COLLABORATIVE PROJECT BETWEEN CRAYONS TO COMPUTERS, THE OHIO DEPARTMENT OF REHABILITATION AND CORRECTION, AND THE OHIO DEPARTMENT OF YOUTH SERVICES. VOLUNTEER INMATES AT 16 JUVENILE AND ADULT FACILITIES STATEWIDE PRODUCE EDUCATIONAL AND INCENTIVE ITEMS BY USING DONATED AND RECYCLABLE MATERIALS. FINISHED ITEMS ARE DISTRIBUTED, FOR FREE, THROUGH OUR TEACHER RESOURCE CENTER AND ONLINE FOR PICKUP.

THE OBJECTIVE IS TO PROVIDE CRAYONS TO COMPUTERS WITH A RELIABLE SUPPLY OF PRODUCTS TO MEET TEACHER NEEDS FOR REGULAR AND SEASONAL MERCHANDISE AND DEVELOP CREATIVE PRODUCTS TO RESPOND TO NEWLY IDENTIFIED NEEDS, DONATED MATERIAL OPPORTUNITIES AND EXPANDED PRODUCTION CAPABILITIES.

OUTCOMES: 89 UNIQUE PRODUCTS DISTRIBUTED AND 137,149 CRAFTS WITH CONVICTION ITEMS DISTRIBUTED TOTALING \$744,190 (INCLUDED IN STORE AND ONLINE ORDERING PRODUCT VALUE).

Schedule O (Form 990 or 990-EZ) 2022 Name of the organization CRAYONS TO COMPUTERS, INC.	Employer ide 31-150	Page 2 ntification number 7076	
FORM 990, PART III, LINE 4D - OTHER PROGRAM S	ERVICES ======		
DESCRIPTION	GRANTS	EXPENSES	REVENUE
PROGRAM: IN PARTNERSHIP WITH THE SAM HUBBARD FOUNDATION, THE HUBBARD'S CUPBOARDS PROGRAM WAS ESTABLISHED IN 2022 TO PROVIDE UNDERSERVED STUDENTS ACCESS TO SUPPLIES AND HEALTHY SNACKS THEY NEED 'JUST IN TIME' ON-SITE AT THEIR SCHOOL. NUMBER OF TEACHER SHOPS: 876 NUMBER OF SCHOOLS PARTICIPATING: 5 VALUE OF PRODUCT DISTRIBUTED: \$50,207		61,272.	NONE
TOTALS	NONE	61,272.	NONE