## Form **990**

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

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

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

Open to Public Inspection

A	For t	the 2021 calendar year, or tax year beginning $$ JUL $1,2021$		UN 30, 2022	Inspection
	Check		unig U		
		YELLOW SPRINGS COMMINITY CHILDRENIC		D Employer identif	ication number
	Add	dress CENTER INC			
	— jNar			21 (0010	0.4
Γ	Init	All Mumber and etreet for D.D. havis mail in all 1		31-60010	
	Fina Fina	וויא זימימסס מיני ו	om/suite	E Telephone numbe	
	terr	City or town, state or province, country, and ZIP or foreign postal code		(937)767	
[		YELLOW SPRINGS, OH 45387		G Gross receipts \$	632,824.
Ē	App	F Name and address of principal officer: AILLEVRAH TURNER		H(a) Is this a group r	
	pen	SAME AS C ABOVE		for subordinates	
T	Tax-e	[77]	7 20-	H(b) Are all subordinates i	
		exempt status: $[X]$ 501(c)(3) $[]$ 501(c) ( ) $\P$ (insert no.) $[]$ 4947(a)(1) or $[]$ site: $\P$ HTTPS: $P$	527		list. See instructions
		of organization: X Corporation Trust Association Other	1	H(c) Group exemption	n number
P	art I	Summary	L Year c	f formation: 1946	M State of legal domicile: OH
,	1	Briefly describe the organization's mission or most significant activities. TO DBC	TTTTT	DAMOADE -	
Ş	}	Briefly describe the organization's mission or most significant activities: TO PROAND MEALS FOR CHILDREN IN GREENE AND SURROU	ATDE	DAYCARE, I	NSTRUCTION,
Š	2	Check this box if the organization discontinued its and its	<u> MTTM</u>	G COUNTIES	WHILE
Activities & Governance	3	Check this box if the organization discontinued its operations or disposed Number of voting members of the governing body (Part VI, line 1a)		· · · · · · · · · · · · · · · · · · ·	
ිලී	4	Number of Independent voting members of the governing body (Part VI, line 1a)		3	6
•ŏ	5	Number of Independent voting members of the governing body (Part VI, line 1b)		4	6
Ė	6	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	25
Ę	7:	Total unrelated business revenue from Part VIII -	•••••	<u>6</u>	25
Ą	1	Total directed basiless revende from Part VIII, column (C), line 12		7	0.
	<del>†                                     </del>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<del></del>		0.
	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	Prior Year	Current Year
Revenue	9	Drogram and a state of the stat		84,823.	283,175.
že.	10	Program service revenue (Part VIII, line 2g)		503,299.	348,825.
æ	11	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,783.	0.
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,648.	824.
	13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		599,553.	632,824.
	14	Grants and similar amounts paid (Part IX, column (A), lines 1-3)  Benefits paid to or for members (Part IX, column (A), line 4)	1	0.	0.
	4.5	Salaries other componentian amplicate benefits (P. 1974)		0.	0.
Expenses	169	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		419,115.	468,167.
Je L	.ua	Professional fundraising fees (Part IX, column (A), line 11e)		0.	5,613.
찣	17	Total fundraising expenses (Part IX, column (D), line 25)   25,745.	<u>.                                     </u>		
	12	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		178,243.	180,480.
	19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		597,358.	654,260.
es or		Revenue less expenses. Subtract line 18 from line 12	<u></u>	2,195.	<21,436.>
ets (	20	Total assets (Part X, line 16)	Begi	nning of Current Year	End of Year
Assets Baland	21	Total liabilities (Part X, line 16)	.	249,192.	84,613.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		44,410.	8,964.
	irt II	Signature Block		204,782.	75,649.
-					
true	corre	alties of perjury, I declare that I have examined this return, including accompanying schedules and	statemen	ts, and to the best of my	knowledge and belief, it is
	55110	ct, and complete. Declaration of preparer (other than officer) is based on all information of which p	reparer ha	as any knowledge.	
Sign		Signature of officer			
Here		1		Date 1.21	· 24
	•	AILLEVRAH TURNER, EXECUTIVE DIRECTOR Type or print name and title		· / /	<u>~1</u>
			I D-	to	
Paid		han are a — .	Da	1	PTIN
Prep	arer		101	/03/24 self-employe	
Use		Firm's name CLARK, SCHAEFER, HACKETT & CO. Firm's address 1 EAST 4TH STREET		Firm's EIN	31-0800053
,	~ ···y	CINCINNATI, OH 45202			
May	the I			Phone no. 513	3-241-3111
widy	010711	RS discuss this return with the preparer shown above? See instructions			X Vec No

Form 990 (2021)

Form 990 (2021) CENTER INC
Part IV Checklist of Required Schedules

	1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Ye	s No
	" TOS, COMDIGIO SCHEDINE A	1		
	<ul> <li>Is the organization required to complete Schedule B, Schedule of Contributors? See instructions</li> <li>Did the organization engage in direct or indirect political campaign activities on behalf of an incident.</li> </ul>	1	X	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	X	
	nublic office? It is a manufacture of perial of or in opposition to candidates for			
		3		X
	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 Schodulo C. Part II.		1	<del></del>
;		4		$\perp_{\mathbf{X}}$
	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. 98-192.	-	<b>-</b>	
		5		x
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>	+-	+-2-
-				
	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	┼	X
8		_		1
•	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  Schedule D, Part III	7		<u> X</u>
	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrew or gustodial access it was a small at the secret of	1	Ì	l
g	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, dobt management.	8		X
	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.	i	1	}
		1	]	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes " correlate Orleans to the organization of th	9	ļ	X
		İ	ĺ	ł
11	or in quasi endowments? If "Yes," complete Schedule D, Part V.  If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		X
	as applicable.			
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		75 7	
	Part VI			
ı	Did the organization report an amount for investments, other and the organization report an amount for investments, other and the organization report an amount for investments, other and the organization report and amount for investments, other and the organization report and amount for investments, other and the organization report and	11a	X	
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  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 VII	11b	i	Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total			-
0	Did the organization report an amount for other apacts in Davi V. II	11c		X
	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			-
е	Part X, line 16? If "Yes," complete Schedule D, Part IX  Did the organization report an amount for other liabilities in Part X line 252 K	11d	x	
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tay year include a Consolidated financial statements.	11e		X
	the organization's liability for uncertain toy positions and the tax year include a roomote that addresses			
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Schedule D, Parts XI and XII.	11f	İ	X
	Schedule D. Parts VI and VII.			
b	Schedule D, Parts XI and XII	12a		X
	Was the organization included in consolidated, independent audited financial statements for the tax year?	ra.u		77
13		12b	ĺ	X
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States.	13		X
b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of mark that the organization have aggregate revenues or expenses of mark that the organization have aggregate revenues or expenses of mark that the organization have aggregate revenues or expenses of mark that the organization have aggregate revenues or expenses of mark that the organization have aggregate revenues or expenses of mark that the organization have aggregate revenues or expenses of mark that the organization have aggregate revenues or expenses of mark that the organization have aggregate revenues or expenses of mark that the organization have aggregate revenues or expenses of mark that the organization have aggregate revenues or expenses of mark that the organization have aggregate revenues or expenses of mark that the organization have aggregate revenues or expenses of mark that the organization have aggregate revenues or expenses of mark that the organization have aggregate revenues or expenses of mark that the organization have aggregate revenues or expenses of mark that the organization have aggregate revenues or expenses of mark that the organization have aggregate revenues or expenses of mark that the organization have aggregate revenues or expenses of mark that the organization have aggregate revenues or expenses of mark that the organization have aggregate or the organization have aggregated by the organization have aggregated by the organization of the organization have aggregated by the organization have aggregated by the organization or the organization have aggregated by the organization of the organization have aggregated by the organization of the organization have aggregated by the organization or the organization of the organization have aggregated by the organization of the organization or the organization or the organization or the organization or the organization or the organization or the organization or the organization or the or			X
-	Low or garrization ridge aggregate revenues or expenses of more than 440 one to	14a		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule 5. Posts I and IV.			
15		44.		v
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u>X</u> _
16		_		₹r
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	_	X
47			1	••
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		X
		1	1	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u>X</u> _
-a en-	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities as Dart VIII, lines			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		X
	Complete Schedule G. Part III	}	1	
20a	complete Schedule G, Part III	19		X
b	If "Yes" to line 20a, did the organization attach a copy of the cutting to the complete scriedule H	0a		X
21	Did the organization report more than \$5,000 of ground are attached an attack statements to this return?	Ob _		
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			
32003	12-09-21	21	;	X
	2	orm 9	90 (20	1211

Page 4

			Yes	No.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		168	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I. Parts I and III	22		X
23	and the organization answer fies to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's oursest			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Ves " complete	1		
24.0	Schedule J	23	Ī	X
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
h	Schedule K. If "No," go to line 25a	24a		X
c	and the second of tax-exempt bonds beyond a temporary period excention?	24b	ļ	
•	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?			
d		24c		ļ
25 a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the control of the during the year?	24d	ļ	
	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?			
b	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a	<u> </u>	X
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		
	Schedule L. Part I			1
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b	ļ	X
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? # #Voc # naverted 0.4 4 4 4 5 7 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7	l		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		X
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			37
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	27		X
	instructions for applicable filing thresholds, conditions, and exceptions):	10.20		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		F	
	"Yes," complete Schedule L. Part IV	00-		\ v
b	** Thanky member of any individual described in line 288.2 If "Yes." complete Schedule I. Part IV	28a 28b	<b> </b>	X
C	the control of the co	200		<u> </u>
	"Yes," complete Schedule L, Part IV	28c		x
29	The disconstant of receive more than \$25,000 in non-cash contributions? If "Yes " complete Schedule M	29		X
30	and the organization receive contributions of art, historical freasures, or other similar assets, or qualified conservation	-2-7		
	contributions? If "Yes," complete Schedule M	30		X
31	The state of the s	31		X
32	bit and organization sen, exchange, dispose or, or transfer more than 25% of its net assets? If "Ves " complete		×	
	Schedule N, Part II	32		x
33	and organization own room of all entity disregarded as separate from the organization under Regulations			
	Sections 501.7701-2 and 301.7701-3? If "Yes." complete Schedule P. Part I	33		Х
34	was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Part II. III. or IV. and			
	rait v, inte i	34		X
30a	and organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
I.)	Tes to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		-	
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
-	obstrain to ((c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
37	If "Yes," complete Schedule R, Part V, line 2	36		X
	and the organization conduct more than 5% of its activities through an entity that is not a related expenization			
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
	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			
Par	Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
	Check if Schedule O contains a response or note to any line in this Part V			
	a respected of note to any line in this Part V			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Farman 18000 had a larger than the same of Farman 18000 had a larger than 18000 had a larger than the same of Farman 18000 had a larger than 18000	.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?			1741
132004	12-09-21	<u>1c  </u>	000	
		rorm	ひどい (	2021)

Forr	n 990 (2021) CENTER INC	31-6001	024		F
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)	<u> </u>	. V 2 4		age :
	· (oo) ninded			T <sub>Vaa</sub>	81a
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			Yes	No
	filed for the calendar year ending with or within the year covered by this return	2a 25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ne?	<b>-</b> 1	v	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction	1151	2b	X	
За	Did the organization have unrelated hijsiness gross income of \$1,000 or more divine the come				37
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3a	ļ	<u> X</u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	0	3b		
	financial account in a foreign country (such as a bank account, securities account, or other financial	authority over, a	İ		
b	If "Yes," enter the name of the foreign country	account)?	<u>4a</u>		X
_					
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).	1.1		
b	any line during the tax veary		<u>5a</u>	ļ	X
c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	<u>5b</u>		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			•
h	any contributions that were not tax deductible as charitable contributions?		_6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributi				
Pos	were not tax deductible?	***************************************	6b	1	
7	Organizations that may receive deductible contributions under section 170(c),				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices 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		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		77
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098.02	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	hy the			
	sponsoring organization have excess business holdings at any time during the year?	by the			
9	Sponsoring organizations maintaining donor advised funds.		_8_	100	
а	Did the sponsoring organization make any taxable distributions under section 4966?				0 (0.00)
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		<u>9a</u>		
10	Section 501(c)(7) organizations. Enter:	•••••••••••••••••	9b	·	,
а	Initiation fees and capital contributions included on Part VIII, line 12	ا مه ا			dely.
b	Gross receipts included on Form 990, Part VIII line 10, for public use of stall 6 - IIII	10a	la vain		支持
11	Section 501(c)(12) organizations. Enter:	10b			
	Gross income from members or about all and	l I			
	Gross income from other sources. (Do not net amounts due or paid to other sources against	11a			
-					
12a		dff		V. 1	
b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	Car (See )		kalin u
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
Ю	Enter the amount of reserves the organization is required to maintain by the states in which the	, ,			
	organization is licensed to issue qualified health plans	13b	. E. A.		
C	Enter the amount of reserves on hand	13c		1.1	4 1 1
144	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b		
10	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or		******	
	excess parachute payment(s) during the year?		15	- 1	X
	If "Yes," see the instructions and file Form 4720, Schedule N.	***************************************			
	is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16	201	X
	If "Yes," complete Form 4720, Schedule O.		10		A
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv		1	
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	AF LY			
	If "Yes," complete Form 6069.		17		
				- 5 1	A

	Form 990 (2021) CENTER INC CENTER INC			
	31-60 Governance, Management, and Displacement	0102	24	Page <b>6</b>
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.  Check if Schedule O contains a response or note to any line in this Port N.	for a "No	o" rest	onse
				20,100
	Section A. Governing Body and Management			X
	12 Entor the			
	1a Enter the number of voting members of the governing body at the end of the tax year 1a	_	<u> </u>	s No
	and the first of the first among more and the	6		
		6		×
	officer, director, trustee, or key employee?  3 Did the organization delegate control over management duties customerily parts and the control over management duties customerily parts.			
	3 Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		<u>X</u>
	of officers, directors, trustees, or key employees to a management company or other person?  4 Did the organization make any significant observe to it.	ļ		ľ
		3		X
	Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?			X
	6 Did the organization have members or stockholders?  7a Did the organization have members, stockholders, or other persons who had the assessment of the organization have members.	. 5		X
	MOVE members at the second of the property of the property and the propert		X	
	more members of the governing body?  b Are any governance decisions of the organization reserved to (or subject to approach to).		1	
	Dersons other than the analysis of the design of the desig		<u>  X</u>	<u> </u>
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken to do approval by) members, stockholders, or	ļ		İ
				X
	b Each committee with authority to act on behalf of the governing body?	ar na		
:	b Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII. Section A who are the committee with authority to act on behalf of the governing body?	8a	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the parties and address.		<u>  X</u>	
S	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			
	ection B. Policies (This Section B requests Information about policies not required by the Internal Revenue Code.)	. 9		<u>X</u>
10	a Did the organization have local chapters by		Γ.,	T
	b If "Yes," did the organization have written policies and procedures governing the activities of such that the organization have written policies and procedures governing the activities of such that the organization have written policies and procedures governing the activities of such that the organization have written policies and procedures governing the activities of such that the organization have written policies and procedures governing the activities of such that the organization have written policies and procedures governing the activities of such that the organization have written policies and procedures governing the activities of such that the organization have written policies and procedures governing the activities of such that the organization have written policies and procedures governing the activities of such that the organization have written policies and procedures governing the activities of such that the organization have written policies and procedures governing the activities of such that the organization have written policies and procedures governing the activities of such that the organization have written policies and procedures governing the activities of such that the organization have the such that the organization have the organization of the organization have the organization of the organization of the organization have the organization of the organiza	10.	Yes	No
	and branches to ensure their operations are assured to be a such chapters, affiliates	10a		<u>X</u>
11	a Has the organization provided a complete copy of this Towns organization's exempt purposes?	10b	ĺ	
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest of the process.	11a	Х	
12	a Did the organization have a written conflict of interest at 15 and 16 review this Form 990.	la	42	
	Were officers, directors, or trustees, and key employees required to "No," go to line 13	12a	Х	78 T.
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	X	
	on Schedule O how this was done	120		
13	Did the organization have a written whistlehlower policy?	12c		X
14	Did the organization have a written document retartion	13		X
15	Did the process for determining compensation of the fall.	14		<u>X</u>
	persons, comparability data, and contemporary		1	
ε	The organization's CEO, Executive Director, or top management (%) to			
b	The order of Rey employees of the organization	15a	- 1	X
	Tes to line 15a or 15b, describe the present of	15b		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
	taxable entity during the year?			
b	If "Yes," did the organization follow a written policy or	16a		X
	in joint venture arrangements under applicable federal to tour and the organization to evaluate its participation			
-	exempt status with respect to guab arrest and take steps to safeguard the organization's			and a second
	don C. Disclosure	16b		
7	List the states with which a copy of this Form 200 :			
8	To the following all of the first th			
	for public inspection. Indicate how you made these available. Check all that apply.	only) av	ailable	)
_	Own website   Another's wobotts			
9	Describe on Schedule O whether (and if so, how) the organization made its constraint in the constraint of the constraint			
^	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financia	ŧ	
U	State the name, address, and telephone purely and the			
	EXECUTIVE DIRECTOR - (937) 767-7236	****		
	320 CORRY ST., YELLOW SPRINGS OF 45387			<del></del>
2006	12-09-21			

Form **990** (2021)

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

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

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

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

  List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

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

  See the instructions for the order in which to list the persons above.

Check this box if neither the organization r				ation	COI	mpe	nsat	ed any current officer. c	lirector or trustee	
<b>(A)</b> Name and title	(B) Average hours per week	(de	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of
(1) MALISSA DOSTER	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
EXECUTIVE DIRECTOR	40.00			x				65,500.	٥	0
(2) CAROLINE MULLIN	5.00	<b> </b>				╁┈	<del>                                     </del>	03,300.	0.	0.
CHAIR (3) LYNN SONTAG	2.00	х		x		_	_	0.	0.	0.
VICE CHAIR		x		X			İ	0.	0.	0.
(4) LINDA COX TREASURER	5.00	x		х			]	0.		
(5) FLORENCE RANDOLPH TRUSTEE	5.00	Ĭ						No.	0.	0.
(6) SHERANITA HEMPHILL	5.00	X						0.	0.	0.
TRUSTEE (7) ED AMHREIN		X			***			0.	0.	0.
TRUSTEE	3.00	x						0.		
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Form 990 (2021)

	stees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	31-600	1024 Pa
	1 1-7	1			~;			(D)		
Name and title	Average	Ide	not -	Pos	itior	1		Reportable	(E)	(F)
	hours per	I DOX.	(. unie	check es pe	rson i	e haf	h an	compensation	Reportable	Estimate
	week	offic	cer ar	nd a d	Irecto	r/trus	tee)	from	compensation	amount o
	(list any	gg		1			1	the	from related	other
	hours for	卓	_			8		organization	organizations (W-2/1099-MISC/	compensati
	related	ag	ustee			ansat		(W-2/1099-MISC/	1099-NEC)	from the
	organizations below	<u>Ē</u>	ma t	1	oyee	ig .		1099-NEC)	1000-1420)	organizatio
	line)	Individual trustee or director	institutional trustee	喜	Key employee	lest c	ig	,		and relate
	- Inte)	圓	ië.	Officer	Key	Highest compensated employee	Former			organizatio
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Subtotal  Total from continuation shocks to B. 1971			,				· [_	65,500.	0.	
Table 1	Section A					•	- ا	0.	0.	
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rotal number of individuals (including but no	t limited to thos	e list	ted	abov	/e) v	vho	recei	ived more than \$100 or	<u> </u>	0
compensation from the organization					,			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or reportable	
						***************************************				
Did the organization list any former officer, of line 1a? If "Yes." complete Schedule I for any	lirector, trustee	key	, em	nlov	20.	or 6:	ــــــــــــــــــــــــــــــــــــــ		r	Yes N
line 1a? # "Voo " (	,	, noy	13111	picy	GG, 1	OI III	gnes	it compensated employ	/ee on [	The second secon
For any individual listed on line 1a is the sur	on individual .				··-··				,,,,,,	3 X
For any individual listed on line 1a is the sur	on individual .	omp			··-··				,,,,,,	3 X
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For any individual listed on line 1a, is the sum and related organizations greater than \$150,0 Did any person listed on line 1a receive or acceptance.	on individual Tof reportable of 200? If "Yes," c	omp.	oens olete	sation Sch	 n an nedu	d of	her of	compensation from the	organization	
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Form 990 (2021)
Part VIII Statement of Revenue

	Check if Schedule O contains a response or note to a	(A)	/=:-		Γ
92 00	1 a Fodowsky	Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclu- from tax und
Gifts, Grants illar Amounts	1 a Federated campaigns 1a 3,21	4.			sections 512 -
9 5	b Membership dues 1b				
Ę.	c Fundraising events 1c			e Borgon e e Majorio j	
Ö Ö	d Related organizations 1d				
Contributions, Gift and Other Similar	e Government grants (contributions)  f All after contributions				
등원	f All other contributions, gifts, grants, and	<del>*  </del>			
흔된	similar amounts not included above 1f 56,80	7			图数数数 人名
들	9 Noncash contributions included in lines 1a-1f	<b></b> -			
<u>ত ল</u>	h Total. Add lines 1a-1f				
- 1	Bushana	<u>≥ 283,175.</u>			
8	2 a TUITION 624410	The same of the sa			
Revenue	b 024410	348,825.	348,825.		
7 7	C				
e al	d _				
3 4	0				
-	f All other program service revenue				
	g Total, Add lines 29-2f				
T	g Total. Add lines 2a-2f  3 Investment income (including little and including ,825.				
	3 Investment income (including dividends, interest, and other similar amounts)				
-	4 Income from investment 5	· [	İ	- 1	
	and the normalivestiment of tax-exempt hand property			- November 1	
1.	6 a Gross rents (i) Real (ii) Personal				·—·—
] `	h Long was t		ggikala se Te		
	Bootst in a parises [6b]				
	c Rental income or (loss) 6c			所 医细胞化	
.	d Net rental income or (loss)				
1 '	7 a Gross amount from sales of (i) Securities (ii) Other				
1	assets other than inventory 7a				
	b Less: cost or other basis				
1	and sales expenses 7b				化二进位
1	c Gain or (loss)				
8	d Net gain or (loss)				
8	a stage moone non fulluraising events (not	<del> </del>			
1	including \$ of			1. 4. 3. 4. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
1	contributions reported on line 1c). See				
	Part IV, line 18				
	b Less direct our less direct our less direct our less direct our less direct our les direct our				
١.	c Net income or (loss) from fundraising events		선내를 통해된 계계.		
9	a Gross income from gaming activities. See				<u>ze ungile ji</u>
			a construction of the construction of the party		· · · · · · · · · · · · · · · · · · ·
I	b Less: direct expanses				
	b Less: direct expenses  C Net income or (loss) for			eya / Fig	
10 -	Net income or (loss) from gaming activities				
c	a Gross sales of inventory, less returns		<del></del> -		
	and allowances 10a 140.				
a	Less. Cost of goods sold				
c	Net income or (loss) from sales of inventory	140.			
		T#U.			140.
11 a	MISCELLANEOUS INCOME 900099				
b	200033	684.			684.
C			-		<u> </u>
ď	All other revenue				
e	Total, Add lines 11a-11d				Constitution of the Consti
	Total revenue. See instructions	684. 632,824. 3			
2	Total leveling, See Instructions				

## Part IX Statement of Functional Expenses

	tion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respo	onse or note to any line	in this Part IX	empieto column (Ay).	
Do	not include amounts reported on lines 6b.	(A) Total expenses	(B) Program service	(C)	(5)
	, 8b, 9b, and 10b of Part VIII.		Program service expenses	Management and general expenses	<b>(D)</b> Fundraising
1	Grants and other assistance to domestic organizations	3	0,001,000	general expenses	expenses
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign		İ		
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors.				
	trustees, and key employees	65,500	50,206.	12 150	
6	Compensation not included above to disqualified		30,200.	13,152.	2,14
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	349,292.	267,732.	70 100	
8	Pension plan accruals and contributions (include		401,134.	70,138.	11,42
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	53,375.	40,912.	10 540	The state of the s
1	Fees for services (nonemployees):		40,314.	10,718.	1,74
a	Management				
b	Legal			The second secon	
c	Accounting	4,058.	2 110		
đ	Lobbying	3,000.	3,110.	815.	13
е	Professional fundraising services. See Part IV, line 17	5,613.			
f	Investment management fees	5,013.			5,61
g	Other. (If line 11g amount exceeds 10% of line 25,	M			
	column (A), amount, list line 11g expenses on Sch O.)	31,534.	24 171		
2	Advertising and promotion	13,987.	THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE PERSON NAMED I	6,332.	1,03
3	Office expenses	22,719.		2,809.	45
Ļ	Information technology	az, (1,) e	17,414.	4,562.	74
;	Royalties	the state of the s			
i	Occupancy	22,690.	17 200		
	Travel	42,030.	17,392.	4,556.	74
	Payments of travel or entertainment expenses	W/mean and a second sec	The state of the s		
1	for any federal, state, or local public officials	i			
1	Conferences, conventions, and meetings	16,698.	10 500		,
	Interest	TO,030.	12,799.	3,353.	54
ı	Payments to affiliates	On the state of th			
E	Depreciation, depletion, and amortization				144
١	nsurance	9,687.	7 405		
(	Other expenses Itemize expenses not covered	3,007.	7,425.	1,945.	31.
- 8	DOVE. II IST MISCEllaneous gynonege on line 046 14				
a	me 24e amount exceeds 10% of line 25, column (A), imount, list line 24e expenses on Schedule (A)				
, <u>İ</u>	FOOD/KITCHEN SUPPLIES	31,184.	24 40.		
. (	BENERAL SUPPLIES	17,083.	31,184.		
Ē	ENRICHMENT PROGRAM		16,160.	234.	689
i		5,785.	5,785.		
-	All other expenses	EAFF			
	otal functional expenses. Add lines 1 through 24e	5,055.	3,875.	1,015.	16
<u></u> -	oint costs. Complete this line only if the organization	654,260.	508,886.	119,629.	25,74
re	eported in column (B) joint costs from a combined	ļ			
P.	ducational campaign and fundraising solicitation.	Í			
	heck here If following SOP 98-2 (ASC 958-720)			ļ	

		Check if Schedule O contains a response or note to any line in this Part X			
***			(A) Beginning of year		(B)
		1 Cash - non-interest-bearing 2 Savings and temporary cook investigation			End of year
	2			1	<10,254.
	{	"O with Brainty (CCENADIB) HDI		_   2	
	4	The state of the s		_3	
	1 5		24,614	<u>• 4</u>	
		trustee, key employee, creator or founder, substantial contributor, or asset			
	i	Some of the control o			
	6	Loans and other receivables from other disqualified porsons (as defined)		5	
	Í _	and of socion 4900(I)(1)), and persons described in poetler 4050(1)(2)			
ets	7	Notes and loans receivable, her		_ 6	
Assets	8	70. 00.00 07 436		_   7	
1	9		10 575	8	
	10	a Land, buildings, and equipment; cost or other	19,575	<u>• 9</u>	
		basis. Complete Part VI of Schedule D			
	1	~ 2000. accumulated depreciation   10h   66 1.01			
	11	investments - publicly traded securities			
	12	invocations - other securities, See Part IV, line 11		11	
	13	Investments - program-related. See Part IV line 11		12	
	14	Intangible assets		13	
	15			14	
	16			15	80,151
	17	Tooganto payable and accided expenses			84,613
	18 19	- Payablo		<del></del>	8,964.
	20	***************************************		18	
ļ	21			19 20	
	22	and the Control of Con		21	
Liabilities	6.6	- said other payables to any current or former officer, director		21	
١٥		trustee, key employee, creator or founder, substantial contributor, or 35%			
	23	ostationed entity of larnily member of any of these persons		22	
- 1	24	Secured mortgages and notes payable to unrelated third parties		23	
	25	Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal in a secure)		24	
- [	_	manufacture including legeral income tax inavables to relate the training			
- [		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			
[_	26	of Schedule D  Total liabilities. Add lines 17 through 25		25	
		Organizations that follow FASB ASC 958, check here	44,410.	26	8,964.
S S S S S S S S S S S S S S S S S S S		and complete lines 27, 28, 32, and 33.			
į	27	Net assets without down and the			
:   i	28	Net assets with donor material	100,787.	27	<4,502.>
		Organizations that do not follow FASB ASC 958, check here	103,995.	28	<4,502.> 80,151.
		and complete lines 29 through 33.			
12	29	Capital stock or trust principal, or current funds			
3	SU	Pald-in or capital surplus, or land, building, or equipment fund	Martine Company of th	29	
13	•	resulted barrings, endowment, accumulated income, or other funds		30	
3	· 4	Total flet assets or fund balances	004	31	
3	3	Total liabilities and not seem to 11	204,782.	32	75,649.
		nabilities and fiet assets/fund balances	249,192.	33	84,613.

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2021)

## SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.
YELLOW SPRINGS COMMUNITY CHILDREN'S

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

M5-		CEN	NTER INC			41-m24 D			21 COOLOGA
نــا	irt I	Reason for Public	c Charity Status	(All organizations mus	t complete	this nert	See inetruction		31-6001024
The	orgar	nization is not a private fou	undation because it is	s: (For lines 1 through 12	check on	ly one have	,	IS,	
1		A church, convention of	churches, or associa	ation of churches describ	ed in see	iy One DOX	.)		
2		A school described in se	ection 170(b)(1)(A)(ii	). (Attach Schedule E (Ed	eam sec	uon ivo(p	)(T)(A)(I).		
3		A hospital or a cooperation	ive hospital service o	ranization described in	nn 990).)	<b></b>			
4		A medical research organ	inization operated in	Conjunction with a beauty	section 1	/U(0)(1)(A <sub>,</sub>	)(III).		
		city, and state:	100.000	oorganenom with a nospit	ai describi	ed in sect	ion 170(b)(1)(A	)(iii). Ent	er the hospital's name,
5		An organization operated	d for the benefit of a	college or university and			**************************************		
		section 170(b)(1)(A)(iv).	. (Complete Part II.)	couppe of distablishing OMU	ea or oper	ated by a	governmental u	nit descri	bed in
6		A federal, state, or local of	COVERDMENT OF COURT	managa kaluudi li ii ri					
7		A federal, state, or local g	maily receives a cube	rimental unit described in	section	170(b)(1)( <i>i</i>	4)(v).		
		An organization that norm section 170(b)(1)(A)(vi).	(Complete Port II)	stantial part of its support	from a go	vernmenta	al unit or from th	ne genera	l public described in
8			(Outhblote Latt III)						
9		A community trust describ	Organization describe	D)(1)(A)(VI). (Complete Pa	art II.)				
		An agricultural research or university or a non-land	d grant college of	on section 170(b)(1)(A	)(ix) opera	ated in con	junction with a	land-gran	it college
		or university or a non-land university:	d-grain college or agr	riculture (see instructions	). Enter the	e name, cit	ty, and state of	the collec	ge or
10	X								
		An organization that norm activities related to its exe	many receives (1) mor	re than 33 1/3% of its sup	port from	contribution	ons, membershi	p fees, a	nd gross receipts from
			and a remonding and the	out to certain excentions:	「ぬれがだり」いる	つ ロコヘドム もしゃ	□ □□ ■ (□□) ← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ← ←	_	
		income and unrelated bus See section 509(a)(2). (Co	DITIOGO EGNADIO ITICOTTI	e (less section 511 tax) fi	om busine	esses acqu	ired by the orga	anization	after June 30, 1975.
11		· · · · · · · · · · · · · · · · · · ·	on pioco i ait iii,j						
12		An organization organized  An organization organized	d and operated exclu	isively to test for public s	afety. See	section §	509(a)(4).		
		An organization organized more publicly supported or	organizations dosest	isively for the penetit of, t	o perform	the function	ons of, or to car	ry out the	purposes of one or
		more publicly supported o	at describes the type	of automorphism and all	or section	509(a)(2)	. See section 5	09(a)(3),	Check the box on
а		lines 12a through 12d that	danization operated	or supporting organization	n and con	npiete line	s 12e, 12f, and	12g.	
		Type I. A supporting org	tion(s) the nower to r	supervised, or controlled	i by its sup	ported or	ganization(s), ty	pically by	giving
		the supported organization. You must	t complete Dart IV 6	egularly appoint or elect	a majority	of the dire	ctors or trustee	s of the s	supporting
b		Type II. A supporting or	raanization sunanisa	occuons A and B,					
		Type II. A supporting orgontrol or management or	Of the supporting or	genization westerlies the	ition with i	ts support	ed organization	(s), by ha	ving
		control or management or organization(s). You must	ist complete Dort IV	yanızatıdı vested in the s	ame perso	ons that co	ontrol or manage	e the sup	ported
С		Type III functionally inte	tegrated A supporti	, decuons A and C.	•				
		Type III functionally inte	on(s) (see instruction	ny organization operated	in connec	ction with,	and functionally	/ integrat	ed with,
đ		its supported organization	Wintegrated A sun	o). Tou must complete	Part IV, S	ections A,	D, and E.		
		Type III non-functionally in:	itearated. The organi	ization gararells reset of	rated in co	nnection v	with its supporte	ed organi	zation(s)
		that is not functionally in requirement (see instruct	tions) Vou must se	rzation generally must sat	tisty a dist	ribution re	quirement and a	an attenti	veness
е		Check this box if the ora	anization received o	mplete Part IV, Section:	s A and D	, and Part	٧.		
		Check this box if the organizationally integrated, or	or Type III non-function	witten determination to	m the IRS	that it is a	ı Type I, Type II,	Туре ІІІ	
f	Enter	the number of supported o	Organizations			ation.			
_ g	Provid	ie the following information	on about the support	ed organization(s)		• • • • • • • • • • • • • • • • • • • •			
	(i) I	rvaine or supported	(ii) EIN	(iii) Type of organization	(iv) is the org	anization listed	(v) Amount of n	00 m e he	
		organization		(described on lines 1-10	Yes	ing document?	support (see insi	tructions)	(vi) Amount of other support (see instructions)
				above (see instructions))	103	No			support (see instructions)
	·								
			-			Many and the second			
	and a m		ļ						
			E CANADA	Control of the contro					
·									
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	_		And the state of t	And the state of t				of the state of th	
			1						
Total			The same of the sa					-	

Schedule A (Form 990) 2021 CENTER INC 31-6001

[Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 31-6001024 Page 2 (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.)

	endar year (or fiscal year beginning in)  Gifts, grants, contributions, and	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")	i					
2	Tax revenues levied for the organ-						
•	ization's benefit and either paid to			•	1		
	or expended on its behalf			1		1	
3	***************************************						
-	furnished by a governmental unit to			[			
	the organization without charge					]	
4	Total. Add lines 1 through 3						
5	The portion of total contributions	ing a second second					
Ī	by each person (other than a					4 4 4	· · · · · · · · · · · · · · · · · · ·
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	******************************						
) e	Public support, Subtract line 5 from line 4.			W.C.		er en en en en en en en en en en en en en	
	ndar year (or fiscal year beginning in)		·				
7	Amounts from line 4	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
8	Gross income from interest,						
Ŭ	dividends, payments received on		Î				
	securities loans, rents, royalties,						
	and income from similar sources			1			
9	Net income from unrelated business						
•	activities, whether or not the			i			
						ĺ	
0	business is regularly carried on						
	Other income. Do not include gain						
	or loss from the sale of capital	ĺ					
	assets (Explain in Part VI.)				_	İ	
1	Total support, Add lines 7 through 10						
2	Gross receipts from related activities, e	tc. (see instructior	ns)		Visit day or come	12	
3	First 5 years. If the Form 990 is for the	organization's firs	t, second, third, fo	ourth, or fifth tax ye	ear as a section 50	1(c)(3)	
						***************************************	
4	tion C. Computation of Public	- WONDOIL FEIG	ennada				
T 5	Public support percentage for 2021 (line	e 6, column (f), div	ided by line 11, co	lumn (f))		14	9
-	onbborr bergerraße HOIII SOSO S	cneαule A, Part II.	line 14			15	
		gamzation did not	Check the box on	line 13, and line 14	is 33 1/3% or mo	re, check this box ar	nd
	a substantial substantial and	a baniicia 2fibbbu	ted ordanization				F
1.5	33 1/3% support test - 2020. If the organization qualification qualification and stop here. The organization qualification are supported by the control of the organization are supported by the control of the organization are supported by the control of the organization are supported by the organization are supp	ganization did not					
	- I was a signification qualific	as a dudiiciv su	DDOMEN Arganizati	on			
	· · · · · · · · · · · · · · · · · · ·						
'a '		-		_	The second section of the second		,
a i	and if the organization meets the facts-a	# IUP VII VUII ISTANCES	Test check this h	ox and stop here	. ⊏xpiain in Part V	l how the organization	on .
'a ' ' !	and if the organization meets the facts-a neets the facts-and-circumstances test.	. The organization	Test, check this b	internessament			
'a' i bʻ	and if the organization meets the facts-a neets the facts-and-circumstances test. O% -facts-and-circumstances test -	The organization  organization  organization	test, check this b qualifies as a publ lization did not ch	icly supported organics	anization		
'a ' ! b ' t	and if the organization meets the facts-a neets the facts-and-circumstances test. 10% -facts-and-circumstances test - nore, and if the organization meets the	The organization  2020. If the organ  facts-and-circums	test, check this be qualifies as a publi dization did not check	icly supported organics a box on line 1	anization 3, 16a, 16b, or 17	a, and line 15 is 10%	
'a' toʻ bʻʻ	and if the organization meets the facts-a neets the facts-and-circumstances test.	The organization  2020. If the organization facts-and-circumsistances test. The	test, check this be qualifies as a publication did not che cances test, check	icly supported organics a box on line 1 this box and stop	anization 3, 16a, 16b, or 17 • here. Explain in	a, and line 15 is 10% Part VI how the	

# Schedule A (Form 990) 2021 CENTER INC 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

Gale	ndar year (or fiscal year beginning in) 🖡	(a) 2017	<b>(b)</b> 2018	* * A - ·		Warger 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1	Gifts, grants, contributions, and		(0) 2010	(c) 2019	(d) 2020	(e) 2021	(f) Total
	membership fees received. (Do not				i		
	include any "unusual grants.")	285,798	253,458	1 215 024			
2	Gross receipts from admissions		. 233,436	315,234	84,823	283,175.	1222488
	merchandise sold or services per-			1			
	formed, or facilities furnished in any activity that is related to the	}					ł
	organization's tax-exempt purpose					1	
3	Gross receipts from activities that				ATTENDED TO STATE OF THE PARTY		
	are not an unrelated trade or bus-		}				
	iness under section 513		1		}		
	Tax revenues levied for the organ-		***************************************				
i	ization's benefit and either paid to		1	!			**************************************
,	or expended on its behalf	100 555	104	1			
5	The value of services or facilities	199,555.	194,420.	206,505.	503,299.	348,825.	1452604
f	urnished by a governmental unit to	}				7.02.0	<u> </u>
t	he organization without charge	ļ			]	ŀ	
6 1	Total. Add lines 1 through 5	40E 2E2			<u> </u>	j	
7a /	Amounts included on lines 1, 2, and	485,353.	447,878.	521,739.	588,122.	632,000.	2675092
3	received from disqualified persons		1				2013092
bΑ	mounts included on lines 2 and 3 received					160.	160
fr	om other than disqualified persons that				( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		700
6	xceed the greater of \$5,000 or 1% of the					1	
cΔ	mount on line 13 for the yeardd lines 7a and 7b					,	^
						160.	0 160
ecti	ublic support. (Subtract line 7c from line 6.) on B. Total Support						2674932
				· · · · · · · · · · · · · · · · · · ·			20/4932
ο Δ	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(a) 2001	4.0
Oa G	mounts from line 6 ross income from interest,	485,353.	447,878.	521,739.	588,122.	(e) 2021 632,000.	(f) Total 2675092
a)	vidends, payments received on	ĺ				032,000.	20/5092
56	Culities loans rente rougition i					[	
k Hr	nd income from similar sources	5,784.	9,260.	879.	2,783.	0.	10 706
U OI	related business taxable income			, , , , , , , , , , , , , , , , , , ,		U .	18,706
(16	ss section 511 taxes) from businesses	ļ	1				
- 4	quired after June 30, 1975	W.v.		ĺ		ĺ	
C AC	d lines 10a and 10b	5,784.	9,260.	879.	2,783.		
ac	et income from unrelated business tivities not included on line 10b,						18,706.
wr	lether or not the business is		1				
reg	Jularly carried on						
Oti	her income. Do not include gain loss from the sale of capital						
ass	sets (Explain in Part VI.)	ĺ	1		0 640		
101	al support. (Add lines 9, 10c, 11, and 12)	491,137.	457,138.	522,618.	8,648.	824.	9,472.
Fir	st 5 years. If the Form 990 is for the	organization's fire	t second think to	344,618.	599,553.	632,824.	2703270.
che	st 5 years. If the Form 990 is for the eck this box and stop here		t, second, tring, 10	urtn, or lifth tax ye	ar as a section 501	(c)(3) organization,	
<u>ctio</u>	n C. Computation of Public	Support Perc	ontago			(G)(S) Organization,	
Pul	olic support percentage for 2021 (lin	e 8, column 6) div	and by the do				
						15	98.95 9
	n b. Computation of investi	Ment Incomo I	Darnamenas				8.59 9
Inve	estment income percentage for 202	1 (line 100, column	ercentage	The state of the s			
Inve	estment income percentage for 202 estment income percentage from 20	20 Schodula A. 5	(i), aivided by line	13, column (f))		7	.69 %
						8	1.06 %
mor	1/3% support tests - 2021. If the o	ganization did not				/3%, and line 17 is	not
33	e than 33 1/3%, check this box and 1/3% support tests - 2020. If the o	scup nere. The or	ganization qualifie:	s as a publicly sup	ported organization	n .	<b>&gt;</b> X
line		THIS HAV and -t	) <del></del>			1/0/0, talla	
line Priv	18 is not more than 33 1/3%, check ate foundation. If the organization of 14-22	This DOX and Stop	nere. The organiz	ation qualifies as a	publicly supporte	d organization	<b>_</b>

### 31-6001024 Page 4

#### Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

- 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.
- 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
- 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)
- 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).
- 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?
- 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
- 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail In Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	$\bot$	Yes	No
			1
		2 - 12°	
1	_		<u> </u>
		4 4	
2	4		<u> </u>
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<u>3a</u>	4		ļ
- 1			
3b	-		
<u>3c</u>	-		
100			
4 <u>a</u>	+-		
	1		
	1		
4b	+		
			. 14
			, i
4c	-	_	<del></del>
			1 1
		I.	: 1
1			
5a			
5a			
5a 5b			
5b 5c			
5b 5c			
5b 5c			
5b 5c	-		
5b 5c 6			
5b 5c	-		
5b 5c 6	-		
5b 5c 6	-		
5b 5c 6 7 8 8 9a			
5b 5c 7 8 8 9a	-		
5b 5c 7 8 9a 9b			
5b 5c 7 8 8 9a 9b			
5b 5c 6 7 8 9a 9b			
5b 5c 7 8 8 9a 9b			
5b 5c 6 8 9a 9b 9c			
5b 5c 6 8 9a 9b			
5b 5c 6 9a 9a 9b 9c			

Schedule A (Form 990) 2021 CENTER INC		
Part W Comments and the second	31 600100	
(continued)	<u>31-600102</u>	4 Pa
11 Has the organization accepted a gift or contribute		
Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		Yes
11c below, the governing back of		
11c below, the governing body of a supported organization?	la a la la	
b A family member of a person described on line 11a above?	11a	
detail in Day 14	11b	
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		
2. Type I Supporting Organizations	11c	
1 Did the governing had		
		Yes
more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office effectively operated, supervised, or controlled the organization's activities. If the organization had been controlled the organization's activities. If the organization had been controlled the organization's activities. If the organization had been controlled the organization organization had been controlled the organization.	eor	
effectively operated supported the tax year? If "No," describe in Part VI how the	cers,	
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 allowed to supported organizations and what conditions.		
organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the powers to appoint and/or remove officers, directors, or trustees were allocated among the powers to appoint and/or remove officers, directors, or trustees were allocated among the powers during the tax year.	ted	
	ne	
organization(s) that operated, supervised or controlled the supported		
organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in supervised, or controlled the supported organization(s) that operated,	POTAT A	
Supervised or and the supervised of the Supported organization (s) the		- (2m) - 2m)
Section C. Type II Supporting Organization.		
	2	
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)?		
or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	<u>Y</u>	es N
or management of the currently		24 J
ING CURROWS I		
section D. All Type III Supporting Organizations		
or appointing Organizations		
1 Did the organization provided		
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	Υ.	es N
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, and (iii) copies of the  Were any of the organization's officers, directors, or trustees either (i) opposite to		
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.	1	
organization(s) or (ii) serving on the governing body of a supported experiently a		
organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how  By reason of the relationship described on line 2, above, did the organization's average organization or elected by the supported the supported by the supported by the supported by the supported organization? If "No," explain in Part VI how  By reason of the relationship described on line 2, above, did the organization's average organization or supported organization organization.		
by reason of the relationship described on line a	2	
significant voice in the organization's investment of supported organizations have a	1.00	
income or assets at all times during the tay year? At the		
Supported area of the role the role the role the		
Action L. Type III Functionally Integrated Supporting Co.		
	3	
The organization satisfied the Activities Test. Complete line 2 below.		
The vigalization is the narout of anti-		
The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se		
Activities Test. Answer lines 2a and 2b below.		
Did substantially all of the arrange and 2b below.	e instruction <u>s).</u>	-
	Yes	No
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.		
Did the activities described on line 20 observe	2a	]
one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		-
Part VI the reasons for the organization's position that the		
these activities but for the angular transfer of the a		
The state of the organization's level.		
Parent of Supported Organizations, Apparent	2b	
Parent of Supported Organizations. Answer lines 3a and 3b below.  Did the organization have the power to reach the second to the		
Parent of Supported Organizations. Answer lines 3a and 3b below.  Did the organization have the power to reach the second to the		
Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or bid the organization exercise a substantial directors.  If "Yes" or "No" provide details in Part VI.	3a	
Parent of Supported Organizations. Answer lines 3a and 3b below.  Did the organization have the power to reach the second to the		

Part V Type III Non-Functionally Integrated 509(a)(3) Support	tina Ou		31-6001024 Page
" " " O O GOULZQUOIT SOUSTION THE Integral Deat T			
All other Type III non-functionally integrated supporting organizations n	fying trust	on Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
Section A - Adjusted Net Income	lust compl	lete Sections A through E.	
		(A) Prior Year	(B) Current Year
1 Net short-term capital gain			(optional)
2 Recoveries of prior-year distributions	1		
Other gross income (see instructions)	2		
4 Add lines 1 through 3.	3		
5 Depreciation and depletion	4		
Portion of operating expenses paid or incurred for production or			
conection of gross income or for management, consequent	- 1		
indirection of property held for production of income (engine transfer a)	1 _		
- Sand Saponses (see instructions)	6_		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	<del></del>		
Section B - Minimum Asset Amount	8		
No. of the state o		(A) Prior Year	(B) Current Year
1 Aggregate fair market value of all non-exempt-use assets (see		( ) ( ) ( ) ( )	(optional)
instructions for short tax year or assets held for part of years	100		
a Average monthly value of securities			
b Average monthly cash balances	<u>1a</u>		
c Fair market value of other non-exempt-use assets	tb		
0 10tal (add lines 1a, 1b, and 1c)	1c		
e Discount claimed for blockage or other factors	<u>ld</u> _		
<u>(explain in detail in</u> Part VI);	( V		
2 Acquisition indebtedness applicable to non-exempt-use assets			
Gubtract line 2 from line 1d.	2_		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions)	3		
			,
5 Net value of non-exempt-use assets (subtract line 4 from line 3)			
Multiply line 5 by 0.035.	5		
7 Recoveries of prior-year distributions	- 6		
8 Minimum Asset Amount (add line 7 to line 6)	7		
ection C - Distributable Amount	_   8		
	Į.		HAVE WELL STREET
Adjusted net income for prior year (from Section A, line 8, column A)	<del></del>	***************************************	Current Year
Lintol 6,00 of line 1.	11		
Minimum asset amount for prior year (from Section B, line 8, column A)	_ 2 _		
4 Enter greater of line 2 or line 3.	_   3		
Income tax imposed in prior year	4		The state of the s
Distributable Amount. Subtract line 5 from line 4, unless subjects	5		
- structions)			
Check here if the current year is the organization's first as a non-functional instructions).	6		
instructions).	y integrate	d Type III supporting organiz	ation (see

Schedule A (Form 990) 2021

Scl P	nedule A (Form 990) 2021 CENTER INC art V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org			1-6001024 Page 7
Sec	ction D - Distributions		anizations (continue	a)	^
_ 1	Amounts paid to supported organizations to accomplish ex	rempt purposes		1	Current Year
2	Amounts paid to perform activity that directly furthers exen	npt purposes of supported			
	organizations, in excess of income from activity			2	
_3	Administrative expenses paid to accomplish exempt purpo	ses of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets		4		
_5	Qualified set-aside amounts (prior IRS approval required - g	provide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is responsive			
h	(provide details in Part VI). See instructions.			8	
_9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount		- ·	10	
		(i)	(ii)	-	(iii)
Sec	tion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021		Distributable Amount for 2021
_1_	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-			_	
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2021				
	From 2016				
<u>b</u>	From 2017			_	
C	From 2018				
d	From 2019			-+	
	From 2020			-	
	Total of lines 3a through 3e			<del>-</del>	
	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount			1,	
<u>i</u> _	Carryover from 2016 not applied (see instructions)	A Comment of the Comm		$\dashv$	
	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.			+	
4	Distributions for 2021 from Section D,				
	line 7:				
	Applied to underdistributions of prior years			$\dashv$	
	Applied to 2021 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				t ja liiku Maay telikey kan
5	Remaining underdistributions for years prior to 2021, if			- 1	
	any. Subtract lines 3g and 4a from line 2. For result greater				
<u></u>	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h			-	
	and 4b from line 1. For result greater than zero, explain in				
-	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		ar galanga samaranan pada capi ngga	a Seguid SE	ante antentant plates est unue e des estant
8	Breakdown of line 7:				
a	Excess from 2017			-	
b	Excess from 2018				
	Excess from 2019	A A A A A A A A A A A A A A A A A A A	<u>Janes Beregeranderskriver</u> Medical		
	Excess from 2020	Hart and the same of the same		+	
	Excess from 2021				
			The Art and the Art of the Art of the Art		<u> 100 je sa P</u> jet Rasilito I.

Schedule A (Form 990) 2021

## YELLOW SPRINGS COMMUNITY CHILDREN'S

Schedule A Part VI	(Form 990) 2021	CENTER	INC		31-6001024	Page
rait vi	line 1: Part IV. Section	n D lines 2 and 3: I	Davi IV Co	xplanations required by Part II, line 10; Part II, line 17a or 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines oction E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, line 5; Part V, line 5; Part V, line 5; Part V, line 6; Part V, line 8; Part V, line 9	r 17b; Part III, line 12; I and 2; Part IV, Section	
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#### Schedule A

# Payments from Disqualified Persons Included on Part III, Line 7a

2021

\*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
CAROLINE MULLIN	0.	0.	0.	0.	60
FLORENCE RANDOLPH	0.	0.	0.	0.	100
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					TOTAL MICHAEL MANAGEMENT OF THE PROPERTY OF TH
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					TAKEMAKAN BELIAMAN AND MAKESAN
		No. of the Control of			
otal to Schedule A, art III, Line 7a					160

#### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization

YELLOW SPRINGS COMMUNITY CHILDREN'S CENTER INC

Employer identification number

31-6001024

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	-	covered by the <b>General Rule</b> or a <b>Special Rule</b> . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See ins	structions.			
General	Rule					
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 cone contributor. Complete Parts I and II. See instructions for determining a contributor's total cor				
Special	Rules					
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that recthe year, total contributions of the greater of 1) \$5,000; or 2) 2% of the amount on (i) Form 990 line 1. Complete Parts I and II.	eived from any one			
	contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of crueity to children or animals. Complete Parts I (entering ) instead of the contributor name and address), II, and III.				
	year, contributions is checked, enter h purpose, Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one of exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than shere the total contributions that were received during the year for an exclusively religious, charitain explored any of the parts unless the General Rule applies to this organization because it received explored, contributions totaling \$5,000 or more during the year	\$1,000. If this box ble, etc.,			
answer that it d	"No" on Part IV, line oesn't meet the filing	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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, ling requirements of Schedule B (Form 990).	ne 2, to certify			
LHA FO	or Paperwork Reducti	on Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2021)			

Name of organization

YELLOW SPRINGS COMMUNITY CHILDREN'S

31-6001024

Employer identification number

CENTER INC

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

RICHARD LEPEDES & MAUREEN LYNCH   Person   Payroll   Noncesh   Complete Part II for noncesh contributions   Person   Payroll   Noncesh   Person   Payroll   Noncesh   Person   Payroll   Noncesh   Person   Payroll   Noncesh   Person   Payroll   Noncesh   Person   Payroll   Noncesh   Person   Payroll   Noncesh   Person   Payroll   Noncesh   Person   Payroll   Noncesh   Person   Payroll   Noncesh   Person   Payroll   Noncesh   Person   Payroll   Noncesh   Person   Payroll   Noncesh   Person   Payroll   Noncesh   Person   Payroll   Noncesh   Person   Payroll   Noncesh   Person   Payroll   Noncesh   Person   Payroll   Person   Payroll   Person   Payroll   Person   Payroll   Payroll   Person   Payroll   Person   Payroll   Person   Payroll   Person   Payroll   Person   Payroll   Person   Payroll   Person   Payroll   Person   Payroll   Person	·	, ,	-1	
OHIO DEPARTMENT OF JOB & FAMILY  SERVICES  30 E. BROAD ST  COLUMBUS, OH 43215  (b)  No.  Name, address, and ZIP + 4  (c)  Total contributions  (d)  No.  RICHARD LEPEDES & MAUREEN LYNCH  C/O DAYTON FOUNDATION 40 N MAIN S'T  DAYTON, OH 45423  (d)  No.  Name, address, and ZIP + 4  (e)  Total contributions  (f)  Type of contributions  (o)  No.  Name, address, and ZIP + 4  (c)  Total contributions  (d)  No.  Name, address, and ZIP + 4  (e)  Total contributions  (f)  Type of cont		Name, address, and ZIP + 4		
Solution   Solution	***************************************	OHIO DEPARTMENT OF JOB & FAMILY		Person X
COLUMBUS		30 E. BROAD ST	\$\$223,154.	Noncash
No. Name, address, and ZIP + 4    Total contributions   Type of contribution		COLUMBUS, OH 43215		
C/O DAYTON FOUNDATION 40 N MAIN ST  DAYTON, OH 45423  (a) (b) (c) (d) Total contributions  Anne, address, and ZIP + 4  (b) No. Name, address, and ZIP + 4  (c) (c) (d) Type of contributions  (a) No. Name, address, and ZIP + 4  (c) (c) (d) Type of contributions  (c) (d) Type of contributions  (c) (d) Type of contributions  (d) Noncash contributions  (e) (c) (d) Type of contributions  (f) Noncash contributions  (g) Noncash contributions		• •		(d) Type of contribution
C/O DAYTON FOUNDATION 40 N MAIN ST   S 25,000.   Noncesh   Complete Part II for noncesh contributions.	2	RICHARD LEPEDES & MAUREEN LYNCH		
DAYTON, OH 45423		C/O DAYTON FOUNDATION 40 N MAIN ST	\$ 25,000.	Noncash
No. Name, address, and ZIP + 4  Total contributions  Type of contributions  Person		DAYTON, OH 45423		noncash contributions.)
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Name of organization

31-6001024

Employer identification number

YELLOW SPRINGS COMMUNITY CHILDREN'S CENTER INC

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art II	Noncash Property (see instructions). Use duplicate copies of Part II in	r additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. irom	(b)  Description of noncash property given	(c) FMV (or estimate)	(d) Date received
art I		(See instructions.)	
		\$	
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www.adelume.com.nt		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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ENLOW SPRINGS COMMUNITY CHILDREN'S   31-60010	fication number							
Exclusively religious, charitable, etc., centributions to organizations described in accident 50 (107); (i), or (10) that total more than \$1, for many one contribution. Complete outputs (ii) through (ii) and feel following the work; per organization excepted piral, the ret tento of excellable religious, classified, each feel following the work; per organization excepted piral, the ret tento of excellable religious, classified, each feel feel feel feel feel feel feel fee	024							
Les duplicate corpiete per litting test et sons of statutately religions, charatile, see, continuate ut \$1,000 or less for the year, fletifisishis, see, [] P S.  Les duplicate corpies of Part III if additional space is needed.  (c) Use of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transference and transferor to trans								
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#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

YELLOW SPRINGS COMMUNITY CHILDREN'S Name of the organization

CENTER INC

Employer identification number 31-6001024

Pai	TI Organizations Maintaining Donor Advised I organization answered "Yes" on Form 990, Part IV, line 6		imilar Funds c	Pr Accounts. Complete if the
,		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in wri		eld in donor advise	d funds
	are the organization's property, subject to the organization's ex-	clusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only			sed only
	for charitable purposes and not for the benefit of the donor or d			
	impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the organ	nization answered "Ye	s" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).		
	Preservation of land for public use (for example, recreation	on or education)	Preservation of	a historically important land area
	Protection of natural habitat Preservation of a certified historic structure			a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contrib	ution in the form o	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements	.,		2b
c	Number of conservation easements on a certified historic struct	ture included in (a) 🔝		2c
d	Number of conservation easements included in (c) acquired after	er 7/25/06, and not on	a historic structur	re
	listed in the National Register			
3	Number of conservation easements modified, transferred, relea	ased, extinguished, or	terminated by the	organization during the tax
	year 🕨			
4	Number of states where property subject to conservation easer	ment is located 🟲 🛚		
5	Does the organization have a written policy regarding the period	dic monitoring, inspec	tion, handling of	
	violations, and enforcement of the conservation easements it h	***************************************		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, a	nd enforcing cons	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and e	nforcing conservati	ion easements during the year
	\$			
8	Does each conservation easement reported on line 2(d) above	•	·	
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	te to the organization'	s financial stateme	nts that describes the
	organization's accounting for conservation easements.	A		Similar Assats
LPa	rt III Organizations Maintaining Collections of A	•	easures, or Ou	ner Similar Assets.
	Complete if the organization answered "Yes" on Form 9			
1a	If the organization elected, as permitted under FASB ASC 958,			
	of art, historical treasures, or other similar assets held for public			
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958,	•		
	art, historical treasures, or other similar assets held for public e	exhibition, education, o	or research in furth	erance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			and the second s
2	If the organization received or held works of art, historical treas			gain, provide
	the following amounts required to be reported under FASB AS	=		
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			<b>&gt;</b> \$

Schedule D (Form 990) 2021

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

## 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.

(i) Unrelated organizations

(ii) Related organizations

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		A CHANNEL PRODUCES SEPERATE MOUTO SECURITA I MASS SECURITA SE SECU		
b Buildings				
c Leasehold improvements		55,867.	45,694.	10,173.
d Equipment		23,450.	19,180.	4,270.
e Other		1,500.	1,227.	273.
Total, Add lines 1a through 1e. (Column (d) must equ	al Form 990 Part X colur	nn (R) line 10c )	<b>&gt;</b>	14,716.

Schedule D (Form 990) 2021

40000451

3a(i) 3a(ii)

YELLOW SPRI	MGS COMMUNITY	CHILDREN'S	
Schedule D (Form 990) 2021 CENTER INC		31-	-6001024 Page 3
Part VII Investments - Other Securities.	. F 000 Paul B/ Ba	44L 0 E	
Complete if the organization answered "Yes" (  (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of veer merket value
	(b) DOOK Value	(c) Method of Valdation. Cost of end	Oryear market value
(1) Financial derivatives     (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
{F}			- Anna Caranta and Anna and Anna and Anna and Anna and Anna and Anna and Anna and Anna and Anna and Anna and A
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	## ## ## ## ## ## ## ## ## ## ## ## ##		
Part VIII Investments - Program Related.  Complete if the organization answered "Yes"	on Form 000 Port IV line	11a Pag Form DOC Part V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of year market value
	(b) Dook value	(c) Method of Valuation. Cost of Che	or your thantor value
		2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
(3)			Service of the servic
(4)	Processing the second of the s		
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	on Form 000 Dort IV line	11d Can Form 000 Part V line 15	
Complete if the organization answered "Yes"	Description	Ttd. See Form 990, Part X, line 15.	(b) Book value
(1) BENEFICIAL INTEREST IN ASS		VELLOW SPRINGS	(b) Book value
(2) COMMUNITY FOUNDATION	<u> </u>	LIIION OIKINOD	80,151.
(3)		***************************************	
(4)	o de ,		
(5)			****
(6)			
(7)			
(8)			
(9)	North Commonweal Common Common Common Common Common Common Common Common Common Common Common Common Common Com	**************************************	
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.			80,151.
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability	7		(b) Book value
(1) Federal income taxes	WHEN THE TOTAL AND THE STATE OF		- Company of the Comp
(2)			
(3)		(this jumps and the first of the contract of t	
(4)			
(5) (6)	<u> </u>		
(7)			

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

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

Schedule D (Form 990) 2021

(8)

	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	for traducti
1	Total revenue gains and other apparet new audited financial statements	, , , , , , , , , , , , , , , , , , , ,	T 1 T
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	***************************************	
- a	Net unrealized gains (losses) on investments	<sub>2a</sub>	
b	Donated services and use of facilities		- A decimal telegraphic decimal and the second and
c	Recoveries of prior year grants		
d	0.0 (5. 1) (5. 1.70)	1 1	
9			2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
т a	Investment expenses not included on Form 990, Part VIII, line 7b	l 4a	
b			
C		·····	
5	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		
	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Expens	es per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		
1		1 E 54:	1 1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	***************************************	
-a	Donated services and use of facilities	2a	
b	Prior year adjustments		
c.	Other losses		
d	Other (Describe in Part XIII.)	***************************************	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
		· · · · · · · · · · · · · · · · · · ·	
c	Add lines 4a and 4b		4c
c 5	***************************************		
5	Add lines 4a and 4b  Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information.		
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.		5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18, rt XIII Supplemental Information.	Part IV, lines 1b and 2b; Pa	5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18. rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Pa	5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18. rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Pa	5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18. rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Pa	5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18. rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Pa	5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18. rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Pa	5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18. rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Pa	5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18. rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Pa	5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18. rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Pa	5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18. rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Pa	5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18. rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Pa	5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18. rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Pa	5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18. rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Pa	5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18. rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Pa	5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18. rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Pa	5
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5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18. rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Pa	5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18. rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Pa	5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18. rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Pa	5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18. rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Pa	5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18. rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Pa	5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18. rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Pa	5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18. rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Pa	5
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18. rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Pa	5
5 <b>Pa</b> Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18. rt XIII Supplemental Information.  Ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b and 2b; Pa	5

#### SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

2021 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for the latest information.
YELLOW SPRINGS COMMUNITY CHILDREN'S
CENTER INC

Employer identification number 31-6001024

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
STRIVING TO PROVIDE AN ENVIRONMENT THAT IS RESPONSIVE TO THEIR
DEVELOPMENT LEVELS AND ABILITIES, BASED ON THEIR INTEREST, AND TO
SUPPORT THEIR INDIVIDUAL GROWTH.
FORM 990, PART VI, SECTION A, LINE 6:
BY THE ORGANIZATION'S BYLAWS, PARENTS ARE CONSIDERED MEMBERS, AND ARE
ALLOWED TO VOTE, ONLY AT THE ANNUAL MEETING.
FORM 990, PART VI, SECTION A, LINE 7A:
BY THE ORGANIZATION'S BYLAWS, PARENTS ARE CONSIDERED MEMBERS, AND ARE
ALLOWED TO VOTE, ONLY AT THE ANNUAL MEETING.
FORM 990, PART VI, SECTION B, LINE 11B:
ALL BOARD MEMBERS ARE PRESENTED WITH A PDF COPY OF THE 990 TO REVIEW PRIOR
TO FILING.
FORM 990, PART VI, SECTION C, LINE 19:
AVAILABLE UPON REQUEST.

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

Schedule O (Form 990) 2021