EXTENDED TO NOVEMBER 17, 2025

Form 990 Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CRY-CHILD RIGHTS AND YOU AMERICA, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 850948

City or town, state or province, country, and ZIP or foreign postal code
BRAINTREE, MA 02185-0948

F Name and address of principal officer: SHEFALI SUNDERLAL CHANDEL
160 E 85TH ST, APT 1R, NEW YORK, NY 10028

D Employer identification number
02-0659244

E Telephone number
339-235-0792

G Gross receipts $ 2,954,634.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.AMERICA.CRY.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2002

M State of legal domicile: MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: CRY AMERICA ENSURES DEVELOPMENT OPPORTUNITIES TO UNDERPRIVILEGED CHILDREN, SUCH AS EDUCATION,

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	5
6	Total number of volunteers (estimate if necessary)	6	2000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,237,630.	2,428,863.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	20,055.	51,876.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	131,367.	103,917.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,389,052.	2,584,656.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,314,984.	1,525,368.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	350,331.	320,329.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	32,650.
b	Total fundraising expenses (Part IX, column (D), line 25) 344,710.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	300,762.	402,667.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,966,077.	2,281,014.
19	Revenue less expenses. Subtract line 18 from line 12	422,975.	303,642.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	3,268,119.	3,429,505.
21	Total liabilities (Part X, line 26)	391,783.	249,527.
22	Net assets or fund balances. Subtract line 21 from line 20	2,876,336.	3,179,978.

Part II Signature Block

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

Sign Here

SHChandel — Signature of officer — Date: 11/14/25

SHEFALI SUNDERLAL CHANDEL, PRESIDENT
Type or print name and title

Paid Preparer Use Only

Preparer's name: PATRICK J. MARTIN	Preparer's signature: Patrick J. Martin	Date: 11/14/25	Check if self-employed ☐	PTIN: P00283486
Firm's name: KAHN, LITWIN, RENZA & CO., LTD.			Firm's EIN: 05-0409384	
Firm's address: 951 NORTH MAIN STREET PROVIDENCE, RI 02904			Phone no. 401-274-2001	

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

LHA **For Paperwork Reduction Act Notice, see the separate instructions.** 432001 12-10-24 Form **990** (2024)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT 4CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
CRY AMERICA'S STRENGTH LIES IN ITS DONORS, VOLUNTEERS & PROJECT PARTNERS WHO HAVE COME TOGETHER TO CHANGE THE SITUATION OF UNDERPRIVILEGED CHILDREN. SUPPORTED PROJECTS WORK WITH CHILDREN, THEIR PARENTS & COMMUNITIES IN RURAL, TRIBAL AND URBAN SOCIO ECONOMICALLY

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

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

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

4a (Code:) (Expenses $ 100,000. including grants of $ 100,000.) (Revenue $)
CRY AMERICA SUPPORTS BEST IN CLASS NON PROFITS THAT IMPACT THE LIVES OF CHILDREN, ESPECIALLY UNDERSERVED CHILDREN IN THE USA. SUPPORTED PROJECTS WORK ON CRITICAL ISSUES OF CHILD HEALTH, NEGLECT & PROTECTION. THEY ALSO PUBLISH THEIR ANNUAL REPORTS & ACTIVITIES ON THE ORGANISATIONS WEBSITE.

4b (Code:) (Expenses $ 1,425,368. including grants of $ 1,425,368.) (Revenue $)
CRY AMERICA SUPPORTS CAREFULLY SELECTED PROJECTS IN INDIA THAT ENSURE DEVELOPMENT OPPORTUNITIES FOR UNDERPRIVILEGED CHILDREN, INCLUDING EDUCATION, HEALTHCARE AND PROTECTION FROM CHILD LABOR AND CHILD MARRIAGE. 212,000 CHILDREN HAVE BEEN MAINSTREAMED INTO PUBLIC SCHOOLS, 239,000 CHILDREN ENSURED IMMUNIZATIONS AND 137,000 CHILD BIRTHS REGISTERED. THESE ACHIEVEMENTS HAVE BEEN POSSIBLE DUE TO THE CRY AMERICA GRANTS TO PROJECTS IN INDIA OVER SEVERAL YEARS.

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

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

4e Total program service expenses 1,525,368.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	2		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			X

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

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

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

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

Section A. Governing Body and Management

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

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CA,NJ,NC,MI,PA,MD,IL,CT,MA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☒ Another's website ☒ Upon request ☐ Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
SHEFALI SUNDERLAL - 339-235-0792
639 GRANITE STREET, BRAINTREE, MA 02184

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHEFALI SUNDERLAL CHANDEL	40.00									
PRESIDENT & PROGRAM DIRECT		X		X				100,020.	0.	0.
(2) SHEKHAR YERRAMILLI	2.00									
TREASURER		X		X				0.	0.	0.
(3) PERCY PRESSWALLA	3.00									
SECRETARY		X		X				0.	0.	0.
(4) PUJA MARWAHA	1.00									
TRUSTEE		X						0.	0.	0.
(5) VATSALA MAMGAIN	1.00									
TRUSTEE		X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal								100,020.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								100,020.	0.	0.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	1,568,686.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	860,177.			
	g Noncash contributions included in lines 1a-1f	1g	$			
	h Total. Add lines 1a-1f		2,428,863.			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		51,876.			51,876.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents 6a					
	b Less: rental expenses 6b					
	c Rental income or (loss) 6c					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory 7a					
	b Less: cost or other basis and sales expenses 7b					
	c Gain or (loss) 7c					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ 1,568,686. of contributions reported on line 1c). See Part IV, line 18	8a	473,895.			
	b Less: direct expenses	8b	369,978.			
	c Net income or (loss) from fundraising events		103,917.			103,917.
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
	12 Total revenue. See instructions		2,584,656.	0.	0.	155,793.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	100,000.	100,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,425,368.	1,425,368.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	100,020.		100,020.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	168,982.		60,959.	108,023.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	30,110.		18,190.	11,920.
10 Payroll taxes	21,217.		12,730.	8,487.
11 Fees for services (nonemployees):				
a Management				
b Legal	4,466.		4,466.	
c Accounting	94,974.		94,974.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	32,650.			32,650.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	39,634.		39,634.	
12 Advertising and promotion	291.		291.	
13 Office expenses	852.		721.	131.
14 Information technology	18,063.		53.	18,010.
15 Royalties				
16 Occupancy	12,900.		12,900.	
17 Travel	53,738.		208.	53,530.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	32,877.		22,728.	10,149.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,199.		2,199.	
23 Insurance	5,945.		5,945.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MARKETING	90,768.		10,782.	79,986.
b POSTAGE AND DELIVERY	12,038.		2,100.	9,938.
c CHECK PROCESSING FEE	10,117.			10,117.
d DUES AND SUBSCRIPTIONS	8,527.		8,527.	
e All other expenses	15,278.		13,509.	1,769.
25 **Total functional expenses.** Add lines 1 through 24e	2,281,014.	1,525,368.	410,936.	344,710.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	1,534,022.	1	1,483,209.
	2	Savings and temporary cash investments	1,721,290.	2	1,931,281.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	4,835.	7	5,041.
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,800.	9	6,000.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 12,139.			
	b	Less: accumulated depreciation — 10b: 8,165.	6,172.	10c	3,974.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	3,268,119.	16	3,429,505.
Liabilities	17	Accounts payable and accrued expenses	18,626.	17	25,031.
	18	Grants payable	373,157.	18	218,496.
	19	Deferred revenue		19	6,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	391,783.	26	249,527.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	2,876,336.	27	3,179,978.
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	2,876,336.	32	3,179,978.
	33	Total liabilities and net assets/fund balances	3,268,119.	33	3,429,505.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,584,656.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,281,014.
3	Revenue less expenses. Subtract line 2 from line 1	3	303,642.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,876,336.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,179,978.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization	Employer identification number
CRY-CHILD RIGHTS AND YOU AMERICA, INC.	02-0659244

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,577,355.	1,867,525.	2,315,019.	2,682,455.	2,954,634.	11,396,988.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	1,577,355.	1,867,525.	2,315,019.	2,682,455.	2,954,634.	11,396,988.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						453,661.
6 **Public support.** Subtract line 5 from line 4.						10,943,327.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	1,577,355.	1,867,525.	2,315,019.	2,682,455.	2,954,634.	11,396,988.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	274.	278.	1,722.	20,055.	51,876.	74,205.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 **Total support.** Add lines 7 through 10						11,471,193.

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) 14 95.40 %

15 Public support percentage from 2023 Schedule A, Part II, line 14 15 90.82 %

16a **33 1/3% support test - 2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2023.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	%

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
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).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
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.**	9a		
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.**	9b		
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.**	9c		
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.*	10a		
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.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	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.**	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

a ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	*Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in* **Part VI identify those supported organizations and explain** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. **Answer lines 3a and 3b below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.	3b		

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

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

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

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

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

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

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

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

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

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

Schedule A — Identification of Excess Contributions Included on Part II, Line 5 — 2024

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

Contributor's Name	Total Contributions	Excess Contributions
MICROSOFT MATHCING GIFTS PROGRAM	683,085.	453,661.

Total Excess Contributions to Schedule A, Part II, Line 5 ..... 453,661.

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

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization	Employer identification number
CRY-CHILD RIGHTS AND YOU AMERICA, INC.	02-0659244

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

Name of organization: CRY-CHILD RIGHTS AND YOU AMERICA, INC.

Employer identification number: 02-0659244

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	AMERICAN ONLINE GIVING FOUNDATION INC 40 EAST MAIN STREET SUITE 887 NEWARK, DE 19711	$ 295,856.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	RURAL INDIA SUPPORTING TRUST 8955 HILLS TECH DRIVE FARMINGTON, MI 48331	$ 63,026.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	QUALCOMM MATCHING GIFT PROGRAM THROUGH CYBERGRANTS, 300 BRICKSTONE SQUARE #601 ANDOVER, MA 01810	$ 49,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	CHAITANYA & RENU UPADHYAY 854 RUNNINGWOOD CIRCLE MOUNTAIN VIEW, CA 94040	$ 46,662.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	SANDEEP & NAUKA PATEL 8850 HUFFMEISTER RD STE 200 HOUSTON, TX 77095	$ 35,080.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	BARKER OAKS HOSPITALITY, LLC 13702 SLATE CREEK LANE HOUSTON, TX 77077	$ 35,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Employer identification number: 02-0659244

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SANGEETA MUDNAL & JIGAR THAKKAR 30 WEST ST APT PH1F NEW YORK, NY 10004	$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8	ANUPAM & SHRUTI YADAV SQL NY CORP PLAINVIEW, NY 11803	$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9	GURU KRUPA FOUNDATION INC P.O. BOX 81 JERICHO, NY 11753	$ 30,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10	ARTI KULKARNI 3673 VIREO AVE SANTA CLARA, CA 95051	$ 25,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11	PARVEZ JASANI 4252 BLUEBOONET DR STAFFORD, TX 77477	$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12	MURTHY PAPPU & PADMA KIRAN MANTRIPRAGADA 1468 FRONTERO AVE LOS ALTOS, CA 94024	$ 23,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CRY-CHILD RIGHTS AND YOU AMERICA, INC.

Employer identification number: 02-0659244

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	PHILIP JOHN 25 SUNNYSIDE DR #4H YONKERS, NY 10705	$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
14	KARTIK & VAISHALI PARAMASIVAM 1538 S MARY AVE SUNNYVALE, CA 94087	$ 18,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15	SUMI SINGH & RAKESH TANGIRALA 11650 154TH PL NE REDMOND, WA 98052	$ 17,200.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16	DOMINIC & ANITA SRESHTA 26 BERENGER PL SUGAR ND, TX 77479	$ 16,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17	SUJAY & SUSHMITA SAHA 176 SEA GATE PL BETHEL ISLAND, CA 94511	$ 15,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18	VIJAY RAGHAVAN & MUGDHA KULKARNI 427 MARTENS AVENUE MOUNTAIN VIEW, CA 94040	$ 15,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	ANSHUL SADANA 996 GARRITY WAY SANTA CLARA, CA 95054	$ 15,300.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
20	SAMEER MEHTA & POOJA SHETTY 1687 CHRISTINA DR LOS ALTOS, CA 94024	$ 15,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
21	SHAHINA BANTHANAVASI 16218 NE 30TH ST BELLEVUE, WA 98008	$ 14,900.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
22	AKSHAYA BHARGAVA 8200 TALBOT CV AUSTIN, TX 78746	$ 14,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
23	RAJESH & PRACHI MUNSHI 9637, 173RD PL NE REDMOND, WA 98052	$ 13,410.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
24	NATESAN & LEELA MURTHY 633 LAKESHORE DR SUGAR ND, TX 77478	$ 13,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CRY-CHILD RIGHTS AND YOU AMERICA, INC.

Employer identification number: 02-0659244

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	SAI SAJJA 500 5TH AVE N SEATTLE, WA 98109	$ 13,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
26	RAM P SINGH 3216 134TH AVE NE BELLEVUE, WA 98005	$ 11,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
27	SAMIR MANJURE & JAYA SHRIVASTAV 9803 NE 15TH ST BELLEVUE, WA 98004	$ 10,950.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
28	KARAN BAJAJ & AVINA VERMA 45641 MONTCLAIRE TER FREMONT, CA 94539	$ 10,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
29	SALESFORCE.COM FOUNDATION ONE MARKET STREET SAN FRANCISCO, CA 94105	$ 10,563.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
30	SATWANT NARULA & ILA SUD 26 NATALIE DR LDWELL, NJ 07006	$ 10,560.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CRY-CHILD RIGHTS AND YOU AMERICA, INC.

Employer identification number: 02-0659244

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	VENKATESAN THIRUVENGADAM & SHILPA DHAWALE 47459 HOYT ST FREMONT, CA 94539	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
32	DELOITTE CONSULTING 11 MILL CREEK PARK FRANKFORT, KY 40601	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
33	VIJAY & SITA VASHEE 7439 W MERCER WAY MERCER ISLAND, WA 98040	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
34	ANU & NAVEEN JAIN 1100 BELLEVUE WAY NE BELLEVUE, WA 98004	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
35	PRASHANTHI CHITRE 13998 NE 5TH PL BELLEVUE, WA 98005	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
36	DINESH SHAH IN MEMORY OF ANJANA SHAH ALTAMONTE SPRINGS, FL 32714	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CRY-CHILD RIGHTS AND YOU AMERICA, INC.

Employer identification number: 02-0659244

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	CHANDRA CHIVUKULA 14605 SE EASTGATE DR BELLEVUE, WA 98006	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
38	AARTHI NATARAJAN 12909 NE 105TH PL KIRKLAND, WA 98033	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
39	SUMIT & SHEFALI SALWAN 8 STONEBRIDGE ROAD MONTCLAIR, NJ 07042	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
40	BRASK, INC 2300 LOUIS ALLEMAN PARWAY SULPHUR, LA 70663	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
41	YEESHU ARORA 6907 E ORION DR SCOTTSDALE, AZ 85257	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
42	SUGANDHA KAPOOR 1688 10TH ST W KIRKLAND, WA 98033	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CRY-CHILD RIGHTS AND YOU AMERICA, INC.

Employer identification number: 02-0659244

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	DILIP & DEVINA BHOJWANI 4528 MAPLE ST BELLAIRE, TX 77401	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
44	SWATANTRA & BIMLA JAIN 13702 BAY FRONT DR HOUSTON, TX 77077	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
45	KVAM FAMILY FUND FIDELITY CHARITABLE GIFT FUND, PO BOX 770001 CINCINNATI, OH 45277	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
46	SACHIN & VANITA AGGARWAL THROUGH NATIONAL PHILANTROPHIC TRUST,165 TOWNSHIP LINE ROAD, SUITE 1200 JENKINTOWN, PA 19046	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
47	NAOMI & UTKARSH AMBUDKAR 12155 HUSTON ST VALLEY VILLAGE, CA 91607	$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
48	RITU PATEL 5119 INKER ST HOUSTON, TX 77007	$ 8,900.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CRY-CHILD RIGHTS AND YOU AMERICA, INC.

Employer identification number: 02-0659244

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	KAVYA DUVEDI 921 PEREGRINE COURT SANTA CLARA, CA 95051	$ 8,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
50	NAVAL & NEETU SEHGAL 5022 GRAND PHILIPS LANE KATY, TX 77450	$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
51	ACHIEVE FOUNDATION INC. 2015 OLITE CT JOLLA, CA 92037	$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
52	JIGAR SHAH & SHWETA PONNAPPA 3813 223RD AVE SE SAMMAMISH, WA 98075	$ 7,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
53	SHASHANK & SMITA SHEKHAR 13570 BEAUMONT AVENUE SARATOGA, CA 95070	$ 6,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
54	DEVENDRA & MEDHA PARLIKAR 16508 SAN RUFO COURT SAN DIEGO, CA 92127	$ 6,750.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	ANIT WALIA 1036 HILLCREST BLVD CANTON, MI 48187	$ 6,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
56	RUCHIKA DIAS & DARREN 16726 CEDAR YARD LN CYPRESS, TX 77433	$ 6,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
57	ANIL TATA 7841 ARTESIAN RD SAN DIEGO, CA 92127	$ 6,280.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
58	HIREN SHAH & NAMITA PARAB 1914 EDGEMONT PL W SEATTLE, WA 98199	$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
59	SHRIKRISHNA BORDE & SANGEETA NAIR 19614, NE 42ND WAY SAMMAMISH, WA 98074	$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
60	RYAN FARIAS 4018 EASTSHORE ST MISSOURI CITY, TX 77459	$ 6,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CRY-CHILD RIGHTS AND YOU AMERICA, INC.

Employer identification number: 02-0659244

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	ANURADHA SHENOY & SALEEL SATHE 24336 E MAIN DR SAMMAMISH, WA 98074	$ 5,755.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
62	YOGITA MANGHNANI & DINESH MURTHY 4009 194TH PL NE SAMMAMISH, WA 98052	$ 5,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
63	VINAY & MEGHANA PATWARDHAN 1345 ELSONA CT SUNNYVALE, CA 94087	$ 5,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
64	SANDEEP & ARATHI DAR 5043 QUILL RUSH WAY RICHMOND, TX 77407	$ 5,600.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
65	SURENDRA ULABALA 22904 42ND DR SE BOTHELL, WA 98021	$ 5,550.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
66	ANITA D KAPADIA & FEROZE TARAPOREVALA 622 BENVENLIE AVE LOS ALTOS, CA 94024	$ 5,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CRY-CHILD RIGHTS AND YOU AMERICA, INC.

Employer identification number: 02-0659244

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	VISHAL SHAH & MANSI CHOKSI 13669 WINSTANLEY WAY SAN DIEGO, CA 92122	$ 5,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
68	AKASH & SHREYA PALKHIWALA 17027 CRESCENT CREEK DR RANCHO SANTA FE, CA 92067	$ 5,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
69	NAKUL & SONALI DUGGAL 14883 WHISPERING RIDGE ROAD SAN DIEGO, CA 92131	$ 5,400.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
70	MAUREEN & GERARD DEVAS 84 BEACON HILL ROAD PORT SHINGTON, NY 11050	$ 5,298.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
71	BANK OF AMERICA MATCHING GIFTS THROUGH CYBERGRANTS, 300 BRICKSTONE SQUARE #601 ANDOVER, MA 01810	$ 5,239.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
72	RAVI & HIMA KROVIDI 3637 PONTINA CT PLEASANTON, CA 94566	$ 5,225.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CRY-CHILD RIGHTS AND YOU AMERICA, INC.

Employer identification number: 02-0659244

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	POOJA & PADMAJA AND CHANDU REVANUR 27316 ASHFORD SKY LN SUGAR ND, TX 77479	$ 5,051.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
74	MORGAN STANLEY 1 NEW YORK PLAZA, 5TH FLOOR NEW YORK, NY 10004	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
75	BHUSHAN & PRANALI KHADPE 775 HICKORY WAY SAN JOSE, CA 95129	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
76	KEITH ANGELO 242 SOLANA DRIVE LOS ALTOS, CA 94022	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
77	SAMIR & NEELU VIRMANI 6190 COUNTESS DRIVE SAN JOSE, CA 95129	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
78	RAJA VENUGOPAL & MADHU GADDE 3246 WESTLAKE SAMMAMISH PKWY REDMOND, WA 98052	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CRY-CHILD RIGHTS AND YOU AMERICA, INC.

Employer identification number: 02-0659244

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	RAJESH JHA & SUDHA MISHRA 5803 167TH AVE SE BELLEVUE, WA 98006	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
80	RUPA & RAVI DATTA - NEMANA 132 S SCOVILLE AVE OAK RK, NJ 60302	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
81	KAPIL MOHAN 420 E WATERSIDE DR UNIT 4214 CHICAGO, IL 60601	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
82	RAJIV NAMBIAR & MANALI HOLANKAR 4335 CORTE AL FRESCO SAN DIEGO, CA 92130	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
83	ASWINKUMAR & SWARNIMA KRISHNAN 23226 NE 14TH PL SAMMAMISH, WA 98074	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
84	MANUBHAI SANGHRJAKA FAMILY PO BOX AMBLER, PA 19002	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CRY-CHILD RIGHTS AND YOU AMERICA, INC.

Employer identification number: 02-0659244

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	HIMANI & PRASHANT SHAH 12120 INGRID CT SARATOGA, CA 95070	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
86	SUMEET & SHWETA SWAMI 2337 237TH PL NE SAMMAMISH, WA 98074	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
87	SHAH HOLDINGS LLC 13810 HAMPTON COVE DR HOUSTON, TX 77077	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
88	DARRYL & PRIYA ANGELO 1127 REINCLAUD CT SUNNYVALE, CA 94087	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
89	ARJUN BHATTACHERJEE 420 WEST 25TH#2B NEW YORK, NY 10001	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
90	JUHEE & PEEYUSH NAHAR 19173 NE 45TH CT SAMMAMISH, WA 98074	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CRY-CHILD RIGHTS AND YOU AMERICA, INC.

Employer identification number: 02-0659244

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	BHAVESH & NIDHI DOSHI 19114 NE 64TH WAY REDMOND, WA 98052	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
92	PANKAJ KAKKAR & JOYEETA SARKAR 18330 NE 28TH ST REDMOND, WA 98052	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
93	EZHILARASAN NATARAJAN 21242 NE 9TH PL SAMMAMISH, WA 98074	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
94	GAURAV & SUCHI SHARMA 1213 W LOOP N FWY SUITE 180 HOUSTON, TX 77055	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
95	SARIKA & AMEYA LIMAYE 584 CASCADE DR SUNNYVALE, CA 94087	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
96	BALA & GEETHA BALACHANDRAN 6426 CINDY LN HOUSTON, TX 77008	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CRY-CHILD RIGHTS AND YOU AMERICA, INC.

Employer identification number: 02-0659244

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	PRASAD & ANUYA REDDY 1022 DEER CREEK CT PLEASANTON, CA 94566	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
98	VIVEK R & PREETI DIXIT 24919 GRANITE BLUFF LN KATY, TX 77494	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
99	DEEPAK & HEMA PATIL 8027 255TH AVE NE REDMOND, WA 98053	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
100	DIPTI SANGANI 175 HIGGINS AVENUE LOS ALTOS, CA 94022	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
101	VISWANATHAN RAGHU 15301 NE TURING ST APT 522 REDMOND, WA 98052	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
102	HEMANT & SHARVIL PATEL 1900 SIMOND AVE #3078 AUSTIN, TX 78723	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Employer identification number: 02-0659244

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	RAVI LAM 466 WOODWARD BLVD SADENA, CA 91107	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
104	VENKATESH & SEJAL SHAN 87 AMBER HOLLOW COURT SUGAR ND, TX 77479	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
105	DEEPAK & NEHA THAKRAL 1644 ASCENSION DR SAN MATEO, CA 94402	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
106	HUBERT VAZ & SHEILA NAYAK 26 PALMER CREST SPRING, SPRING, TX 77381	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
107	MANI FAMILY FOUNDATION AVESTAR CAPITAL LLC HOUSTON, TX 77005	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
108	SHALIN & RUPALI PATEL 7627 BETTY JANE LANE HOUSTON, TX 77055	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CRY-CHILD RIGHTS AND YOU AMERICA, INC.

Employer identification number: 02-0659244

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	HARDIK & CHAITALI PATEL 13854 AMBER SKY LN SAN DIEGO, CA 92129	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
110	ANDREW & NEETI KECHES 21 INDIA STREET APT 37C BROOKLYN, NY 11222	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
111	NEHA & DAN RUCH 100 W 80TH ST APT 9B NEW YORK, NY 10024	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
112	RK ANAND 14298 SADDLE MOUNTAIN DRIVE LOS ALTOS, CA 94022	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
113	ANIL & HARSHA ODHAV 1834 COTTAGE LANDING LANE HOUSTON, TX 77077	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
114	SHAILENDRA SINHASANE 4946 TILBURG DR HOUSTON, TX 77056	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CRY-CHILD RIGHTS AND YOU AMERICA, INC.

Employer identification number: 02-0659244

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	UPEN & MYTHILY VARANASI 6014 MOWAMBA TERRACE LN SUGAR ND, TX 77479	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
116	PARVEZ MERCHANT 19914 BROOKWAY PARK CT SPRING, SPRING, TX 77379	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
117	JEE TIRES 309 MCCARTY ST HOUSTON, TX 77029	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
118	SEEMA & RANDEEP SUNEJA 2606 SARA RIDGE LN KATY, TX 77450	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
119	ACTIVE ATHELETIC 9428A CULLEN BLVD HOUSTON, TX 77051	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
120	KSHITIJ & ESHA KUKREJA 1123 HORSESHOE DR SUGAR ND, TX 77478	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CRY-CHILD RIGHTS AND YOU AMERICA, INC.

Employer identification number: 02-0659244

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	DPEG FOUNDATION 11333 FOUNDATIN LAKE DR STAFFORD, TX 77477	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
122	KETAN & POONAM LAMBA 4614 176TH AVE SE BELLEVUE, WA 98006	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
123	HARSIMRAN & SUKHREET BUTTAR 21030 49 AVE SE BOTHELL, WA 98021	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
124	VENKAT BHAMIDIPATI 5754 173RD AVENUE SE BELLEVUE, WA 98006	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
125	DEEPA & MUNJAL DOSHI 4012 WOODLAND PARK AVE SEATTLE, WA 98103	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
126	MIRANI FOUNDATION 518 RIVERFRONT WAY KNOXVILLE, TN 37915	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: CRY-CHILD RIGHTS AND YOU AMERICA, INC.

Employer identification number: 02-0659244

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	SMART CAP GROUP 8201 164TH AVE NE REDMOND, WA 98052	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
128	PUNJAB MILK FOODS INC. 6308 146TH STREET SURREY, BC OSH SONOA, CANADA V3S 3A4	$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

CRY-CHILD RIGHTS AND YOU AMERICA, INC.

Employer identification number

02-0659244

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

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

Name of organization: CRY-CHILD RIGHTS AND YOU AMERICA, INC.

Employer identification number: 02-0659244

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

Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
CRY-CHILD RIGHTS AND YOU AMERICA, INC.

Employer identification number
02-0659244

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

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Preservation of a historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X $ _____

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

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

b Assets included in Form 990, Part X $ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		Yes	No
(i) Unrelated organizations?	3a(i)		
(ii) Related organizations?	3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		12,139.	8,165.	3,974.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				3,974.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	2,584,656.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,584,656.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	2,584,656.

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

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

1	Total expenses and losses per audited financial statements			1	2,281,014.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,281,014.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	2,281,014.

Part XIII Supplemental Information

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

PART X, LINE 2:

INCOME TAXES - THE ORGANIZATION IS A PUBLIC CHARITIY EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. MANAGEMENT BELIEVES THAT THE ORGANIZATION OPERATED IN A MANNER CONSISTENT WITH ITS TAX-EXEMPT STATUS AT BOTH THE FEDERAL AND STATE LEVELS. THE ORGANIZATION ANNUALLY FILES IRS FORM 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX REPORTING VARIOUS INFORMATION THAT THE IRS USES TO MONITOR THE ACTIVITIES OF TAX-EXEMPT ENTITIES. THESE TAX RETURNS ARE SUBJECT TO REVIEW OF THE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED. THE FEDERAL TAX RETURNS FOR YEARS 2023, 2022, AND 2021 REMAIN OPOEN FOR REVIEW. THE ORGANIZATION CURRENTLY HAS NO TAX EXEMPTIONS IN PROGRESS.

Part XIII Supplemental Information *(continued)*

SCHEDULE F (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CRY-CHILD RIGHTS AND YOU AMERICA, INC.

Employer identification number

02-0659244

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] **Yes** [ ] **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SOUTH ASIA	0	0	GRANTS TO PROJECTS FOR CHILDREN		1,425,368.
3 a Subtotal	0	0			1,425,368.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			1,425,368.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule F (Form 990) (Rev. 12-2024)**

LHA 432071 01-15-25

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	TO PROVIDE ACCESS TO HEALTH CARE SERVICES, REDUCE MALNUTRITION; ENSURE CHILDREN ARE	61,531.		0.		
		SOUTH ASIA	IMPROVE COMMUNITY'S ACCESS TO QUALITY HEALTHCARE; REDUCE MATERNAL & CHILD	28,797.		0.		
		SOUTH ASIA	TO ENSURE ENROLLMENT & RETENTION OF CHILDREN IN SCHOOLS IN 24 VILLAGES &	28,546.		0.		
		SOUTH ASIA	TO ENSURE ENROLLMENT & RETENTION OF CHILDREN IN SCHOOL; PREVENT CHILD	27,398.		0.		
		SOUTH ASIA	REDUCE LEARNING GAPS & PROVIDE CHILDREN ACCESS TO EDUCATION; ENSURE PROPER	27,510.		0.		
		SOUTH ASIA	PROVIDE ACCESS TO FREE, PRIMARY HEALTH CARE SERVICES IN INTERVENTION AREA AND	31,176.		0.		
		SOUTH ASIA	ENSURE REDUCTION IN CHILD LABOR, CHILD TRAFFICKING, UNSAFE MIGRATION & CHILD	29,498.		0.		
		SOUTH ASIA	IMPROVE ENROLLMENT & RETENTION OF CHILDREN IN SCHOOLS; ADRESS LEARNING GAPS; REDUCE	30,325.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 36

3 Enter total number of other organizations or entities .....

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	ENSURE ENROLLMENT & RETENTION OF CHILDREN IN SCHOOLS, THAT RTE ACT IMPLEMENTED 9	24,074.		0.		
		SOUTH ASIA	TO ENSURE ACCESS TO PRIMARY HEALTHCARE SERVICES, REDUCE MALNUTRITION AMONG	21,446.		0.		
		SOUTH ASIA	PROVIDE ACCESS TO HEALTH SERVICES, REDUCE MALNUTRITION & PROVIDE EDUCATION	57,916.		0.		
		SOUTH ASIA	IMPROVE LEARNING, ENSURE ENROLLMENT & RETENTION OF CHILDREN IN SCHOOLS.	37,121.		0.		
		SOUTH ASIA	REDUCE CHILD MORTALITY AND MALNUTRITION; PROVIDER MATERNAL	61,680.		0.		
		SOUTH ASIA	ENSURE IMPLEMENTATION OF CHILD PROTECTION POLICIES AND PROGRAMMES & ACCESS	42,573.		0.		
		SOUTH ASIA	TO ENSURE ENROLLMENT & RETENTION OF CHILDREN IN SCHOOLS/OPEN SCHOOLS;	29,150.		0.		
		SOUTH ASIA	ENSURE ENROLMENT OF CHILDREN IN SCHOOL, PROVIDE ACADEMIC SUPPORT AND ENSURE	47,601.		0.		
		SOUTH ASIA	ENSURING ENROLMENT, RETENTION AND QUALITY OF EDUCATION FOR CHILDREN; PREVENITNG	33,623.		0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	ENSURE ACCESS TO EDUCATION & RETENTION OF CHILDREN IN SCHOOL; PREVENT CHILD	28,460.		0.		
		SOUTH ASIA	STRENGTHENING PREVENTIVE AND PROTECTIVE MECHANISMS FOR MATERNAL AND	17,180.		0.		
		SOUTH ASIA	ENSURE QUALITY EDUCATION FOR CHILDREN; RE-ENROLLMENT OF	44,647.		0.		
		SOUTH ASIA	PROVIDE QUALITY EDUCATION, ADDRESS ISSUES OF SCHOOL DROPOUT & CHILD	49,342.		0.		
		SOUTH ASIA	ENSURE ACCESS TO EDUCATION BY REMOVING CHIDLREN FROM CHILD LABOR & AVERTING	26,324.		0.		
		SOUTH ASIA	PROVIDE ACCESS TO EDUCATION & RETAIN CHILDREN IN SCHOOLS, ELIMINATE CHILD LABOR	52,504.		0.		
		SOUTH ASIA	BASELINE DATA COLLECTION FOR 44 VILLAGES; MONITOR & IMPROVE HEALTH STATUS	32,692.		0.		
		SOUTH ASIA	IMPROVED ACCESS TO HEALTHCARE, NUTRITION SERVICES FOR MOTHERS AND CHILDREN;	41,880.		0.		
		SOUTH ASIA	ENSURE ENROLLMENT & RETENTION, IMPROVED HEALTH STATUS OF CHILDREN & MOTHER;	21,289.		0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	TO ENSURE EFFECTIVE UTILIZATION OF GRANTS & IMPROVE CAPACITIES OF 30 CRY	105,141.		0.		
		SOUTH ASIA	ENSURING ENROLLMENT & AGE SPECIFIC LEARNING, STRENGTHENING	23,005.		0.		
		SOUTH ASIA	ENSURE IMPROVEMENT IN EDUCATION STATUS OF CHILDREN, PREVENT CHILD MARRIAGE AND	32,486.		0.		
		SOUTH ASIA	IMPROVE MATERNAL AND CHILD HEALTH OUTCOMES & REDUCING MALNUTRITION	21,010.		0.		
		SOUTH ASIA	ENSURING SAFETY & PSYCHOLOGICAL WELL BEING OF CHILDREN THROUGH PROTECTION	16,569.		0.		
		SOUTH ASIA	STRENGTHENING PREVENTIVE AND PROTECTIVE MECHANISMS ON MATERNAL AND CHILD	17,860.		0.		
		SOUTH ASIA	WORK IN 10 LOCATION TO ENSURE CHILDREN'S RIGHTS TO EDUCATION, HEALTH AND PROTECTION	164,424.		0.		
		SOUTH ASIA	STRENGTHENING THE PROJECT MONITORING AND EVALUATION (PME) SYSTEM; IMPROVING MIS	53,190.		0.		
		SOUTH ASIA	PROVIDING IMMEDIATE SUPPORT TO FLOOD AFFECTED FAMILIES IN NALBARI AND BARPETA	6,193.		0.		

Part II **Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.** (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	ENSURE RETENTION OF CHILDREN IN SCHOOL BY PROVIDING A POSITIVE ENVIRONMENT FOR	51,207.		0.		

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:
THE PROJECTS CRY AMERICA SUPPORTS IN INDIA WORK AT THE GRASSROOTS LEVEL TO ENSURE THE WELL BEING OF UNDERPRIVILEGED CHILDREN. PROJECT PLANNING, MONITORING AND EVALUATION SYSTEMS INCLUDE HALF YEARLY FIELD VISITS, MONITORING OF FINANCIAL REPORTS AND GRANT DISBURSEMENTS BASED ON PROGRAM REVIEWS. AN ANNUAL EVALUATION IS CONDUCTED AT THE SITE WHICH IS DONE ALONG WITH THE SUPPORTED PROJECT AND THE COMMUNITY, WHERE ACHIEVEMENTS FOR THE REVIEW PERIOD ARE ASSESSED AND PLANS FOR THE NEXT GRANT PERIOD ARE FINALIZED. CRY HAS DEVELOPED WELL-RECOGNIZED IMPACT PARAMETERS USED IN PROJECT REVIEW AND PLANNING PROCESSES THAT ENABLES THE ORGANIZATION AND ITS GRANTEES TO SET CLEARLY DEFINED AND MEASURABLE GOALS.

PART II, COLUMN (D):
REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: TO PROVIDE ACCESS TO HEALTH CARE SERVICES, REDUCE MALNUTRITION; ENSURE CHILDREN ARE ENROLLED & RETAINED IN SCHOOL & RIGHT TO EDUCATION MILESTONES ARE IMPLEMENTED IN SCHOOLS.

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: IMPROVE COMMUNITY'S ACCESS TO QUALITY HEALTHCARE; REDUCE MATERNAL & CHILD MORTALITY RATES; REDUCE MALNUTRITION; STRENGTHEN & BUILD CAPACITY OF ADOLESCENT COLLECTIVES.

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: TO ENSURE ENROLLMENT & RETENTION OF CHILDREN IN SCHOOLS IN 24 VILLAGES & ADDRESSING CHILD MARRIAGE & CHILD LABOR

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: TO ENSURE ENROLLMENT & RETENTION OF CHILDREN IN SCHOOL; PREVENT CHILD MARRIAGE & CHILD LABOR IN 23 URBAN SLUMS THROUGH COMMUNITY ENGAGEMENT

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: REDUCE LEARNING GAPS & PROVIDE CHILDREN ACCESS TO EDUCATION; ENSURE PROPER IMPLEMENTATION OF PROTECTION POLICIES TO ENSURE RETENTION OF CHILDREN IN EDUCATION

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: PROVIDE ACCESS TO FREE, PRIMARY HEALTH CARE SERVICES IN INTERVENTION AREA AND REDUCTION IN MALNUTRITION IN CHILDREN

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: ENSURE REDUCTION IN CHILD LABOR, CHILD TRAFFICKING, UNSAFE MIGRATION & CHILD MARRIAGE; WORK WITH STAKEHOLDERS TO CREATE A SAFE ENVIRONMENT FOR CHILDREN IN RED LIGHT AREAS

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: IMPROVE ENROLLMENT & RETENTION OF CHILDREN IN SCHOOLS; ADRESS LEARNING GAPS; REDUCE CHILD LABOR & CHILD MARRIAGE

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: ENSURE ENROLLMENT & RETENTION OF CHILDREN IN SCHOOLS, THAT RTE ACT IMPLEMENTED 9 SCHOOLS IN THE PROJECT AREA

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: TO ENSURE ACCESS TO PRIMARY HEALTHCARE SERVICES, REDUCE MALNUTRITION AMONG CHILDREN & CAPACITY BUILDING OF CHILDREN'S COLLECTIVES

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: PROVIDE ACCESS TO HEALTH SERVICES, REDUCE MALNUTRITION & PROVIDE EDUCATION SUPPORT

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: REDUCE CHILD MORTALITY AND MALNUTRITION; PROVIDER MATERNAL CARE; ENROLLMENT & RETENTION OF CHILDREN IN SCHOOL

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: ENSURE IMPLEMENTATION OF CHILD PROTECTION POLICIES AND PROGRAMMES & ACCESS TO QUALITY EDUCATION FOR CHILDREN.

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: TO ENSURE ENROLLMENT & RETENTION OF CHILDREN IN SCHOOLS/OPEN SCHOOLS; PREVENT GIRLS FROM ENTERING INTO COMMERCIAL SEX WORK THROUGH EDUCATION & ALTERNATE LIVELIHOOD FOR PARENTS

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: ENSURE ENROLMENT OF CHILDREN IN SCHOOL, PROVIDE ACADEMIC SUPPORT AND ENSURE EFFECTIVE IMPLEMENTATION OF PROTECTION SYSTEMS AND MECHANISMS

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: ENSURING ENROLMENT, RETENTION AND QUALITY OF EDUCATION FOR CHILDREN; PREVENITNG CHILD LABOR

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: ENSURE ACCESS TO EDUCATION & RETENTION OF CHILDREN IN SCHOOL; PREVENT CHILD MARRIAGE & CHILD LABOR IN THE OPERATIONAL AREAS

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: STRENGTHENING PREVENTIVE AND PROTECTIVE MECHANISMS FOR MATERNAL AND CHILD HEALTH & REDUCE MALNUTRITION

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: ENSURE QUALITY EDUCATION FOR CHILDREN; RE-ENROLLMENT OF CHILD LABORERS & DROP OUTS; PROMOTE CHILDREN'S PARTICIPATION THROUGH CHILDREN'S & ADOLESCENT COLLECTIVES

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: PROVIDE QUALITY EDUCATION, ADDRESS ISSUES OF SCHOOL DROPOUT & CHILD LABOR, PREVENT CHILD MARRIAGES & STRENGTHEN CHILD COLLECTIVES

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: ENSURE ACCESS TO EDUCATION BY REMOVING CHIDLREN FROM CHILD LABOR & AVERTING CHILD MARRIAGES; STRENGHTENING OF CHILDREN'S COLLECTIVES & CAPACITATING CHILDREN THROUGH LIFE SKILL SESSIONS

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: PROVIDE ACCESS TO EDUCATION & RETAIN CHILDREN IN SCHOOLS, ELIMINATE CHILD LABOR & STREGTHENING OF CHILDREN & ADOLESCENT COLLECTIVES

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: BASELINE DATA COLLECTION FOR 44 VILLAGES; MONITOR & IMPROVE HEALTH STATUS OF PREGNANT WOMEN & CHILDREN

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: IMPROVED ACCESS TO HEALTHCARE, NUTRITION SERVICES FOR MOTHERS AND CHILDREN; REDUCTION IN MALNUTRITION & FORMATION OF CHILDREN'S & ADOLESCENT COLLECTIVES

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: ENSURE ENROLLMENT & RETENTION, IMPROVED HEALTH STATUS OF CHILDREN & MOTHER; STRENGTHENING OF CHILDREN'S & ADOLESCENT COLLECTIVES.

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: TO ENSURE EFFECTIVE UTILIZATION OF GRANTS & IMPROVE CAPACITIES OF 30 CRY AMERICA-SUPPORTED PROJECTS.

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: ENSURING ENROLLMENT & AGE SPECIFIC LEARNING, STRENGTHENING CHILDREN'S COLLECTIVE & ADOLOSCENT GIRLS COLLECTIVES & CONNECTING VULNERABLE HOUSHOLDS TO SOCIAL SECURITY PROGRAMS

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: ENSURE IMPROVEMENT IN EDUCATION STATUS OF CHILDREN, PREVENT CHILD MARRIAGE AND CHILD LABOR THROUGH ENGAGEMENT WITH STAKEHOLDERS & IVRS SYSTEM

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: ENSURING SAFETY & PSYCHOLOGICAL WELL BEING OF CHILDREN THROUGH PROTECTION MECHANISMS & LINKING CHILDREN TO LEARNING CENTERS FOR CONTINUITY IN EDUCATION.

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: STRENGTHENING PREVENTIVE AND PROTECTIVE MECHANISMS ON MATERNAL AND CHILD HEALTH; REDUCING MALNUTRITION; FORMATION & STRENGTHENING OF CHILDREN'S & ADOLESCENTS COLLECTIVES

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: STRENGTHENING THE PROJECT MONITORING AND EVALUATION (PME) SYSTEM; IMPROVING MIS FRAMEWORK; TRNSLATION OF 5 LIFE SKILLS MODULES VIDEOS & PARENTS MODULE DEVELOPMENT

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: PROVIDING IMMEDIATE SUPPORT TO FLOOD AFFECTED FAMILIES IN NALBARI AND BARPETA DISTRICTS IN ASSAM

REGION: SOUTH ASIA
(D) PURPOSE OF GRANT: ENSURE RETENTION OF CHILDREN IN SCHOOL BY

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PROVIDING A POSITIVE ENVIRONMENT FOR LEARNING; BUILD AGENCY OF CHILDREN;
PROMOTE IMPORTANCE OF EDUCATION/CHILD PROTECTION AMONG PARENTS &
COMMUNITY

SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

CRY-CHILD RIGHTS AND YOU AMERICA, INC.

Employer identification number

02-0659244

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
FUNDREAMZ CONSULTANCY - OFFICE NO. 212A, 2ND FL,	TELECALLING		X	12,426.	32,650.	-20,224.
Total				12,426.	32,650.	-20,224.

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

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

		(a) Event #1 DINNERS (event type)	(b) Event #2 DANDIA (event type)	(c) Other events 14 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,568,811.	151,907.	309,689.	2,030,407.
	2 Less: Contributions	1,380,321.	22,355.	166,010.	1,568,686.
	3 Gross income (line 1 minus line 2)	188,490.	129,552.	143,679.	461,721.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	251,581.	39,809.	74,092.	365,482.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				365,482.
	11 Net income summary. Subtract line 10 from line 3, column (d)				96,239.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____

c If "Yes," enter the name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation $ _____

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: FUNDREAMZ CONSULTANCY
(I) ADDRESS OF FUNDRAISER:
OFFICE NO. 212A, 2ND FL, TOWER -A,I-THUM BUILDING, SECTOR 62,, NOIDA, U.P.

Part IV **Supplemental Information** *(continued)*

SCHEDULE I (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
CRY-CHILD RIGHTS AND YOU AMERICA, INC.

Employer identification number
02-0659244

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF AMERICA 1275 PEACHTREE ST NE ATLANTA, GA 30309	13-5562976	501 C (3)	50,000.	0.			TO BUILD THE STRONGEST LOCAL CLUBS POSSIBLE FOR YOUNG PEOPLE, PROVIDE NATIONWIDE NETWORK OF
CHILDREN'S RIGHTS, INC 330 7TH AVE. 4TH FLR NEW YROK, NY 10001	13-3801864	501 C (3)	50,000.	0.			TO IMPROVE THE LIVES OF VULNERABLE CHILDREN ACROSS THE US VIA STRATEGIC LITIGATION,

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 2.

3 Enter total number of other organizations listed in the line 1 table ..... 0.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (Rev. 12-2024)

LHA 432101 01-02-25

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BOYS AND GIRLS CLUB OF AMERICA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BUILD THE STRONGEST LOCAL CLUBS POSSIBLE FOR YOUNG PEOPLE, PROVIDE NATIONWIDE NETWORK OF SAFE, SUPPORTIVE AND INCLUSIVE SPACES

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S RIGHTS, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPROVE THE LIVES OF VULNERABLE CHILDREN ACROSS THE US VIA STRATEGIC LITIGATION, ADVOCACY, AND PUBLIC EDUCATION; TO IDENTIFY FAILING AND DANGEROUS CHILD-WELFARE SYSTEMS THAT IMPROVE CHILDREN'S LIVES.

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
CRY-CHILD RIGHTS AND YOU AMERICA, INC.

Employer identification number
02-0659244

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HEALTHCARE AND PROTECTION FROM CHILD LABOR AND CHILD MARRIAGE. WITH THE SUPPORT OF DONORS AND VOLUNTEERS IN TEH USA, IT HAS IMPACTED THE THE LIVES OF 825,000 UNDERPRIVILEGED CHILDREN LIVING ACROSS 5,000 VILLAGES AND SLUMS THROUGH SUPPORT OF 111 PROJECTS IN INDIA & THE USA.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DEPRIVED AREAS ON THE ISSUES OF EDUCATION, HEALTHCARE, PROTECTION FROM CHILD LABOR, CHILD MARRIAGE AND GENDER DISCRIMINATION.

FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 IS REVIEWED WITH THE PRESIDENT AND BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:
CONFLICT OF INTEREST POLICY REVIEWED WITH BOARD OF DIRECTORS ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:
COMPENSATION DETERMINED BY MARKET ANALYSIS, COMPARISON AND BOARD DECISION

FORM 990, PART VI, SECTION C, LINE 19:
CRY AMERICA'S ANNUAL AUDITED FINANCIAL REPORTS, ANNUAL REPORTS & FEDERAL FILINGS FORM 990 ARE ALL POSTED FOR PUBLIC VIEWING ON THE CRY AMERICA WEBSITE WWW.CRYAMERICA.ORG. GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C
THE ORGANIZATION DID NOT CHANGE EITHER ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.