	2021 Tax Return(s)
Prepared for	KIDS HELPING KIDS, INC CLIENT CODE: 271224284:V1
Account Number Release Number	131899 2021.05000
Prepared by	VOGT & COMPANY, PC 104 FIRETHORNE COURT GREER, SC 29650
	864-770-3769
Processing	Date: 11/11/2022 Time: 08:20:25
Special Instructions	
Messages	

ProSystem *fx*<sup>•</sup>

## **Return Information**

CAUTION

Form: 990-2 Sheet: 1 Box: 53

Form 990, Page 2, Part III, Line 4. For each program service reported on lines 4a through 4d, section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) charitable trusts must report on lines 4a through 4d any revenue derived directly from the activity. This should be reviewed and corrected as necessary. (23453)

INFORMATIONAL

Form: 990 Page 1

Form 8868 Extension Information. The extended due date has been printed at the top of Form 990. This may be suppressed by making an entry on Interview Form 9, Box 79. (35202)

Form: 990-4 Sheet: 1 Box: 38

Form 990. Page 3, Part IV, Line 11a. The question on line 11a has calculated an answer of "Yes" based on the corresponding data on Part X, line 10 of the balance sheet. If this is not correct make an entry of "N" on Interview Form 990-4, Box 38. (35932)

Form: 990-4 Sheet: 1 Box: 42

• Form 990. Page 3, Part IV, Line 11e. The question on line 11e has calculated an answer of "Yes" based on the corresponding data on line 25 of the balance sheet. If this is not correct make an entry of "N" on Interview Form 990-4, Box 42. (35936)

Form: Sch D Pg 4

Schedule D (Form 990). Page 4, Parts XI and XII are not required unless Form 990, Page 3, Part IV, line 12 has been answered as "Yes." If desired an entry may be made on Interview Form 990-19, Box 90 to suppress the preparation of Schedule D, Parts XI and XII. (30037)

Form: Sch D Pg 4

Schedule D (Form 990). Page 3, Part X. An amount is present for total liabilities. If the organization had financial statements for the year that contained a footnote regarding the organization's liability for uncertain tax positions under FIN 48 a statement must be included on Schedule D, Part XIII providing the text of this footnote. Use Interview Form 990-17, Box 170 to prepare this statement. Refer to the official instructions for Schedule D (Form 990), Part X for specific reporting requirements. (34660)

**Return Information** Form: Form 4562 Entity: 1 Federal Form 4562 related to Form 990 Page 10, Depreciation. was not printed because there are no current year MACRS acquisitions, listed property assets or amortizable assets. Note that Form 4562 is never required to be filed for Form 990. However, if desired Form 4562 may be forced to print by making an entry on Interview Form DP-8, Box 37. (30144) Form: Extension Entity: 1 Form 8868. Form 8868 has been prepared to request an extension of time to file Form 990. Form 8868 must be filed by May 16, 2022. If Form 8868 is NOT being filed electronically. Mail Form 8868 to: Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0045 Note that specific extension filing instructions may be prepared by making the appropriate entry on Interview Form 4, Box 35 and/or Interview Form 6, Box 36. (30120) Form: 990-9 Sheet: 3 Box: 39 Form 990, Page 7, Part VII. An entry has been made on Interview Form 990-9 for a current 'key employee' but the reportable compensation amount of \$ 63,346 is less than the threshold (greater than \$150,000) that requires reporting a current 'key employee' on Form 990, Part VII. This employee has been omitted from Form 990, Part VII. The corresponding entries for Jennifer Bentley should be reviewed. If desired, this person can be forced to be included by making the appropriate entry in the Schedule J Code field. (33250) Form: 990-9 Sheet: 4 Box: 30 Form 990, Page 7, Part VII. An entry has been made on Interview Form 990-9 for a current 'key employee' but the reportable compensation amount of \$ 58,481 is less than the threshold (greater than \$150,000) that requires reporting a current 'key employee' on Form 990, Part VII. This employee has been omitted from Form 990, Part VII. The corresponding entries for Hannah Paddock should be reviewed. If desired, this person can be forced to be included by making the appropriate entry in the Schedule J Code field. (33250)

## **Return Information**

Form: B-1 Sheet: 1 Box: 78

Schedule B. Page 2, Part I. Because the 33 1/3% support test Special Rule has been met, only contributors whose total contributions of \$5,000 or more were greater than \$4,926 which is 2% of Form 990, Part VIII, line 1h have been included on Schedule B, Part I. Consequently, 1 individual whose contributions did not meet this requirement has been excluded from Schedule B. If desired, Interview Form B-1, Box 78, may be used to force or prevent the inclusion of contributors on an individual contributor basis or Interview Form 9, Box 54, may be used to force the inclusion of all contributors. (30139)

Form: E-filing

Electronic Filing. Form 8868 has been prepared for Form 990 for electronic filing. The filing due date (05/16/22) for Form 8868 has passed. Note that the IRS will not accept an extension that is filed after the due date (including the 5-day perfection period, if applicable). (36358)

Form: EF-2 Sheet: 1 Box: 43

Electronic Filing. The following EFIN 572169 is being used to electronically file Form 990. Be sure that this EFIN is listed in the IRS database and is in accepted status for processing of Exempt Organization returns. The IRS Ogden help desk (866 255-0654) may be contacted to update this EFIN for electronic filing of Exempt Organization returns if necessary. (37015)

Form: 1 Sheet: 1 Box: 46

Electronic Filing. Client's email notification has been selected for Form 990 and will be sent to the organization's email address (jenb@kidshelpingkidsct.org) as entered on Interview Form 1, Box 46. (37631)

Form: EF-1 Sheet: 1 Box: 100

Electronic Filing. The name control indicated in the electronic filing for this return is KIDS. If this information isn't correct, an override is available on Interview Form EF-1, Box 100. Publication 4163 can be used to understand the rules regarding what the name control should be. Businesses or authorized representatives may contact the IRS Business Specialty Line at 1-800-829-4933 for assistance. (39455)

Form: FD eFile

Electronic Filing Extension. Form 8868 for Form 990 has been selected for electronic filing. Since there is no balance due with the electronically filed automatic extension, Form 8879-TE is not required for signature authorization. The preparation of Form 8879-TE for Form 8868 will be suppressed. (39480)

## **Return Information**

Electronic Filing Extension. Form 8868 for Form 990 has been selected for electronic filing. If a printed copy of the return is generated and electronic processing of the return is completed, do not mail the printed copy of the return to the IRS. (39485)

Electronic Filing. Form 990 has been selected for electronic filing. If a printed copy of the return is generated and electronic processing of the return is completed, do not mail the printed copy of the return to the IRS. Form 8879-TE must be retained by the electronic return originator for three years. (39494)

Form: Form 8868

Form 8868 Extension Information. Form 990 is allowed one 6-month extension. The extension for Form 990 is automatic and must be requested by filing Form 8868 on or before May 16, 2022. (34477)

#### ELECTRONIC FILING STATUS REPORT

TAXING AUTHORITY	RETURN STATUS	ELECTRONIC FILING STATUS	DATE EXPORTED
FEDERAL FORM 8868 (FORM 990)	QUALIFIED QUALIFIED NOT ALLOWED	ACCEPTED ACCEPTED	11/09/2022 05/16/2022

# **Electronic Filing History and Return Results**

Taxing Authority FEDERAL		
Form 990	Prior Export	Current Export
Date		11/09/2022
Time		10:40:24
Release Number		2021.05000
Taxable Income		96,960.
Tax		0.
Refund / Balance Due		0.

Taxing Authority		
Form	Prior Export	Current Export
Date		
Time		
Release Number		
Taxable Income		
Tax		
Refund / Balance Due		

Taxing Authority		
Form	Prior Export	Current Export
Date		
Time		
Release Number		
Taxable Income		
Tax		
Refund / Balance Due		

Taxing Authority		
Form	Prior Export	Current Export
Date		
Time		
Release Number		
Taxable Income		
Тах		
Refund / Balance Due		

Taxing Authority		
Form	Prior Export	Current Export
Date		
Time		
Release Number		
Taxable Income		
Тах		
Refund / Balance Due		

# **Input Overrides**

ber: 27-1224284		LPING KIDS		
Amount/Percentage		Entity Box	Form	Unit
498	DEPRECIATION/AMORTIZATION - MANAGEMENT & GENERAL		990-14	990
7,331	OTHER - DEPRECIATION	47	990D-4	SCHD
7,553	BUILDINGS AND EQUIPMENT - END OF YEAR	49	990-16	990
7,331	ACCUMULATED DEPRECIATION - END OF YEAR	51	990-16	990
215,842	TOTAL REVENUE	164	990-13	990
199,549	TOTAL EXPENSES	65	990-15	990
16,293	REVENUE LESS EXPENSES	66	990-15	990

RICHARD -	05/14/22	04:44PM	INTERVIEW	FORM	990-14

HOSTING	32.00
OFFICE SUPPLIES	588.00
TELEPHONE	1,385.00
	2,005.00

RICHARD - 05/14/22 04:51PM INTERVIEW FORM 990-14

OFFICE SUPPLIES	665.00
TELEPHONE	179.00
	844.00

-

# 2021 Return Summary

KIDS HELPING KIDS, INC	27-1224284
FORM 990:	
TOTAL REVENUE TOTAL EXPENSES EXCESS <deficit> BEGINNING NET ASSETS CHANGES IN NET ASSETS ENDING NET ASSETS</deficit>	291,543. 281,722. 9,821. 87,139. 0. 96,960.
BALANCE SHEET ANALYSIS ENDING TOTAL ASSETS ENDING TOTAL LIABILITIES ENDING TOTAL NET ASSETS OR FUND BALANCES	103,021. 6,061. 96,960.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS ENDING NET ASSETS DIFFERENCE BETWEEN PAGE 1 AND PAGE 11	0. 0.

# 2021 Return Summary

KIDS HELPING KIDS, INC

27-1224284

	FEDERAL	990 EXTN
FORM NAME	990	8868
E-FILE REQUESTED	YES	YES
DUE DATE	05/16/22	05/16/22
EXTENDED DUE DATE	11/15/22	11/15/22
DIRECT DEPOSIT	N/A	N/A
ELECTRONIC WITHDRAWAL	N/A	N/A
DATE CALCULATED	11/08/22	11/08/22
TIME CALCULATED	15:50:16	15:50:16
RELEASE VERSION	2021.05000	2021.05000
DATE EXPORTED	11/09/22	05/16/22
TIME EXPORTED	10:40:24	10:33:06
EXPORT VERSION	2021.05000	2021.05000

THE COHEN COMPANY 3443 PELHAM ROAD, SUITE 100 GREENVILLE, SC 29615 864-679-9399 864-770-3769

KIDS HELPING KIDS, INC 347 STILLWATER AVENUE STAMFORD, CT 06902

KIDS HELPING KIDS, INC:

ENCLOSED IS THE ORGANIZATION'S 2021 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US AS SOON AS POSSIBLE.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

THE COHEN COMPANY

Form 8879-TE		IRS e-file Signature Authorization for a Tax Exempt Entity		ОМ	B No. 1545-0047
		1, or fiscal year beginning , 2021, and ending			0004
	,, ,, ,	Do not send to the IRS. Keep for your records.	,	4	2021
Department of the Treasury Internal Revenue Service		Go to www.irs.gov/Form8879TE for the latest information.			
Name of filer			EIN or S		
KIDS H	ELPING KI		27-3	12242	84
Name and title of officer or pe	rson subject to tax	RICHARD VOGT CFO			
Part I Type of	Return and Re	turn Information			
Form 5330 filers may ente or <b>10a</b> below, and the amo	r dollars and cents ount on that line for	e using this Form 8879-TE and enter the applicable amount, if a For all other forms, enter whole dollars only. If you check the b the return being filed with this form was blank, then leave line D-). But, if you entered -0- on the return, then enter -0- on the ap	box on line <b>1a, 2</b> 1b, 2b, 3b, 4b, 5	a, 3a, 4a, 5b, 6b, 7b	5a, 6a, 7a, 8a, 9a, , 8b, 9b, or 10b,
1a Form 990 check h	ere <b>X</b>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line	12)	1b	291.543.
2a Form 990-EZ che		<b>b Total revenue,</b> if any (Form 990-EZ, line 9)			
3a Form 1120-POL of		<b>b</b> Total tax (Form 1120-POL, line 22)			
4a Form 990-PF che		<b>b</b> Tax based on investment income (Form 990-PF, Part V,			
5a Form 8868 check		<b>b Balance due</b> (Form 8868, line 3c)			
6a Form 990-T chec		<b>b</b> Total tax (Form 990-T, Part III, line 4)		6b	
7a Form 4720 check		<b>b</b> Total tax (Form 4720, Part III, line 1)			
8a Form 5227 check		<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)		~ _	
9a Form 5330 check		<b>b</b> Tax due (Form 5330, Part II, line 19)		9b	
10a Form 8038-CP ch		b Amount of credit payment requested (Form 8038-CP, P	art III, line 22)	10b	
Part II Declarat	tion and Signa	ture Authorization of Officer or Person Subject	to Tax		
Under penalties of perjury	, I declare that X	I am an officer of the above entity or LI am a person subje , (EIN)		espect to	name
acknowledgement of rece of any refund. If applicable entry to the financial institu- financial institution to debi later than 2 business days payment of taxes to receiv	ipt or reason for rej e, I authorize the U. ution account indic it the entry to this a prior to the payme re confidential infor	electronic return originator (ERO) to send the return to the IRS ection of the transmission, <b>(b)</b> the reason for any delay in proce S. Treasury and its designated Financial Agent to initiate an ele ated in the tax preparation software for payment of the federal iccount. To revoke a payment, I must contact the U.S. Treasury ent (settlement) date. I also authorize the financial institutions in mation necessary to answer inquiries and resolve issues relate gnature for the electronic return and, if applicable, the consent	essing the return ectronic funds w taxes owed on y Financial Agen ivolved in the pr d to the paymen	n or refund ithdrawal this returr it at 1-888 ocessing nt. I have s	d, and <b>(c)</b> the date (direct debit) n, and the -353-4537 no of the electronic selected a
PIN: check one box only X l authorize TH	E COHEN CO	OMPANY	to enter m		12345
		ERO firm name			r five numbers, but
				don	ot enter all zeros
with a state age on the return's c As an officer or	ncy(ies) regulating lisclosure consent person subject to t	ax with respect to the entity, I will enter my PIN as my signature	the aforementions on the tax year	oned ERO r 2021 ele	to enter my PIN
IRS Fed/State p	rogram, I will enter	s return that a copy of the return is being filed with a state ager my PIN on the return's disclosure consent screen.			s as part of the
Signature of officer or person subje	tion and Auth	entication	D	ate 🕨	
ERO's EFIN/PIN. Enter yo					
number (EFIN) followed by	-				
		IN, which is my signature on the 2021 electronically filed return requirements of <b>Pub. 4163,</b> Modernized e-File (MeF) Informatic			
ERO's signature 🕨		Date ►	11/08/2	2	
		ERO Must Retain This Form - See Instructions ubmit This Form to the IRS Unless Requested T	o Do So		

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

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

Filo a	sonarato	application	for each	return

Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Туре о	Name of exempt organization or other filer, see instru	ctions.		Taxpaye	ridentificati	on number	(TIN)
print	KIDS HELPING KIDS, INC 27-1224284						
File by the due date t filing your return. Se	Number, street, and room or suite no. If a P.O. box, so 347 STILLWATER AVENUE	ee instruc	tions.				
instruction		oreign add	lress, see instructions.				
Enter th	ne Return Code for the return that this application is for (file	e a separa	te application for each return)				0 1
Applica	ation	Return	Application			F	Return
ls For		Code	Is For				Code
Form 9	90 or Form 990-EZ	01	Form 1041-A				08
-	720 (individual)	03	Form 4720 (other than individual)				09
Form 9	90-PF	04	Form 5227				10
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 9	90-T (trust other than above)	06	Form 8870				12
Form 9	90-T (corporation)	07					
	RICHARD VOGT books are in the care of > 104 FIRETHORNE						
<ul> <li>If the</li> <li>If this</li> <li>box</li> </ul>	phone No. 8647703769 e organization does not have an office or place of business s is for a Group Return, enter the organization's four digit ( . If it is for part of the group, check this box request an automatic 6-month extension of time until	Group Exe and atta	emption Number (GEN) I uch a list with the names and TINs of	f this is fo all memb	r the whole	group, che ension is fo	r.
	the tax year entered in line 1 is for less than 12 months, c Change in accounting period	, an	d ending	Final retur	 n		
	this application is for Forms 990-PF, 990-T, 4720, or 6069 ny nonrefundable credits. See instructions.	, enter the	e tentative tax, less	3a	\$		0.
<b>b</b> If	this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and				_
е	stimated tax payments made. Include any prior year overp	ayment a	llowed as a credit.	3b	\$		0.
сB	alance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required, by				-
u	sing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ons.	3c	\$		0.
Cautio instruct	n: If you are going to make an electronic funds withdrawal ions.	(direct de	bit) with this Form 8868, see Form 8	453-TE ar	nd Form 887	79-TE for pa	ayment

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

Form	9	9	0
I UIIII	-	-	-

## EXTENDED TO NOVEMBER 15, 2022

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.



Department of the Treasury Internal Revenue Service

ΑF	or the	e 2021 calendar year, or tax year beginning and e	ending	_	
B c a	Check if pplicabl	e: C Name of organization		D Employer identifie	cation number
	Addre chang	S KIDS HELPING KIDS, INC			
	Name Chang	e Doing business as		27-12242	84
	Initial return		Room/suite	E Telephone number	,
	Final return	347 SULLWATER AVENILE		203-859-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	291,543.
	Amen	ded STAMFORD, CT 06902		H(a) Is this a group re	
		F Name and address of principal officer: RICHARD VOGT		for subordinates	
	pendi	<sup>19</sup> 104 FIRETHORNE CT, GREER, SC 29650		H(b) Are all subordinates in	
Т	22.02	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) o	or 527		list. See instructions
		te: ► WWW.KIDSHELPINGKIDSCT.ORG		H(c) Group exemption	
-		organization: X Corporation Trust Association Other	I Vear		State of legal domicile: CT
	art I	Summary			
		Briefly describe the organization's mission or most significant activities: TO DI	TUELOP	LEADERSHIP	SKILLS AND
Activities & Governance	'	A COMMITMENT TO SOCIAL RESPONSIBILITY IN	CHILD	REN THROUGH	VOUTH-LED
nan					
veri		Check this box  if the organization discontinued its operations or dispose		I	12
ő					11
ø		Number of independent voting members of the governing body (Part VI, line 1b)			
ties		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			3
iži		Total number of volunteers (estimate if necessary)			0
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		162,014.	246,288.
Revenue	9	Program service revenue (Part VIII, line 2g)		53,595.	45,143.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		233.	112.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		215,842.	291,543.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		66.	51.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Ś		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		157,081.	167,817.
JSe		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	54.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		42,402.	113,854.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		199,549.	281,722.
		Revenue less expenses. Subtract line 18 from line 12		16,293.	9,821.
es				ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		93,823.	103,021.
Ass Bal	21			6,684.	6,061.
Vet , und	22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		87,139.	96,960.
	art II	Signature Block		07,137.	50,500.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ente and to the heet of m	knowledge and belief it is
		it, and complete. Declaration of preparer (other than officer) is based on all information of wh			י הווטשובעטב מווע טבוובו, וג וא
uue,	, correc		ion preparer	nas any knowleuge.	
<u>.</u>		Signature of officer		Date	
Sig				שמוס	
Her	е	RICHARD VOGT, CFO			
		Type or print name and title	( r	)ate	
		I Defect (Lease a second s		ICUT: Chook	

132001 12-0					Form <b>990</b>	
May the I	RS discuss this return with the preparer shown abo	ove? See instructions			X Yes	No
	GREER, SC 29650		Phon	e no. 864 – 7	70-376	9
Use Only	Firm's address 📘 104 FIRETHORNE C	OURT				
Preparer	Firm's name <b>VOGT</b> & COMPANY,		Firm's	s EIN ▶ 20 -	027920	0
Paid	RICHARD VOGT	RICHARD VOGT	11/08/22	self-employed <b>P</b>	005207	01
	Print/Type preparer's name	Preparer's signature	Duto	Uneck A	1 1111	

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2021) KIDS HELPING KIDS, INC 27-1224284 Page	2
Pa	t III Statement of Program Service Accomplishments	_
	Check if Schedule O contains a response or note to any line in this Part III	П
_		<u> </u>
1	Briefly describe the organization's mission:	
	TO DEVELOP LEADERSHIP SKILLS AND A COMMITMENT TO SOCIAL RESPONSIBLITY	
	IN CHILDREN THROUGH YOUTH-LED SERVICE PROJECTS. TO EMPOWER CHILDREN TO	
	DESIGN AND EXECUTE YOUTH-LED SERVICE PROJECTS THAT BENEFIT THEIR	
	COMMUNITY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	—
2		
		5
	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?	o
	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 \$ 17,157. including grants of \$) (Revenue \$)	_)
	GIFT OF GIVING PROGRAM - KIDS HELPING KIDS PARTNERS WITH DOZENS OF	
	LOCAL SCHOOLS AND BUSINESSES TO COLLECT THOUSANDS OF NEW AND GENTLY	
	USED GIFTS FOR ALL AGES IN ORDER TO SET UP A ONE DAY POP-UP STORE FOR	_
	UNDERSERVED CHILDREN TO COME IN AND SHOP FOR THEIR LOVED ONES AROUND	—
	THE HOLIDAY SEASON. THE GIFT OF GIVING IS A MAGICAL EVENT AND OVER	
	3,500 FAMILIES HAVE BENEFITTED FROM THE PROJECT.	
		_
		—
		—
		—
4b	(Code:) (Expenses \$12,478. including grants of \$) (Revenue \$)	)
	HANDLED WITH CARE BOUTIQUE - YOUTH CREATING A ONE-DAY POP-UP BOUTIQUE	
	IN A LOCAL COMMUNITY CENTER TO CREATE A DIGNIFIED SHOPPING EXPERIENCE	_
	FOR UNDERSERVED GIRLS AND YOUNG WOMEN TO OBTAIN DRESSES, MAKEUP,	—
	ACCESSORIES AND JEWELRY. THE UNDERSERVED GIRLS AND YOUNG WOMEN ALSO	—
		—
	PARTICIPATE IN A PROFESSIONAL PHOTOSHOOT.	
		_
		—
		—
4c	(Code:) (Expenses \$ 23,637. including grants of \$) (Revenue \$)	_)
	PUMPKIN BREAD BAKE - YOUTH PREPARING, MARKETING, AND SELLING PUMPKIN	
	BREAD WITH PROCEEDS USED TO FUND KIDS HELPING KIDS AND THE PROJECTS	
	THAT WE CREATE DURING THE YEAR. OVER 600 PUMPKIN BREAD LOAVES ARE GIVEN	Г
	TO THE HOMELESS DURING THANKSGIVING WEEK.	—
		—
		—
		_
		—
		—
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 69,156 • including grants of \$ 51 • ) (Revenue \$ )	
4e	Total program service expenses ► 122,428.	
	Form 990 (202	5-11

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
_	If "Yes," complete Schedule A	1	X X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Δ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	~		x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		х
5	during the tax year? If "Yes," complete Schedule C, Part II	4		- 21
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		
Ū	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<u> </u>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		Х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	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			v
	Schedule D, Parts XI and XII	12a		_X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 23
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	115		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-		<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
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		Х
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		Х
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

			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			x
04-	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
•	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		
	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	28b		
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
	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		Х
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
	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?			v
~-	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	07		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
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	
Pa		30		L
	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			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form 990	
Part V	Sta

			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 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	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			x
<b>b</b>	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country			
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		x
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00		
u	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	00		<u> </u>
	were not tax deductible?	6b		
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		
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			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:         Gross income from members or shareholders         11a			
D	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
с	Enter the amount of reserves on hand 13c			
	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?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

#### KIDS HELPING KIDS, INC

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
Sec	tion 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 12			
	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 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	101		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u>л</u>	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10-	х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120		
C	on Schedule O how this was done	12c	х	
13		120	X	
14	Did the organization have a written whistleblower policy? 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	14		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		х
	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		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright  ext{CT}$			
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	) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X 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	d finar	ncial	
	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			
	RICHARD VOGT - 8647703769			
	104 FIRETHORNE CT, GREER, SC 29650			

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				one	Reportable	Reportable	Estimated	
	hours per	box, unless person is both a			is bot	h an	compensation	compensation	amount of	
	week		officer and a director/trustee)		from	from related	other			
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	er di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	rustee	l trus		/ee	mpen		1099-NEC)	1099-1120)	and related
	below	d ual t	Institutional trustee	_	mploy	st co	5			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			5
(1) JENNIFER KELLEY	4.00									
FOUNDER		x						0.	0.	0.
(2) CHARLES EVANGELAKOS	4.00									
PRESIDENT		x		x				0.	0.	0.
(3) DIANE URBAN	4.00									
SECRETARY		x		x				0.	0.	0.
(4) RICHARD VOGT	8.00									
TREASURER		x		x				0.	0.	0.
(5) BRIAN O'CONNOR	4.00									
BOARD MEMBER		x						0.	0.	0.
(6) JUDY MARZEN	4.00									
BOARD MEMBER		x						0.	0.	0.
(7) BRIAN KLUBERDANZ	4.00									
BOARD MEMBER		X						0.	0.	0.
(8) ESPERANZA TEASDALE	4.00									
BOARD MEMBER		X						0.	0.	0.
(9) LEE ALLEN	4.00									
BOARD MEMBER		X						0.	0.	0.
(10) IRENE EDDY	4.00									
BOARD MEMBER		X						0.	0.	0.
(11) DOMINICK CINGARI	4.00									
BOARD MEMBER		Х						0.	0.	0.
(12) LEAH KAGEN	4.00									
BOARD MEMBER		Х						0.	0.	0.

	990 (2021) KIDS HELE	PING KII	DS ,	, ]	ENC	2				27-12	242	284	Pa	age <b>8</b>
Pa	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	box, u		(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		h an	(D) (E) Reportable Reportable compensation compensation from from related		ı	(F) Estimated amount o other			
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		frc orga and	oensa om the anizati I relate nizatio	e ion ed
											$\square$			
											_			
											+			
1b	Subtotal								0.		0.			0.
с	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
-	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	iose	liste	ed al	DOVe	e) wr	10 r	eceived more than \$100	,000 of reportable	;			0
													Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for su	-		-	•			Ŭ		-		3		х
4	For any individual listed on line 1a, is the su	m of reportabl	le co	omp	ensa	atior	n and	d ot	-	the organization				
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a										-	4		X
	rendered to the organization? If "Yes," com					-			-			5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest con	mponeatod in	done	ndo	nt c	ontr	racto	vro t	that received more than	\$100.000 of com		tion fr	om	
<u> </u>	the organization. Report compensation for t								n the organization's tax					
	(A) Name and business	address	NC	ONE	3				<b>(B)</b> Description of s	ervices	Co	(C) ompen		n
								_						
								_						
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot lii	mite	d to		se lis )	stec	d above) who received n	nore than				

Form 990 (20	
Part VIII	

#### 1) KIDS HELPING KIDS, INC Statement of Revenue

				or noto to any lin	o in this Part VIII			
			Check if Schedule O contains a response		(A)	(B)	(C)	
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
(0 (0			FF					Sections 512 - 514
ints	1		Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b					
ts,		С	Fundraising events 1c					
Gif lar		d	Related organizations 1d					
ini,		е	Government grants (contributions) 1e	25,823.				
rior S		f	All other contributions, gifts, grants, and					
the			similar amounts not included above 1f	220,465.				
		g	Noncash contributions included in lines 1a-1f	56,062.				
aŭ Co		h	Total. Add lines 1a-1f		246,288.			
				Business Code				
a	2	а	SPECIAL EVENTS - CELEB	900099	23,535.	23,535.		
vic	2		SPECIAL EVENTS - BREAD	900099	17,390.			
Ser			SPECIAL EVENTS - RUN	900099	3,136.	3,136.		
ver Ver			SPECIAL EVENTS - TALEN	900099	1,082.	1,082.		
gra Re			SFECTAL EVENTS - TALEN	900099	1,002.	1,002.		
Program Service Revenue		e						
-			All other program service revenue		1 - 1 1 2			
			Total. Add lines 2a-2f		45,143.			
	3		Investment income (including dividends, intere	· ·	110	110		
			other similar amounts)		112.	112.		
	4		Income from investment of tax-exempt bond p	oroceeds 🕨 🕨				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		с	Rental income or (loss) 6c					
		d	Net rental income or (loss)	►				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>					
		b	Less: cost or other basis					
ne			and sales expenses 7b					
/en		с	Gain or (loss) 7c					
Re			Net gain or (loss)	• • • • • • • • • • • • • • • • • • •				
her Revenue	8		Gross income from fundraising events (not					
Oth	Ŭ	-	including \$ of					
•			contributions reported on line 1c). See					
			Part IV, line 18					
		h	Less: direct expenses 8b					
	_		Net income or (loss) from fundraising events	····· <b>P</b>				
	9	a	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b					
			Net income or (loss) from gaming activities	▶				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold 10b	-				
		С	Net income or (loss) from sales of inventory					
s				Business Code				
eor	11	а						
enu		b						
cell evi		с						
Miscellaneous Revenue		d	All other revenue					
			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		291,543.	45,255.	0.	0.
								Form 000 (0001)

Form 990 (2021)

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 respons	(A) Total expenses	<b>(B)</b> Program service	<b>(C)</b> Management and	<b>(D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	51.	51.		
~	and domestic governments. See Part IV, line 21	51.	JI.		
2	Grants and other assistance to domestic				
3	individuals. See Part IV, line 22				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
-	trustees, and key employees	121,827.	72,949.	16,146.	32,732
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	714.		714.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	35,230.		35,230.	
10	Payroll taxes	10,046.	5,879.	1,358.	2,809
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	4,738.		4,738.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	100	100		
	column (A), amount, list line 11g expenses on Sch 0.)	100.	100.		2 7 7 7
12	Advertising and promotion	3,835.	36.	20.	3,779
13	Office expenses	2,872.	23.	2,005.	844
14	Information technology				
15	Royalties	7,133.	F 602	1 200	250
16	Occupancy	7,100.	5,683.	1,200.	250
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 00	Conferences, conventions, and meetings	112.		112.	
20	Interest	<u> </u>		<u> </u>	
21 22	Payments to affiliates Depreciation, depletion, and amortization	498.		498.	
22		1,810.		1,810.	
23 24	Other expenses. Itemize expenses not covered	1/0101		1,0101	
27	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM SUPPLIES	77,853.	34,302.		43,551
b	BANK SERVICE CHARGE	8,398.	319.	55.	8,024
c	PRINTING	3,631.	2,812.		819
d	DUES & SUBSCRIPTIONS	1,800.	51.	250.	1,499
e	All other expenses	1,074.	223.	104.	747
25	Total functional expenses. Add lines 1 through 24e	281,722.	122,428.	64,240.	95,054
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 Figure if following SOP 98-2 (ASC 958-720)				

32

33

#### KIDS HELPING KIDS, INC

Total net assets or fund balances

Total liabilities and net assets/fund balances ....

Check if Schedule O contains a response or note to any line in this Part X .... (A) (B) End of year Beginning of year 99,886. 86,067. Cash - non-interest-bearing 1 1 2 2 Savings and temporary cash investments 5,000. 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Assets 7 8 Inventories for sale or use 8 2,913. Prepaid expenses and deferred charges 2,035. 9 9 **10a** Land, buildings, and equipment: cost or other 7,553. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 7,331. 721. 222. b Less: accumulated depreciation \_\_\_\_\_ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 93,823. 103,021. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 3,684. 3,061. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 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, \_iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 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 3,000. 3,000. 25 of Schedule D 6,684. 6,061. 26 26 Total liabilities. Add lines 17 through 25 . Organizations that follow FASB ASC 958, check here 🕨 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 95,068. 85,247. 27 27 Net assets without donor restrictions 1,892. 1,892. Net assets with donor restrictions 28 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 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 87,139. 96,960.

32

33

93,823.

103,021.

Form 990 (2021)

Form 990 (2021)

Part X Balance Sheet

	1 990 (2021) KIDS HELPING KIDS, INC	27-12	224284	Page <b>12</b>		
Pa	rt 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		.,543.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		.,722.		
3	Revenue less expenses. Subtract line 2 from line 1	3		,821.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	87	,139.		
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	96	,960.		
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedu					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	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 Sc					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	-				
	Act and OMB Circular A-133?		3a	X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	uired audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			

Form **990** (2021)

27-1224284	Page <b>12</b>
------------	----------------

#### WING UFIDING WING INC

Department of the Treasury

Internal Revenue Service

(Form	990)
-------	------

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

1	2021
	Open to Public Inspection
Employer	identification number

OMB No. 1545-0047

L

#### Name of the organization

		KIDS	HELPING K	IDS, INC				2	7-1224284	
Pa	art I	Reason for Public (			st complete t	his part.) Se	ee instruction	IS.		-
The	orgar	nization is not a private found	lation because it is: (	(For lines 1 through 1	2, check only	one box.)				
1		A church, convention of ch	urches, or associatio	on of churches descr	ibed in <b>sectic</b>	on 170(b)(1)	)(A)(i).			
2		A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative	hospital service orga	anization described in	n <b>section 17</b> 0	)(b)(1)(A)(iii	i).			
4		A medical research organiz	ation operated in co	njunction with a hosp	oital describe	d in <b>sectior</b>	n 170(b)(1)(A	<b>)(iii).</b> Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a co	ollege or university ow	ned or opera	ted by a go	overnmental u	unit describ	bed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6		A federal, state, or local gov								
7	X	An organization that norma	Ily receives a substa	antial part of its suppo	ort from a gov	vernmental	unit or from t	he general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8	Ц	A community trust describe								
9		An agricultural research org	ganization described	l in section 170(b)(1)	( <b>A)(ix)</b> operat	ed in conjui	nction with a	land-grant	college	
		or university or a non-land-g	grant college of agric	culture (see instructio	ns). Enter the	name, city	, and state of	f the colleg	e or	
		university:								
10		An organization that norma								
		activities related to its exen		-					-	i
		income and unrelated busir		e (less section 511 tax	() from busine	esses acqui	red by the or	ganization	after June 30, 1975.	
		See section 509(a)(2). (Cor			( . )		0(-)(4)			
11	H	An organization organized a							numpered of one or	
12		An organization organized a		•	-			-		
		more publicly supported or lines 12a through 12d that								
а		<b>Type I.</b> A supporting orga						-	<i>aivina</i>	
a		the supported organization	-	-						
		organization. You must c			or a majority				dpporting	
b		<b>Type II.</b> A supporting org	-		nection with i	ts supporte	d organizatio	on(s) by ha	ivina	
~		control or management o					-		-	
		organization(s). You mus						.9		
с		Type III functionally inte			ted in connec	tion with, a	nd functiona	lly integrate	ed with,	
		its supported organization						, ,		
d		Type III non-functionally	y integrated. A supp	porting organization o	perated in co	nnection w	ith its suppo	rted organi	zation(s)	
		that is not functionally int	egrated. The organiz	zation generally must	satisfy a dist	ribution rec	quirement and	d an attent	iveness	
		requirement (see instruct	ions). <b>You must con</b>	mplete Part IV, Secti	ons A and D	, and Part \	V.			
е		Check this box if the orga	anization received a	written determination	from the IRS	6 that it is a	Туре I, Туре	II, Type III		
		functionally integrated, or	r Type III non-functio	onally integrated supp	orting organi	zation.				
f	Ente	er the number of supported of	organizations							
g		vide the following informatior (i) Name of supported			(iv) is the oro:	anization listed	(a) Amount of		(ui) Amount of other	
	(	organization	(ii) EIN	(iii) Type of organization (described on lines 1-1	in your govern	ing document?	(v) Amount of support (see in	,	(vi) Amount of other support (see instructions)	)
				above (see instruction	s)) Yes	No		,		_
Tota	al									

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	326,963.	412,750.	264,431.	201,023.	242,047.	1,447,214.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	326,963.	412,750.	264,431.	201,023.	242,047.	1,447,214.
	The portion of total contributions	-	-	-	-	,	, ,
Ŭ	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)						8,894.
6							1,438,320.
_	Public support. Subtract line 5 from line 4.						1,430,320.
		(-) 0017	(1-) 0010	(-) 0010	(-1) 0000	(-) 0001	
	ndar year (or fiscal year beginning in)	(a) 2017 326,963.	(b) 2018 412,750.	(c)2019 264,431.	(d) 2020 201,023.	(e) 2021 242,047.	(f) Total 1,447,214.
	Amounts from line 4	520,505.	412,750.	201,131.	201,023.	242,047.	1,44/,214.
ø	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	21.0	752.	500	222	110	1 0 / /
	and income from similar sources $\dots$	219.	/54.	529.	232.	112.	1,844.
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						1,449,058.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	179,189.
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	o here					▶∟
See	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2021 (	line 6, column (f), c	livided by line 11,	column (f))		14	99.26 %
15	Public support percentage from 2020	) Schedule A, Part	II, line 14			15	100.00 %
16a	33 1/3% support test - 2021. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	I			<b>X</b>
b	33 1/3% support test - 2020. If the c						
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	·····	
b	10% -facts-and-circumstances tes	-					
~	more, and if the organization meets th	-					
	organization meets the facts-and-circl						
18	Private foundation. If the organization		-				
	i mate roundation. Il the organizatio			u, 100, 17a, 01 17k			Eorm 000) 2021

Schedule A (Form 990) 2021

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

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

See	ction A. Public Support	/ I I	,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ſ					
	include any "unusual grants.")	ſ					
2	Gross receipts from admissions,						
	merchandise sold or services per-	ſ					
	formed, 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 bus-	ſ					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	ſ					
	the organization without charge						
6	Total. Add lines 1 through 5						
	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		-	_		_	
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,	ſ					
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ſ					
	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	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
	check this box and stop here						
See	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2021 (	line 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2020					16	%
See	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>)21</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a	<b>33 1/3% support tests - 2021.</b> If the	organization did n	not check the box	on line 14, and lin	e 15 is more than 3	33  1/3% , and line	17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	
b	<b>33 1/3% support tests - 2020.</b> If the	organization did n	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3% , che	eck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<b>&gt;</b>
1320	23 01-04-22					Schedule A	A (Form 990) 2021

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

I		Yes	No
	1		
	2		
Ī			
	3a		
	3b		
	3c		
	00		
	4a		
Ī			
	4b		
	4-		
	4c		
	5a		
	5b		
	5c		
	6		
Ì			
	7		
	8		
	9a		
	30		
	9b		
İ			
	9c		
	10a		
	10b		

	3b	)		
Schedule	A (F	orm	990)	202

1

2

Yes No

Schedule A (Form 990) 2021	KIDS	HELPING	KIDS,	INC	

Pa	rt IV Supporting Organizations (continued)			-
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion 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.			

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

 Section C. Type II Supporting Organizations

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control

or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control		
or management of the supporting organization was vested in the same persons that controlled or managed		
the supported organization(s).	1	

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

2a

Yes No

27-1224284 Page 6	5
-------------------	---

Schedule A	(Form 990)	2021	KIDS	HELPING	KIDS,	INC	
Part V	Type III	Non-Fu	Inctionally I	ntegrated 50	9(a)(3) Su	pporting	g 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.

Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
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		
Sect	ion 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-functiona	ally integrate	d Type III supporting or	anization (see

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

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021
----------------------------

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</sub>	led)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes				
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 purpose	าร	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive	e		
	(provide details in Part VI). See instructions.	5		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	າຣ	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4					
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
-	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
-	Excess from 2018				
-	Excess from 2019				
	Excess from 2020				
-	Excess from 2021				
-					

Schedule A (Form 990) 2021

Part VI	Supplemental Information Drovide the explanations required by Dart II. End 10: Dart II. End 17: art 17: Dart II. End 10:
	<b>Supplemental Information.</b> 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

#### 2021

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

Contributor's Name	Total Contributions	Excess Contributions
EPSICO	37,875.	8,894
otal Excess Contributions to Schedule A, Part II, Line 5		8,894

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

#### Name of the organization

Organization type (check one):

# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

**202**<sup>-</sup>

Employer identification number

27-	1224	1284

KIDS HELPING	KIDS,	INC
--------------	-------	-----

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

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

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

#### General Rule

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

#### Special Rules

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

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

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

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

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

KIDS HELPING KIDS, INC

Name of organization

Employer identification number

27 - 1224284

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additionation	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHARLES P FERRO FOUNDATION 88 SUNSET CLIFF BURLINGTON, VT 05408	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BERKOWITZ & HANNA CHARITABLE FUND 2 CORPORATE DRIVE, 3RD FLOOR SHELTON, CT 06824	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	PEPSICO BOTTLING GROUP 55 INTERNATIONAL DRIVE WINDSOR, CT 06095	\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	RICHARD & BARBARA WHITCOMB FOUNDATION 30 VILLAGE DR NEW CANAAN, CT 06840	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	EAGLE POINT CREDIT MANAGEMENT 600 STEAMBOAT ROAD SUITE 202 GREENWICH, CT 06830	\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Page 3

## Employer identification number

27 - 1224284

# KIDS HELPING KIDS, INC

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

Schedule	B (Form 990) (2021)		Page 4
Name of c	organization		Employer identification number
KIDS	HELPING KIDS, INC		27-1224284
Part III		) through (e) and the following line entry. charitable, etc., contributions of \$1,000 or less	ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations for the year. (Enter this info. once.) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a		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, a		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
	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee

Department of the Treasury

Internal Revenue Service

(Form	990)
-------	------

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.

Nam	e of the organization KIDS HELPING KIDS,	INC	Employer identification number 27-1224284
Par			Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
			(b) Funds and other accounts
	<b>-</b>		
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	-	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	erring
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I\	/, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education)	torically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a c	onservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired		
	listed in the National Register	-	2d
3	Number of conservation easements modified, transferred, re		
-	year ►		
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
•	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		······································
Ŭ			tion outomente during the your
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	easements during the year
•	S		aschents during the year
8	Does each conservation easement reported on line 2(d) above	we satisfy the requirements of section $170(h)(A)(A)$	(B)(i)
0			
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat		
9	balance sheet, and include, if applicable, the text of the foot	-	
			inat describes the
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections o	f Art Historical Treasures or Other	Similar Assets
1 41	Complete if the organization answered "Yes" on Form		ommar Assets.
Ia	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pul		ance of public
	service, provide in Part XIII the text of the footnote to its fina		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furtherand	ce ot public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gain	, provide
	the following amounts required to be reported under FASB A	-	
а	Revenue included on Form 990, Part VIII, line 1		🕨 \$
b	Assets included in Form 990, Part X		🕨 \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

Schedule D (Form 990) 2021

Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets[continued]         a Using the organizations acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply): <ul> <li>Pole exhibition</li> <li>Scholarly research</li> <li>Chang the organization scuttering the organization scutter of the organization is seempt purpose in Part XIII.</li> </ul> Provide a description of the organization scill or receive domations of art, historical treasures, or other similar assets         Image: Collection?         Im			LPING KIDS	-	_				2428		ige <b>2</b>
collection terms (check all that apply):       d       Loan or exchange program         a       Dotter       Other         b       Scholarly research       e       Other         collection terms (check all that apply):       d       Loan or exchange program         c       Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII.         5       Uning the year, did the organization is collection?       Yes       No         Part I       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, ine 21.       The sensization included on form 990, Part X, line 21.         1a       Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part XIII.       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Intermediation 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 include on part XIII.       Yes       No         D       If Yes," explain the arrangement in Part XIII. Check here if the explanation insis been provided on Part XIII.       Yes       No         D       If ording balance	Pai								<b>ts</b> (contin	ued)	
a       Public exhibition       d       □ can or exchange program         b       Scholary research       0       □ Other         c       Preservation for future generations       0       Other         c       Derivate a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.       Scholary research       No         Part IV       Exerct ward of the organization social of rangements. Complete the organization answered "Yes" on Form 90, Part IV, line 0, or reported an amount on Form 900, Part X, line 21.       No         Tall is the organization angent, trustee, custodial or other intermediary for contributions or other assets not included on Form 900, Part X, line 21.       No         a lis the organization angent, trustee, custodial or other intermediary for contributions or other assets not included on Form 900, Part X, line 21.       No         b       If Yes, "explain the arangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d       1d         2a Did the organization include an amount on Form 900, Part X, line 21, for escrew or custodial accumt liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 900, Part XIII       Part Yes       No         Part Y       Endowment I Part XIII.       (a) Current year       (b) Prior year       (c) Two years ba	3		on, and other record	ls, check any of th	ne following that	make sig	nificant u	ise of its			
b       Scholary research       e       Other											
c       Preservation for future generations         4       Provide a description of the organization solect on receive donations of at, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?       Ves       No         Part IVI       Excrement 42 Custodial Arrangements. Compatible if the organization answered 'Yes' on Form BOD, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       1a Is the organization agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         1a       Is the organization agent, trustee, custodial 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. Other Khere if the explanation has been provided on Part XIII       Prese       No         B other organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         B other organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         B other organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         B other organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         B otherogeniture of the organization asswere 'Ye	а		d								
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization's collection and the organization is collection?     Part W Escrow and Custodial Arrangements. Complete if the organization as obsciolor?     Provide an amount on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 900, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 900, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 900, Part X, line 21.     If the organization include an amount on Form 990, Part X, line 21.     If the organization include an amount on Form 990, Part X, line 21.     If the organization include an amount on Form 990, Part X, line 21.     Part W Endowment Funds. Complete if the organization has been provided on Part XIII.     Outher organization include an amount on some explain how they are the organization and the organization and the organization include an amount on Form 990, Part X, line 21.     Part W Endowment Funds. Complete if the organization nanowered "Yes" on Form 990, Part X, line 10.     Part V Endowment Funds. Complete if the organization and the part the organization and the organization	b		e	Other							
S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be solit to raise funds rather than to be maintained as part of the organization's collection?     Part V Escrow and Cutsodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part V, line 9, or     reported an amount on Form 990, Part X, line 21.     Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X     Is the organization angent. In trace, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X     Is a site organization angent. In Part XIII and complete the following table:         Anduntin     C Beginning balance     Is a different team of the organization answered 'Yes' on Form 990, Part X     In a Distributions during the year     Is and organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?     Part V Endowment Funds. Complete if the organization naswered 'Yes' on Form 990, Part X (Ine 10.     If 'Yes.' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII     Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X (Ine 10.     If 'Yes.' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII     Contributions     In 'Yes.' explain the arrangement in Part XIII.     Contributions     Is a different earline or ganization answered 'Yes' on Form 990, Part X (Ine 10.     If 'Yes.' explain the arrangement in Part XII.     Segment in Part XII.     Segment is part of the organization answered 'Yes' on Form 990, Part X (Ine 10.     If 'Yes.' explain the arrangement in Part XII.     Segment is part of the organization answered 'Yes' on Form 990, Part X (Ine 10.     Segment is part or explanate.     If 'Administrative expenses     Is a dark organizations	С	-									
top sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No.         Part W       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part N, line 9, or reported an amount on Form 980, Part X, line 21.       1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Amount       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       Intermediation of the part of the organization answered 'Yes' 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 answered 'Yes' on Form 990, Part IV, line 10.       Image: the part of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: the part of the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: the part of the organization answered 'Yes' on Form 990, Part IV, line 10.         Part V       Endowment Funds, complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: the part of the organization answered 'Yes' on Form 990, Part IV, line 10.         Ia       Beginning of year balance       Image: the part of the organization answered 'Yes' on Form 990, Part IV, line 10.	4	Provide a description of the organization's co	ollections and explai	n how they furthe	r the organizatio	n's exem	pt purpos	se in Par	t XIII.		
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 // Exercise on the estimation of the intermediary for contributions or other assets not included on Form 990, Part X // Exercise on the estimation of the intermediary for contributions or other assets not included on Form 990, Part X // Exercise on the estimation of the intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability?       No         b If 'Yes', 'explain the arrangement in Part XII and Complete the following table:       Intermediate intermediate intermediate intermediary for escrow or custodial account liability?       No         b If 'Yes', 'explain the arrangement in Part XII. Check here if the explanation hans been provided on Part XII.       Intermediate intermedintermedine intermedintermediate intermedinteref intermediate int	5			•					-		,
reported an amount on Form 990, Part X, line 21.         Ta Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X         b If 'Yes,' explain the arrangement in Part XIII and complete the following table:         c Beginning balance         d Additions during the year         1d         2a Did the organization aduring the year         1d         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custocial account liability?         2b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         Part V       Endowment Funds. Complete it the organization answered 'Yes' on Form 990, Part IV, line 10.         a Beginning of year balance       [a] Current year         b Contributions       [a] Current year         c Net investment earnings, gains, and losses       [b] Orlior years back         c Other expenditures for facilities and programs       [b] Contributions         c Net investment earnings. gains, and losses       [b] Contributions         g End of year balance       [b] Yes' and programs         f Administrative expenses       [b] Yes' and programs         f Administrative expenses       [b] Yes' and programs         f Administrative expenses       [b] Yes' none         g End of year balance       <											No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       10         c       Beginning balance       14       14         e       Distributions during the year       14       14         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       fr"Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       No       If "Yes," explain the arrangement in Part XIII. Check here if the explanation answered "Yes" on Form 990, Part XIII.       No         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (b) Prior year <td>Pa</td> <td></td> <td></td> <td>ete if the organizat</td> <td>tion answered "</td> <td>Yes" on F</td> <td>orm 990,</td> <td>Part IV,</td> <td>line 9, or</td> <td></td> <td></td>	Pa			ete if the organizat	tion answered "	Yes" on F	orm 990,	Part IV,	line 9, or		
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       1d         d       Additions during the year       1d         e       Distributions during the year       1d         2       Distributions during the year       1d         d       Additions during the year       1d         2       Dist the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part X       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part V, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (a) Three years back       (b) Four years back         1a       Beginning of year balance       (a) Ourrent year       (b) Prior year       (c) Two years back       (a) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Ourrent year do balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1b       Contributons       (b) Prior yea											
b       If "Yes," explain the arrangement in Part XII and complete the following table:	1a								-		1
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         f       Ending balance       If         a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation has been provided on Part XIII.       Image: Check here if the explanation is the provent here if the explanation is the explanation has been provided here if the explanation is is endownent there.       Image: Check here if the explanation here if the explanation here if the explanation here if the explanation is endownent there.       Image: Check here if the explanation here if the explanation her		on Form 990, Part X?						L	Yes		No
c       Beginning balance       1c         d       Additions during the year       1d         d       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a       Grants or scholarships       (b)       (c) Two years back       (e) Four years back         e       Other expenditures for facilities       (b) Prior year       (c) Two years back       (e) Four years back         f       Administrative expenses       (c)       (c) Two years back       (e) Four years back         g       End of year balance       (c)       (c)       (c) Two years back       (e) Four years	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
d Additions during the year       1d         e Distributions during the year       1d         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: the second seco									Amount		
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         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Contributions											
f       Ending balance											
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part K, 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       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1b       Control strains       (b) Prior year       (c) Two years back       (e) Four years back         1b       Control strains       (c) Two years back       (e) Four years back       (e) Four years back         2       Chore styenolitines for facilities       (b) Control	е										
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 390, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (d) Current year       (b) Prior year       (c) Two years back       (e) Four years back         c       Net investment earnings, gains, and losses       (d) Three years back       (e) Four years back       (e) Four years back         c       Other expenditures for facilities       (d) Current year       (d) Current year       (d) Current year         g       End of year balance       (d) Current year end balance (line 1g, column (a)) held as:       (d) Corrent year         g       End of year balance       (f) Term endowment (f) (f) Research age of the current year end balance (line 1g, column (a)) held as:       (f) Part Mathematication         g       End of year balance       (f) Term endowment (f) (f) Research age of the current year end balance (line 1g, column (a)) held as:       (f) Part Mathematication         g       Ford waset of the c	f										
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         e       Other expenditures for facilities       (a) Current year end balance (line 1g, column (a) held as:       (a) Courde the estimated percentage of the current year end balance (line 1g, column (a) held as:       (a) Board designated or quasization         g       End of year balance       %       %       (i) Unrelated and administered for the organization by:       (i) Unrelated organizations       (ii) Related organizations       (iii) Related organizations       (iii) Related organiz											No
ia       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         ia       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         ib       Contributions       (c) Two years back       (c) Two years back back       (c) Two years back back back       (c) Two years back back back back       (c) Two years back back back back back back back back											1
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 Image: State	Fai	<b>L V Endowment Funds.</b> Complete						are back	(a) Four	Voare	back
b       Contributions			(a) Current year	(b) Flior year	(C) Two years		<b>i)</b> Thee ye	ais Dauk	(e) i oui	years	Jack
c       Net investment earnings, gains, and losses											
d Grants or scholarships											
e       Other expenditures for facilities and programs											
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 the possession of the organization that are held and administered for the organization by:   (i)   U   U   U   U   U   U   U   Vestor   M   Sa(ii)   Sa(ii)   Sa(iii)   Sa(iii)   Sa(iii)   Sa(iii)   Sa(iii)   A   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   b Buildings   c   Leasehold improvements   Land   b Buildings   c   Leasehold improvements   Land   b Cuipment   c   Leasehold improvements   C   Leasehold improvements </th <th></th>											
f       Administrative expenses	е										
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 ▶%         mthe percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment ▶%         (i)       Unrelated organizations         (ii)       Unrelated organizations         (iii)       Related organizations         3a(ii)       3a(i)         3b       3a(i)         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 (other)       (c) Accumulated depreciation         b       Buildings	f										
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Term endowment ▶%         c Term endowment ▶%         d Permanent endowment ▶%         f 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: <ul> <li>(i) Unrelated organizations</li></ul>	-	-		<i>.</i>							
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:					i (a)) held as:						
c       Term endowment ▶       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(i) Cost or other</li> <li>(i) Cost or other</li></ul>		-		_%							
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: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Schedule R?</li> <li>(iii) Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(e) Buildings</li> <li>(c) Leasehold improvements</li> <li>(c) Leasehold improvements</li> <li>(c) Cher</li> <li>(c) Cher</li> <li>(c) Cher</li> <li>(c) Cher</li> <li>(c) Cher</li> <li>(c) Cher</li> <li>(c) Cher</li></ul>											
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         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.       (d) Book value         1a Land       b         b Buildings       c         c Leasehold improvements       -         d Equipment       -         e Other       7,553.         7,331.       2222.	с										
by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements d Equipment e Other		1 0									
(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 (other)         b       Buildings         c       Leasehold improvements         d       Equipment         e       Other         7,553.       7,331.	3a		ession of the organization	ation that are held	l and administer	ed for the	e organiza	ation	г	Vaa	Na
(ii) Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       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 (other)       (b) Cost or other basis (other)       (d) Book value         1a       Land		-								res	NO
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 (other)       (c) Accumulated depreciation         1a       Land											
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         1a       Land		(II) Related organizations									
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         1a       Land					۲?				30		
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         1a       Land	_			owment tunds.							
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land	Fai			) Part IV line 11a	See Form 990	Part X lir	no 10				
basis (investment)     basis (other)     depreciation       1a Land			1					4			
b Buildings		Description of property							( <b>a)</b> Bool	( value	)
b Buildings	1a	Land									
c         Leasehold improvements											
d Equipment         7,553.         7,331.         222.           e Other         7,553.         7,331.         222.											
e Other											
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)					7,553.		7,33	1.			
	Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	e 10c.)					2	22.

Schedule D (Form 990) 2021

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
1) Financial derivatives			-
2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
-		11d. See Form 990, Part X, line 15.	
=	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
=		11d. See Form 990, Part X, line 15.	(b) Book value
(a)		11d. See Form 990, Part X, line 15.	<b>(b)</b> Book value
(a) (1)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	Description	11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Description		5.
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes	Description		5. (b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability	Description		5. (b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities. Complete if the organization answered "Yes" . (a) Description of liability (1) Federal income taxes	Description		5. (b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES	Description		5. (b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) (4)	Description		5. (b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) lime Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) (4) (5)	Description		5. (b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) linu Part X Other Liabilities. Complete if the organization answered "Yes" Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) (4) (5) (6)	Description		5. (b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) (4) (5) (6) (7)	Description		5. (b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) linu Part X Other Liabilities. Complete if the organization answered "Yes" I. (a) Description of liability (1) Federal income taxes (2) ACCRUED EXPENSES (3) (4) (5) (6)	Description		5.

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

Schedule D (Form 990) 2021

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       337,146.         2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       a       1       337,146.         2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       a       45,603.       2a         a       Net unrealized gains (losses) on investments       2a       2b       45,603.         b       Donated services and use of facilities       2c       2d       2d       2e       45,603.         c       Recoveries of prior year grants       2d       2d       2e       45,603.       2e       45,603.         3       Subtract lines 2a through 2d       2e       45,603.       3       291,543.         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a       a       291,543.         4       Amounts included on Form 990, Part VIII, line 7b       4a       4b       4c       0.         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5       291,543.       291	Sche	edule D (Form 990) 2021 KIDS HELPING KIDS, INC			27-12	224284	Page <b>4</b>
1       Total revenue, gains, and other support per audited financial statements       1       337,146.         2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:       1       337,146.         a       Net unrealized gains (losses) on investments       2a       2b       45,603.         b       Donated services and use of facilities       2c       2d       45,603.         c       Recoveries of prior year grants       2d       2e       45,603.         d       Other (Describe in Part XIII.)       2d       2e       45,603.         a       Subtract line 2e from line 1       3       291,543.         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a       4b       4c       0.         b       Other (Describe in Part XIII.)       4a       4b       4c       0.         c       Add lines 4a and 4b       5       291,543.       5       291,543.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12.)       5       291,543.       327,325.         Part XIII       Reconciliation of Expenses per Audited Financial Statements       1       327,325.         1       Total expenses and losses per audited financial statements       1       327,325.         <	Par	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With				
2       Amounts included on line 1 but not on Form 990, Part VIII, line 12:         a       Net unrealized gains (losses) on investments         b       Donated services and use of facilities         c       Recoveries of prior year grants         d       Other (Describe in Part XIII.)         e       Add lines 2a through 2d         3       Subtract line 2e from line 1         a       Investment expenses not 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         b       Other (Describe in Part XIII.)         c       Add lines 4a and 4b         d       Other (Describe in Part XIII.)         c       Add lines 3 and 4c. ( <i>This must equal Form 990, Part I</i> , <i>line 12</i> .)         c       Add lines 3 and 4c. ( <i>This must equal Form 990, Part I</i> , <i>line 12</i> .)         c       Suppresent on Form 990, Part I, <i>line 12</i> .)         c       Suppresent on Form 990, Part I, <i>line 12</i> .)         c       Suppresent on Form 990, Part IV, line 12.)         c       Suppresent on Form 990, Part IV, line 12.)         fortal revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I</i> , <i>line 12</i> .)         c       Suppresent on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial stateme		Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.				
a Net unrealized gains (losses) on investments       2a         b Donated services and use of facilities       2b       45,603.         c Recoveries of prior year grants       2c       2d         d Other (Describe in Part XIII.)       2d       2e       45,603.         e Add lines 2a through 2d       2e       45,603.       3       291,543.         4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:       3       291,543.       4         a Investment expenses not included on Form 990, Part VIII, line 7b       4a       4b       0.         b Other (Describe in Part XIII.)       4b       4c       0.         c Add lines 4a and 4b       4c       0.       5       291,543.         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       327,325.         1 Total expenses and losses per audited financial statements       1       327,325.       327,325.         2 Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       45,603.       327,325.	1	Total revenue, gains, and other support per audited financial statements			1	337,	146.
b Donated services and use of facilities       2b 45,603.         c Recoveries of prior year grants       2c         d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       2e 45,603.         3 Subtract line 2e from line 1       3 291,543.         4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a linestant expenses not included on Form 990, Part VIII, line 7b         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         5 Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5 291, 543.         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.       1 327, 325.         1 Total expenses and losses per audited financial statements       1 327, 325.         2 Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a 45, 603.         a Donated services and use of facilities       2a 45, 603.	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
c       Recoveries of prior year grants       2c       2d         d       Other (Describe in Part XIII.)       2d       2d         e       Add lines 2a through 2d       2e       45,603.         3       Subtract line 2e from line 1       3       291,543.         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a       a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4a         b       Other (Describe in Part XIII.)       4b       4c       0.         c       Add lines 4a and 4b       4c       0.       5       291, 543.         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       327, 325.         1       Total expenses and losses per audited financial statements       1       327, 325.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       a       2a       45, 603.         a       Donated services and use of facilities       2a       45, 603.       1       327, 325.	а	Net unrealized gains (losses) on investments	2a				
d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       2e         3 Subtract line 2e from line 1       3         4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:       3         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         5 Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5         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         1 Total expenses and losses per audited financial statements       1         2 Amounts included on line 1 but not on Form 990, Part IX, line 25:       a Donated services and use of facilities	b	Donated services and use of facilities	2b	45,603.			
d Other (Describe in Part XIII.)       2d         e Add lines 2a through 2d       2e         3 Subtract line 2e from line 1       3         4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:       3         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         5 Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5         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         1 Total expenses and losses per audited financial statements       1         2 Amounts included on line 1 but not on Form 990, Part IX, line 25:       a Donated services and use of facilities	с	Recoveries of prior year grants	2c				
3       Subtract line 2e from line 1       3       291,543.         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a       4a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4a         b       Other (Describe in Part XIII.)       4b       4c       0.         c       Add lines 4a and 4b       4c       0.         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5       291, 543.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       291, 543.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       327, 325.         1       Total expenses and losses per audited financial statements       1       327, 325.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       45, 603.         a       Donated services and use of facilities       2a       45, 603.	d						
3       Subtract line 2e from line 1       3       291,543.         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a       4a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4a         b       Other (Describe in Part XIII.)       4b       4c       0.         c       Add lines 4a and 4b       4c       0.         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5       291, 543.         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       327, 325.         1       Total expenses and losses per audited financial statements       1       327, 325.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       45, 603.       45, 603.	е	Add lines 2a through 2d			2e		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:       4a         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         5 Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5         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         2 Amounts included on line 1 but not on Form 990, Part IX, line 25:         a Donated services and use of facilities					3	291,	543.
b       Other (Describe in Part XIII.)       4b       4c       0.         c       Add lines 4a and 4b       4c       0.         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5       291, 543.         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.       5       291, 543.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1       327, 325.         1       Total expenses and losses per audited financial statements       1       327, 325.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       45, 603.         a       Donated services and use of facilities       2a       45, 603.	4						
c       Add lines 4a and 4b       4c       0.         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5       291, 543.         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       327, 325.         1       Total expenses and losses per audited financial statements       1       327, 325.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       45, 603.         a       Donated services and use of facilities       2a       45, 603.	а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5       291,543.         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       327,325.         1       Total expenses and losses per audited financial statements       1       327,325.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2a       45,603.	b	Other (Describe in Part XIII.)	4b				
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         1       Total expenses and losses per audited financial statements       1       327,325.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       45,603.         a       Donated services and use of facilities       2a       45,603.	С				4c		0.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements       1       327,325.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2       45,603.         a       Donated services and use of facilities       2a       45,603.	5				•		543.
1       Total expenses and losses per audited financial statements       1       327,325.         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:       2       45,603.         a       Donated services and use of facilities       2       45,603.	Pa			n Expenses per	Returr	າ.	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:         a Donated services and use of facilities							
a Donated services and use of facilities 2a 45,603.	1				1	327,	325.
	2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
h Drianna a diastra anta	а	Donated services and use of facilities	2a	45,603.			
b Prior year adjustments	b	Prior year adjustments	2b				
c Other losses 2c	с	Other losses	2c				
d Other (Describe in Part XIII.)	d	Other (Describe in Part XIII.)	2d				
e Add lines 2a through 2d 2e 45,603.	P	Add lines <b>2a</b> through <b>2d</b>			2e		
3 Subtract line 2e from line 1 3 281,722.	•	Subtract line 2e from line 1			3	281,	722.
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	3						
b Other (Describe in Part XIII.)	3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
c Add lines 4a and 4b 4c	3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a				
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b		4c		0.
Part XIII Supplemental Information.	3 4 b c 5	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b> Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 18</i> )	4a 4b			281,	0. 722.

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.

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

20 1 

Department of the Treasury
Internal Revenue Service

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

L **Open to Public** Inspection

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

Nam	e of the organization				Employer ide	ntificati	on nui	nber
	KIDS HELPING	KIDS,	INC		27-	1224	284	
Pa	rt I Types of Property							
		(a) Check if applicable	<b>(b)</b> Number of contributions or	(c) Noncash contribution amounts reported on	(c Method of c	determin	•	
		applicable		Form 990, Part VIII, line 1g	noncash contril	Sution a	nount	5
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		45,408.	ESTIMATE			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	Х		10,654.	ESTIMATE			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other  ( )							
29	Number of Forms 8283 received by the organi	zation during	g the tax year for c	contributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement				
							Yes	No
30a	During the year, did the organization receive b	-	•••••		-			
	must hold for at least three years from the date		al contribution, and	d which isn't required to be ι	ised for			
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance					31		X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
						32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,			
	describe in Part II.							

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

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

27-1224284

KIDS HELPING KIDS, INC

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

SERVICE PROJECTS. TO EMPOWER CHILDREN TO DESIGN AND EXECUTE YOUTH-LED

SERVICE PROJECTS THAT BENEFIT THEIR COMMUNITY

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

AMBASSADORS: KHK'S ONGOING DEVELOPMENT AND TRAINING FOR OUR CURRENT

AMBASSADORS HELPS TO INCREASE THEIR LEADERSHIP SKILLS, SUCH AS PUBLIC

SPEAKING, COMMUNICATING IDEAS, PROBLEM SOLVING, ACCOUNTABILITY, AND THE

CONFIDENCE TO TAKE ACTION.

EXPENSES \$ 48,199. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

LAUNCHING LIBRARIES - KHK SETS UP NEW AND GENTLY USED BOOK COLLECTIONS

AT VARIOUS LOCAL SITES. OUR YOUTH CREATE LIBRARIES IN THE LOCAL AREA TO

GIVE ACCESS TO KIDS IN NEED. WE HAVE COLLECTED OVER 100,000 BOOKS FOR

KIDS.

EXPENSES \$ 4,973. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SPARK A PROJECT - SOME OF OUR MOST RECENT SPARK A PROJECT EVENTS ARE LANUCHING LEGOS, FUN FOR SCIENCE, SPORTS DAY, SKATE FOR SUCCESS, AND BAKING BUDDIES. THOSE WHO HAVE AN INTEREST IN SPARKING A NEW PROJECT, IDENTIFY THEIR PASSION AND KHK HELPS TO CREATE A STRUCTURE TO HAVE THAT IDEA BLOSSOM. KHK AIDS IN THE PROCESS OF PAIRING OUR SPARK A PROJECT IDEAS WITH OUR EXISTING PARTNERSHIPS TO EMPOWER THE LOCAL UNDERSERVED COMMUNITY.

EXPENSES \$ 15,984. INCLUDING GRANTS OF \$ 51. REVENUE \$ 0.

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization KIDS HELPING KIDS, INC	Employer identification number 27-1224284
LEADERSHIP DEVELOPMENT - KHK ENRICHES MIDDLE AND HIGH SCH	OOL YOUTH IN
FAIRFIELD COUNTY BY COMBINING A CHILD'S PASSION WITH LEAD	ERSHIP
TRAINING THROUGH YOUTH-LED SERVICE PROJECTS. OUR INTENT I	S THAT EACH
YOUTH INVOLVED WITH A KHK PROGRAM LEARNS CORE LIFE SKILLS	, WHICH THEY
ATTAIN THROUGH HAVING DIRECT HANDS-ON EXPERIENCE AND RESP	ONSIBILITY
DURING THE PROJECT: DECISION MAKING SKILLS, PERSEVERANCE	TO OVERCOME
OBSTACLES, TEAMWORK, PROJECT MANAGEMENT, COMMUNICATION AN	D
COLLABORATION AND APPRECIATION THAT THEY CAN MAKE A DIFFE	RENCE IN THEIR
COMMUNITY.	
FORM 990, PART VI, SECTION B, LINE 11B:	
DRAFT FORM 990 IS EMAILED TO EACH BOARD MEMBER FOR APPROV	AL BEFORE
ISSUANCE.	
FORM 990, PART VI, SECTION B, LINE 12C:	
PERIOD REVIEW OF BOARD MEMBERS' POTENTIAL CONFLICT OF INT	EREST TO ANY
BUSINESS ENTITY THAT TRANSACTS BUSINESS WITH THE CHARITY.	
FORM 990, PART VI, SECTION B, LINE 15:	
REVIEW OF BUDGET BY BOARD MEMBERS AND APPROVAL BY VOTE.	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST	

#### 2021 DEPRECIATION AND AMORTIZATION REPORT

### FORM 990 PAGE 10

Neet         Description         Date Acquired         Method         Life         0         Method         Sector 17 best of Basis         Reduction in Basis         Basis of Depreciation         Best of Depreciation         Current Sector 17 best of Basis         Current Sector 17 best of Basis         Description         Basis of Depreciation         Best of Depreciation         Current Sector 17 best of Basis         Description         Basis of Depreciation         Best of Depreciation         Best of Depreciation         Best of Depreciation         Depreciation         Current Sector 17 best of Depreciation         Current Sector 17 best of Depreciation         Depreciation <th< th=""><th></th></th<>	
1       OFFICE CHAIRS       01/14/13       SL       7.00       16       616.       616.       609.       0.         2       TABLE       01/14/13       SL       7.00       16       319.       319.       319.       316.       0.         3       MACBOOK PRO 13.3       10/24/15       SL       5.00       16       2,448.       2,448.       2,448.       2,448.       0.         4       IPHONE       10/25/15       SL       5.00       16       378.       878.       878.       0.         5       MACBOOK       03/29/17       SL       5.00       16       1,484.       1,484.       1,148.       1,114.       297.         6       IPHONE 8       10/14/17       SL       5.00       16       1,008.       1,008.       1,008.       656.       202.         8       FURNITURE       01/17/13       SL       7.00       16       800.       800.       800.       800.       0.         * 990       PAGE 10       TOTAL       -       -       7,553.       -       -       7,553.       6,821.       499.         * 990       PAGE 10       TOTAL -       -       -       - <td< td=""><td>Ending Accumulated Depreciation</td></td<>	Ending Accumulated Depreciation
2       TABLE       01/14/13       SL       7.00       16       319.       319.       319.       316.       0.         3       MACBOOK PRO 13.3       10/24/15       SL       5.00       16       2,448.       2.448.       2,448.       2,448.       0.         4       IPHONE       10/25/15       SL       5.00       16       878.       0.       878.       878.       878.       0.0         5       MACBOOK       03/29/17       SL       5.00       16       1,484.       0.       1,484.       1,114.       2.97.         6       IPHONE 8       10/14/17       SL       5.00       16       1,008.       0.       1,008.       656.       2.02.         8       FURNITURE       01/17/13       SL       7.00       16       1,008.       0.       1,008.       6.680.       0.       0.         9.90       PAGE 10 TOTAL       01/17/13       SL       7.00       16       800.       7.553.       0.       10.00       6.821.       0.00       0.00         * 9.90       PAGE 10 TOTAL -       ////////////////////////////////////	
MACBOOK PRO 13.3       10/24/15       SL       5.00       1       6       2,448.       2,448.       2,448.       2,448.       2,448.       0.0         MACBOOK PRO 13.3       10/25/15       SL       5.00       1       6       878.       10       878.       878.       878.       0.0         MACBOOK       MACBOOK       03/29/17       SL       5.00       1       6       1,484.       1       1,484.       1,114.       1.0       297.         MACBOOK       MACBOOK       03/29/17       SL       5.00       1       6       1,484.       1,484.       1,114.       1.0       297.         MACBOOK       MACBOOK       03/29/17       SL       5.00       1       6       1,008.       1,484.       1,114.       1.114.       1.017.       297.         MACBOOK       PAGE 10 TOTAL       01/17/17       SL       7.00       1       6       800.       800.       800.       800.       800.       800.       800.       800.       800.       800.       1.008.       1.008.       1.008.       1.008.       1.008.       1.008.       1.008.       1.008.       1.008.       1.008.       1.008.       1.008.       1.008.       1	609.
4       IPHONE       10/25/15       SL       5.00       1       6       878.       878.       878.       6       0.0         5       MACBOOK       03/29/17       SL       5.00       1       6       1,484.       1,484.       1,144.       297.         6       IPHONE 8       10/14/17       SL       5.00       1       6       1,008.       6       1,008.       6.656.       202.         7       SPO PAGE 10 TOTAL       01/17/13       SL       7.00       1       6       800.       800.       800.       800.       800.       800.       800.       90.         90 PAGE 10 TOTAL       -       -       -       -       7,553.       - </td <td>316.</td>	316.
5       MACBOOK       03/29/17       SL       5.00       I       6       1,484.       1,484.       1,114.       297.         6       IPHONE 8       10/14/17       SL       5.00       I       6       1,008.       1,008.       656.       202.         8       FURNITURE       10/14/17       SL       5.00       I       6       1,008.       1,008.       656.       202.         9.00       PAGE 10 TOTAL       01/17/13       SL       7.00       I       6       800.       800.       800.       800.       800.       800.       800.       900.       900 PAGE 10 TOTAL       900 PAGE 10 TOTAL -       Image: Sum of the	2,448.
6       IPHONE 8       10/14/17       SL       5.00       1       6       1,008.       1,008.       1,008.       656.       202.         8       FURNITURE       01/17/13       SL       7.00       1       6       800.       800.       800.       800.       0.0         * 990 PAGE 10 TOTAL FURNITURE & FIXTURES       01/17/13       SL       7.00       1       6       800.       1.000.       800.       800.       800.       0.0         * 990 PAGE 10 TOTAL FURNITURE & FIXTURES       01/17/13       SL       7.00       1       6       800.       7.553.       6.821.       1.000.       1.000.         * 990 PAGE 10 TOTAL - * GRAND TOTAL 990 PAGE 10       Image: Sum of the second secon	878.
8       FURNITURE       01/17/13       SL       7.00       16       800.       800.       800.       800.       800.       800.       800.       800.       800.       800.       900       900       PAGE 10 TOTAL FURNITURE & FIXTURES       16       800.       7,553.       7,553.       6,821.       6,821.       499.         * 990       PAGE 10 TOTAL -       -       -       -       -       7,553.       6,821.       499.         * 990       PAGE 10 TOTAL -       -       -       -       -       -       -       -       499.         * 090       PAGE 10 TOTAL -       -       -       -       -       -       -       -       -       499.         * 090       PAGE 10 TOTAL -       -       -       -       -       -       -       -       -       499.         * 090       PAGE 10 TOTAL -       -       -       -       -       -       -       -       -       499.         * 090       PAGE 10 TOTAL 990       -       -       -       -       -       -       -       -       499.	1,411.
* 990 PAGE 10 TOTAL FURNITURE & FIXTURES * 990 PAGE 10 TOTAL - * GRAND TOTAL 990 PAGE 10 * GRAND TOTAL 990 PAGE 10	858.
FURNITURE & FIXTURES       Image: Constraint of the second s	800.
* GRAND TOTAL 990 PAGE 10	7,320.
	7,320.
	7,320.

128111 04-01-21

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