Form	9	9	0
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Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2023 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.



A	or th	e 2022 calendar year, or tax year beginning and	ending	_	
B	Check if applicab	le: C Name of organization		D Employer identifie	cation number
	Addre				
	Name Chang	27-12242	84		
	Initial returr	Number and street (or P.U. box if main is not delivered to street address)	Room/suite	E Telephone number	
	Final	347 STILLWATER AVENUE		203-859-	
	termii ated	, , , ,, ,, ,, ,,		G Gross receipts \$	355,282.
	Amer	STAMFORD, CI 00902		H(a) Is this a group re	
	Appli tion pend			for subordinates	? Yes X No
	-	104 FIRETHORNE CT, GREER, SC 29650		H(b) Are all subordinates in	ncluded? Yes No
11	Гах-ех	empt status: 🗴 501(c)(3) 🚺 501(c) () (insert no.) 🚺 4947(a)(1)	or 527	If "No," attach a	list. See instructions
	Nebsi			H(c) Group exemption	
		f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year	of formation: 2009 N	N State of legal domicile: CT
Pa	art I	Summary	-		
ø	1	Briefly describe the organization's mission or most significant activities: TO D	EVELOP	LEADERSHIP	SKILLS AND
anc		A COMMITMENT TO SOCIAL RESPONSIBILITY IN			
Governance	2	Check this box if the organization discontinued its operations or dispo	osed of more	than 25% of its net as	
Š	3				12
∞	4	Number of independent voting members of the governing body (Part VI, line 1b)			12
Activities &	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			0
ivit	6	Total number of volunteers (estimate if necessary)			0
Act	7 a	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	·····		0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		246,288.	205,705.
Revenue	9	Program service revenue (Part VIII, line 2g)		45,143.	149,039.
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		112.	538.
_	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)		291,543.	355,282.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		51.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		167,817.	169,902.
ens	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 106, 5		0.	0.
Expenses				112 054	165 052
-	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		113,854.	165,253.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		281,722.	335,155.
	19	Revenue less expenses. Subtract line 18 from line 12		9,821.	20,127.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sset	20	Total assets (Part X, line 16)		103,021.	123,560.
atA	21	Total liabilities (Part X, line 26)		6,061.	6,473.
		Net assets or fund balances. Subtract line 21 from line 20		96,960.	117,087.
Pa	art II	Signature Block			

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

Sign	Signature of officer		D)ate	
	RICHARD VOGT, CFO				
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check X	PTIN
Paid	RICHARD VOGT	RICHARD VOGT		oon omproyed	P00520701
Preparer	1 in the finance of the second s	C	Fi	irm's EIN 20 –	0279200
Use Only	Firm's address 104 FIRETHORNE CO	URT			
	GREER, SC 29650		Р	whone no. 864 –	770-3769
May the II	RS discuss this return with the preparer shown abo	ove? See instructions			X Yes No
232001 12-1	3-22 HA For Paperwork Reduction Act Notic	ce, see the separate instructions.			Form 990 (2022)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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 prior Form 990 or 990-EZ?
	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?
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 43,636. including grants of) (Revenue) (Reven
	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 \$ 24,739. including grants of \$) (Revenue \$) (Re
	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.
	(Code:)(Expenses \$ 19,194. including grants of \$) (Revenue \$)
4C	(Code:) (Expenses \$19,194. including grants of \$) (Revenue \$) (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
	TO THE HOMELESS DURING THANKSGIVING WEEK.
4d	Other program services (Describe on Schedule ()
μ	Other program services (Describe on Schedule O.) (Expenses \$ 72,426. including grants of \$) (Revenue \$)
4e	Total program service expenses 159,995.
	Form 990 (2022)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	•		
4	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</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			
-	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	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		x
~	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	16		x
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		- 23
17		17		х
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> . See instructions	17		- 43
10	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,"	10		
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х

			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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00		x
24 2	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		- 23
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 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	07		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		- 23
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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			x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
•••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
. <u> </u>	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	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	1		
	(gambling) winnings to prize winners?	1c		

Form	990 (2022) KIDS HELPING KIDS, INC 27-1224	284	Pa	age 5			
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 0						
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		v			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х			
b	If "Yes," enter the name of the foreign country						
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			х			
	any contributions that were not tax deductible as charitable contributions?	6a		A			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
-	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section $170(c)$.	-		Х			
	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		<u>л</u>			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		х			
	to file Form 8282?	7c		л			
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f					
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?						
g b	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h					
8							
0							
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8					
a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9a 9b					
10	Section 501(c)(7) organizations. Enter:	0.5					
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:						
а	Gross income from members or shareholders 11a						
	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
12a	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 12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note: See the instructions for additional information the organization must report on Schedule O.						
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						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х			
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		Х			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

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 12			
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		х
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		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
	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
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15b		Х
	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 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 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 all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)	Ľ		(0	C)	•		(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle cer an	Pos heck ss pe	itior more rson	is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JENNIFER KELLEY FOUNDER	4.00	x						0.	0.	0.
(2) TOM CHIAPPETTA CHAIRMAN	6.00	x		x				0.	0.	0.
(3) DIANE URBAN	4.00									
SECRETARY (4) RICHARD VOGT	8.00	X	_	х				0.	0.	0.
TREASURER		х		х				0.	0.	0.
(5) BRIAN O'CONNOR BOARD MEMBER	4.00	x						0.	0.	0.
(6) JUDY MARZEN	4.00	^						0.	0.	0.
BOARD MEMBER		х						0.	0.	0.
(7) BRIAN KLUBERDANZ	4.00									
BOARD MEMBER (8) ESPERANZA TEASDALE	4.00	X						0.	0.	0.
BOARD MEMBER	4.00	x						0.	0.	0.
(9) CHARLES EVANGELAKOS BOARD MEMBER	4.00	x						0.	0.	0.
(10) IRENE EDDY BOARD MEMBER	4.00	x						0.	0.	0.
(11) DOMINICK CINGARI BOARD MEMBER	4.00	x						0.	0.	0.
(12) BOBBY WALKER VICE CHAIRMAN	6.00	x						0.	0.	0.

	990 (2022) KIDS HELP									27-12	242	84	Page 8
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghe	st C					
	(A) Name and title	(B) Average hours per week	box, offic	not cl , unle:	heck i ss pei	ition ^{more} rson i	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F Estim amou oth	nated Int of
		(list any hours for related organizations below	Individual trustee or director	In stitutional trustee	er	Key employee	Highest compensated employee	ler	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)		compe from organi and re organiz	zation elated
		line)	Indiv	Insti	Officer	Key	High emp	Former					
	Subtotal Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.0.0.		0. 0. 0.		0.
2	Total number of individuals (including but n								eceived more than \$100),000 of reportable			0
	compensation from the organization											Ye	
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	-		-	•			Ŭ	phest compensated emp			3	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150		e co	ompe	ensa	ation	n and	d otl	her compensation from	the organization		4	X
5	Did any person listed on line 1a receive or a	accrue comper	nsati	ion f	rom	any	unr	elat	ed organization or indiv	idual for services			
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedule	e J fo	or sı	ich j	pers	son .					5	X
1	Complete this table for your five highest co the organization. Report compensation for										ensat	ion fror	n
	(A) Name and business	address	NC	ONE	2				(B) Description of s	services	Co	(C) mpensa	ation
								_					
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot lir	nite	d to	thos (-	sted	above) who received n	nore than			

Form 990 (20		KIDS	
Part VIII	Statem	ent of Reve	enue

KIDS HELPING KIDS, INC

Iu				r noto to any lin	o in this Part VIII			
			Check if Schedule O contains a response o		(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
ran			Membership dues 1b					
۲ وي و			Fundraising events 1c					
ar /			Related organizations 1d					
s, o			Government grants (contributions) 1e					
r Si			All other contributions, gifts, grants, and					
the			similar amounts not included above 1f	205,705.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines 1a-1f	50,890.				
aŭ		h	Total. Add lines 1a-1f		205,705.			
				Business Code				
e	2		SPECIAL EVENTS - IMPAC	900099	105,637.			
Program Service Revenue			SPECIAL EVENTS - CELEB	900099	27,919.	27,919.		
enu Se		с	SPECIAL EVENTS - BREAD	900099	15,483.	15,483.		
leve		d						
рõ		е						
đ		f	All other program service revenue					
		g	Total. Add lines 2a-2f		149,039.			
	3		Investment income (including dividends, interes	st, and				
			other similar amounts)		538.	538.		
	4		Income from investment of tax-exempt bond pr					
	5		Royalties					
			(i) Real	(ii) Personal				
	6		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a					
e		b	Less: cost or other basis					
Revenue		_	and sales expenses 7b Gain or (loss) 7c					
ev.								
her F			Net gain or (loss) Gross income from fundraising events (not					
Ğ	0	d						
U			contributions reported on line 1c). See					
			Part IV, line 18					
		h	Less: direct expenses					
	9		Gross income from gaming activities. See					
	-	-	Part IV, line 19					
		b	Less: direct expenses 9b					
			Gross sales of inventory, less returns					
			and allowances					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
S				Business Code				
eon	11	а						
enu		b						
Miscellaneous Revenue		С						
Mis			All other revenue					
_		е	Total. Add lines 11a-11d			140 555		
	12		Total revenue. See instructions		355,282.	149,577.	0.	U.

Check here [

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e All other expenses

BANK SERVICE CHARGE

DUES & SUBSCRIPTIONS

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

b

с

d

25 26

Form	1990 (2022) KIDS HELPING	KIDS, INC		27-12	24284 Page
Pa	rt IX Statement of Functional Expense				0
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	plete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	118,441.	66,149.	1,410.	50,88
~	trustees, and key employees	110,441.	00,149.	1,410.	50,00
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				
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	40,721.		40,721.	
10	Payroll taxes	10,740.	5,586.	1,523.	3,63
11	Fees for services (nonemployees):		.,		-,
a	Management				
b	Legal				
c	Accounting	5,494.		5,194.	30
d	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,				
	column (A), amount, list line 11g expenses on Sch 0.)	171.			17
12	Advertising and promotion	1,347.	1,277.		7
13	Office expenses	3,794.	95.	2,896.	80
14	Information technology	13,157.		12,680.	47
15	Royalties	- 101		1 0 0 0	
16	Occupancy	7,186.	5,986.	1,200.	
17	Travel	44.	40.	4.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	223.		223.	
22	Depreciation, depletion, and amortization	1,647.		1,647.	
23	Insurance	1,04/•		1,04/•	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
•	PROGRAM SUPPLIES	113,136.	76,182.		36,95
a	DANK GEDUTCE CHADCE	220,2000	214	27	0 25

8,592.

4,332.

2,630.

3,500.

335,155.

214.

75.

2,253.

2,138.

159,995.

284 Page 10

50,882.

3,631.

300.

171. 70.

803.

477.

Form **990** (2022)

36,954.

8,351.

2,079.

1,800.

106,507.

989.

27.

755.

373.

68,653.

KIDS	HELPING	KIDS,	INC
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		Check if Schedule O contains a response or not	te to ar	w line in this Part X			
		Check in Schedule O contains a response of hol			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	99,886.	1	120,276.		
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disquali	fied pe				
		under section 4958(f)(1)), and persons describe				6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ř	9	Prepaid expenses and deferred charges			2,913.	9	3,284.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	7,553.			
	b	Less: accumulated depreciation	10b	7,553. 7,553.	222.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			103,021.	16	123,560.
	17	Accounts payable and accrued expenses	3,061.	17	3,473.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
S	22	Loans and other payables to any current or form	ner offic	cer, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial	contributor, or 35%			
iabi		controlled entity or family member of any of the	se pers	ons		22	
	23	Secured mortgages and notes payable to unrela	ated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s 17-24	. Complete Part X			
		of Schedule D			3,000.	25	3,000.
	26	Total liabilities. Add lines 17 through 25			6,061.	26	6,473.
s		Organizations that follow FASB ASC 958, che	eck her	e X			
JCe		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions	95,068.	27	115,195.		
Ä	28	Net assets with donor restrictions			1,892.	28	1,892.
ŭ		Organizations that do not follow FASB ASC 9	58, ch	eck here			
ř		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or ec				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
ž	32	Total net assets or fund balances			96,960.	32	117,087.
	33	Total liabilities and net assets/fund balances			103,021.	33	123,560.
							Form 990 (2022)

Form 990 (2022)
Part X Balance Sheet

Form	990 (2022) KIDS HELPING KIDS, INC	27	-1224284	Pa	.ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			282.
2	Total expenses (must equal Part IX, column (A), line 25)	2			.55.
3	Revenue less expenses. Subtract line 2 from line 1	3			.27.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	96	5,9	60.
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	115	7,0	87.
Pa	t 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 Schedul	θΟ.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,		
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	nedule	O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

Department of the Treasury

Internal Revenue Service

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

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

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

OMB No. 1545-0047
2022
Open to Public Inspection

н

Name of the organization

Nam	me of the organization Employer identification num								
			HELPING K						7-1224284
Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	ıs.	
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in s e	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	l described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental (unit descrik	bed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in a	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	Ily receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	e or
		university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, members	hip fees, a	nd gross receipts from
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more thar	n 33 1/3% of	its support	from gross investment
		income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the o	ganization	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on
		lines 12a through 12d that	describes the type o	of supporting organizatio	n and com	nplete lines	s 12e, 12f, an	d 12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (of the dire	ctors or truste	es of the s	supporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	ving
		control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .		
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information	n about the supporte	ed organization(s).					
	(i	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
Tota									

KIDS	HELPING	KIDS,	INC
TTEE	11001 11(0		

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

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

Sec	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	412,750.	264,431.	201,023.	242,047.	197,198.	1,317,449.
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	412,750.	264,431.	201,023.	242,047.	197,198.	1,317,449.
	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,						
							21,483.
~	column (f)						
	Public support. Subtract line 5 from line 4.						1,295,966.
		() 0010	(1) 0010	() 0000	(1) 0001	() 0000	(0 T)
	ndar year (or fiscal year beginning in)	(a) 2018 412,750.	(b)2019 264,431.	(c) 2020 201,023.	(d) 2021 242,047.	(e)2022 197,198.	(f) Total
	Amounts from line 4	412,750.	204,431.	201,023.	242,047.	197,190.	1,317,449.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		500	0.2.0	110	F 2 0	0 1 6 0
	and income from similar sources \dots	752.	529.	232.	112.	538.	2,163.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on \dots						
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						1,319,612.
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12	301,567.
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 s	501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2022 (I	line 6, column (f), d	livided by line 11,	column (f))		14	98.21 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	99.26 %
	33 1/3% support test - 2022. If the c					nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		the organiz	
h	10% -facts-and-circumstances tes	-		• • • •	-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circle						
19	Private foundation. If the organizatio						
10	i mate roundation. It the organizatio	T GIG HOL CHECK &		a, 100, 17a, 01 17k			

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

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

Sec	cion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- 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- iness under section 513						
4							
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 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.)						
	tion B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	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) organ	ization,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2022 (line 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 202					16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2022. If the					33 1/3%, and li	ne 17 is not
	more than 33 1/3%, check this box a	and stop here. The	organization quali	fies as a publicly s	supported organization	ation	
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	L

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.)

	The below, the governing body of a supported organization:
b	A family member of a person described on line 11a above?
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes"
	detail in Bart VI

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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** L 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

2b

3a

11c

1

2

1

Yes

Yes No

Yes No

No

Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11b below the opportuning back of a supported organization?

KIDS HELPING KIDS,

INC

2	Schedule A	(10111 330) 202	2 1120	
	Part IV	Supporting	J Organizations	(continued)

		Yes	No
rsons?			
s described on lines 11b and			
	11a		
	11b		
" to line 11a, 11b, or 11c, provide			

Schedule A	(Form 990) 2022
Part V	Type III Non-

1

KIDS HELPING KIDS, INC Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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.

Secti	on 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		
Secti	on 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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on 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	Ilv integrate	ed Type III supporting ord	anization (see

instructions).

Schedule A (Form 990) 2022

					3
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ied)	
Sect	ion D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exempt purposes			1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	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 organization is responsive				
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	าร	Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
-	Applied to 2022 distributable amount				
-	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
Ū	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
-	Excess from 2018				
-	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
e	Excess from 2022				

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

Schedule A

223171 04-01-22

Identification of Excess Contributions Included on Part II, Line 5

2022

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

Contributor's Name	Total Contributions	Excess Contributions
PEPSICO	47,875.	21,483
otal Excess Contributions to Schedule A, Part II, Line 5		21,483

Schedule B	
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(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

2022

Employer identification number

27-	12242	84
~ /		<u> </u>

KIDS	HELPING	KIDS,	INC
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erganization type (encort of	
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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.

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.

Name of organization

Employer identification number

27-1224284

KIDS HELPING KIDS, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	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	\$5,000.	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	RICHARD & BARBARA WHITCOMB FOUNDATION 30 VILLAGE DR NEW CANAAN, CT 06840	\$7,000.	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 GROUP55 INTERNATIONAL DRIVEWINDSOR, CT 06905	\$ <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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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. irom 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
		\$	

KIDS HELPING KIDS, INC Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part II, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once. Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description	ployer identification number					
Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once. Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Descript						
Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once. Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description	27-1224284					
(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Descript						
	ion of how gift is held					
(e) Transfer of gift						
Transferee's name, address, and ZIP + 4 Relationship of transferee	eror to transferee					
(a) No. from (b) Purpose of gift (c) Use of gift (d) Descript Part I	ion of how gift is held					
(e) Transfer of gift	(e) Transfer of gift					
Transferee's name, address, and ZIP + 4 Relationship of transferee's name, address, and ZIP + 4 Relationship of transferee's name, address, and ZIP + 4 Relationship of transferee's name, address, and ZIP + 4 Relationship of transferee's name, address, and ZIP + 4 Relationship of transferee's name, address, and ZIP + 4 Relationship of transferee's name, address, and ZIP + 4 Relationship of transferee's name, address, and ZIP + 4 Relationship of transferee's name, address, and ZIP + 4 Relationship of transferee's name, address, and ZIP + 4 Relationship of transferee's name, address, and ZIP + 4 Relationship of transferee's name, address, and ZIP + 4 Relationship of transferee's name, address, and ZIP + 4 Relationship of transferee's name, address, and ZIP + 4 Relationship of transferee's name, address, and ZIP + 4 Relationship of transferee's name, address, and ZIP + 4 Relationship of transferee's name, address, addres	eror to transferee					
(a) No. from (b) Purpose of gift (c) Use of gift (d) Descript	ion of how gift is held					
(e) Transfer of gift						
Transferee's name, address, and ZIP + 4 Relationship of transferee's name, address, and ZIP + 4 Relationship of transferee's name, address, and ZIP + 4 Relationship of transferee's name, address, and ZIP + 4 Relationship of transferee's name, address, and ZIP + 4 Relationship of transferee's name, address, and ZIP + 4 Relationship of transferee's name, address, and ZIP + 4 Relationship of transferee's name, address, and ZIP + 4 Relationship of transferee's name, address, and ZIP + 4 Relationship of transferee's name, address, and ZIP + 4 Relationship of transferee's name, address, and ZIP + 4 Relationship of transferee's name, address, and ZIP + 4 Relationship of transferee's name, address, and ZIP + 4 Relationship of transferee's name, address, and ZIP + 4 Relationship of transferee's name, address, and ZIP + 4 Relationship of transferee's name, address, and ZIP + 4 Relationship of transferee's name, address, addres	eror to transferee					
(a) No. from (b) Purpose of gift (c) Use of gift (d) Descript	ion of how gift is held					
Part I (4)						
(e) Transfer of gift						
Transferee's name, address, and ZIP + 4 Relationship of transferee	eror to transferee					

~~		Supplemente	L Einanaial Statomonto		OMB No. 1545-0047	
			al Financial Statements		2022	_
(⊦orı	(Form 990) 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.					
	ment of the Treasury		Open to Public			
	I Revenue Service		0 for instructions and the latest informat		Inspection	_
Nam	e of the organizati		TNC		mployer identification numb 27-1224284	er
Da	rt I Organiza	KIDS HELPING KIDS, ations Maintaining Donor Advise				
Fa	-	n answered "Yes" on Form 990, Part IV, line		OF ACC	ounts. Complete if the	
	organizatio		(a) Donor advised funds	(b) [Funds and other accounts	
			(a) Donor advised funds	(u) F		
1		nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5	-	on inform all donors and donor advisors in v	-			
		on's property, subject to the organization's				lo
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	ised only	,	
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose o	onferring	<u>ا</u>	
	impermissible priv					lo
Pa	rt II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	art IV, line	э7	
1		servation easements held by the organization	· · · · · · · · · · · · · · · · · · ·			
	Preservation	n of land for public use (for example, recrea	tion or education)	1 historica	ally important land area	
		f natural habitat	Preservation of a	l certified	I historic structure	
	Preservation	n of open space				
2		through 2d if the organization held a qualif	fied conservation contribution in the form o	f a conse		
	day of the tax yea	ń.			Held at the End of the Tax Ye	ar
а	Total number of co	onservation easements		2	a	
b	Total acreage rest	ricted by conservation easements		2	b	
с	Number of conser	vation easements on a certified historic stru	ucture included in (a)	20	c	
d	Number of conser	vation easements included in (c) acquired a	after July 25,2006, and not on a			
	historic structure I	isted in the National Register		20	d	
3		vation easements modified, transferred, rel			tion during the tax	
	year			U U		
4		where property subject to conservation eas	sement is located			
5		tion have a written policy regarding the per				
	0	orcement of the conservation easements it			Yes N	١o
6		r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation	easements during the year	-
•						
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	on easer	nents during the year	
0			a potiofy the requirements of postion 170/	-) <i>(</i> ()/اם)//፡>		
8		vation easement reported on line 2(d) abov				1.0
	and section 170(h)(4)(B)(ii)?			Yes 📖 N	lo

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

	ization's accounting for conservation easements.	
Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	

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

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance shee	t works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of pu	blic service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990 Part VIII line 1	4

цv	For Departmerk Poduction Act Notice, see the Instructions for Form 000	Schodula D (Form 000) 2022
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provi	de
	(ii) Assets included in Form 990, Part X	\$
	(i) Revenue included on Form 990, Part VIII, line 1	\$

		LPING KIDS		-				24284		ge 2
Par	t III Organizations Maintaining C							S (contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check any of	the following that	t make sig	gnificant use	of its			
	collection items (check all that apply):									
а	Public exhibition	d		exchange progra						
b	Scholarly research	e	Other							
С	Preservation for future generations						_			
4	Provide a description of the organization's co						n Part	XIII.		
5	During the year, did the organization solicit o		,	,						
De	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang	-	ete if the organiz	ation answered "	Yes" on F	orm 990, Pa	art IV, li	ne 9, or		
	reported an amount on Form 990, Par		1		4 4 !	l l l				
та	Is the organization an agent, trustee, custodi							Ma a		
	on Form 990, Part X?						ــــــا	Yes		No
D	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing table:					Amount		
-								Amount		
	Beginning balance									
	Additions during the year									
	Distributions during the year									
t 29	Ending balance Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.									110
Par										
		(a) Current year	(b) Prior year	_			back	(e) Four	years b	ack
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, colum	n (a)) held as:	I					
а	Board designated or quasi-endowment	-	%	< <i>m</i>						
b	Permanent endowment	%	_							
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are he	d and administer	red for the	e				
	organization by:							[Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Schedule	R?				3b		
	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11	a. See Form 990	, Part X, lii	ne 10.				
	Description of property	(a) Cost or o basis (investr		ost or other sis (other)	• •	cumulated eciation		(d) Book	value	
1a	Land									
b	Buildings									
с	Leasehold improvements									
d	Equipment									
	Other			7,553.		7,553	•			0.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), lir	ne 10c.)						0.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	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 en	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.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) The (0) have the set of the set (0) have the set (0) have	- 15)		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ACCRUED EXPENSES			3,000.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			2 000
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		3,000.

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

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) 2022 KIDS HELPING KIDS, INC 2	27-1224284	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	<u> </u>
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1 372	,489.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities 2b 17,207.		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.) 2d		
		,207.
3 Subtract line 2e from line 1	3 355	,282.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b	4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		,282.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1 352	,362.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 2a 17,207.		
b Prior year adjustments 2b		
c Other losses 2c		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		<u>,207.</u>
3 Subtract line 2e from line 1	<u> </u>	,155.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		_
	4c	0.
b Other (Describe in Part XIII.)		0. ,155.

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	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Open to Public

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

Inspection Employer identification number

27 - 1224284

(d) Method of determining

noncash contribution amounts

Interna	a nevenue service		Go to www.ir	s.gov/Form	990 for instruction	ns and the latest information	on.
Nam	e of the organizatio	n					Employer
		KIDS	HELPING	; KIDS,	INC		2
Pa	rt I Types of	Property					
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Methoo noncash co
1	Art - Works of art						
2	Art - Historical trea						
3	Art - Fractional inte	erests					
4	Books and publica	ations					
5	Clothing and hous	ehold goods		Х		49,300.	ESTIMATE
6	Cars and other ve	hicles					
7	Boats and planes						
8	Intellectual proper						
9	Securities - Public						
10	Securities - Closel	y held stock					
11	Securities - Partne	• • •					
12	trust interests Securities - Miscel						
13	Qualified conserva						

10	Securities - Closely held stock					
11	Securities - Partnership, LLC, or					
	trust interests	ĺ				
12						
13	Qualified conservation contribution -					
	Historic structures	ĺ				
14	Qualified conservation contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory	Х		1,	590.	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 organized	zation duri	ing the tax year for o	contributions		
	for which the organization completed Form 82	83, Part V,	, Donee Acknowledg	gement	29	

				-
			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it	:		
	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used 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 policy that requires the review of any nonstandard contributions?			Х
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash			
	contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,			
	describe in Part II.			
I HA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	hedule M (Forr	n 990)	2022

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.

Employer identification number

27-1224284

OMB No 1545-0047

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 \$ 39,694. 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 \$ 9,085. 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 \$ 23,647. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization

27-1224284

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

KIDS HELPING KIDS, INC

DRAFT FORM 990 IS EMAILED TO EACH BOARD MEMBER FOR APPROVAL BEFORE

ISSUANCE.

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

PERIOD REVIEW OF BOARD MEMBERS' POTENTIAL CONFLICT OF INTEREST 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

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
1	OFFICE CHAIRS	01/14/13	SL	7.00		16	616.				616.	609.		0.	609.
2	TABLE	01/14/13	SL	7.00		16	319.				319.	316.		0.	316.
3	MACBOOK PRO 13.3	10/24/15	SL	5.00		16	2,448.				2,448.	2,448.		٥.	2,448.
4	IPHONE	10/25/15	SL	5.00		16	878.				878.	878.		٥.	878.
5	MACBOOK	03/29/17	SL	5.00		16	1,484.				1,484.	1,411.		73.	1,484.
6	IPHONE 8	10/14/17	SL	5.00		16	1,008.				1,008.	858.		150.	1,008.
8	FURNITURE	01/17/13	SL	7.00		16	800.				800.	800.		٥.	800.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						7,553.				7,553.	7,320.		223.	7,543.
	* 990 PAGE 10 TOTAL -						7,553.				7,553.	7,320.		223.	7,543.
	* GRAND TOTAL 990 PAGE 10 DEPR						7,553.				7,553.	7,320.		223.	7,543.

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