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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. TTTT 1 2022 and ending

н г	OI LITE	and	enumy U	ON 30, 2023				
	heck if oplicable	C Name of organization		D Employer identifi	cation number			
	Addre	KIDWORKS COMMUNITY DEVELOPMENT CORP						
	Name chang			74-30815	69			
	Initial return		Room/suite					
	Final	1902 W. CHESTNUT		714-834-	9400			
	termin ated	, , , , , , , , , , , , , , , , , , , ,	G Gross receipts \$	7,139,566.				
	Ameno return	SANTA ANA, CA 92703		H(a) Is this a group re				
	Application pendir			for subordinates	s? Yes X No			
	·	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No			
I T	ax-exe	empt status: $X = 501(c)(3) = 501(c)($) (insert no.) $= 4947(a)(1) c$	or 527	If "No," attach a	list. See instructions			
	Vebsit			H(c) Group exemption				
		organization: X Corporation Trust Association Other	L Year	of formation: 2002	M State of legal domicile: CA			
Ра	rt I	Summary	* * * * * * * * * *	N OF KIRKOR				
ابو		Briefly describe the organization's mission or most significant activities: THE 1						
a	_	RESTORE AT-RISK NEIGHBORHOODS ONE LIFE AT			-			
e.	_	Check this box if the organization discontinued its operations or dispos		1 -	sets.			
હ્યુ				<u>3</u>	11			
∞		Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2022 (Part V, line 2a)			61			
ţį		Total number of volunteers (estimate if necessary)			644			
Activities & Governance				l_				
8		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
		Not unrouted business taxable mount from one 1,1 art 1, me 11		Prior Year	Current Year			
_	8	Contributions and grants (Part VIII, line 1h)		3,648,274.	4,907,206.			
影		Program service revenue (Part VIII, line 2g)		11,491.	11,456.			
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		30,632.	55,971.			
۳		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-136,562.	503,606.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,553,835.	5,478,239.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		48,486.	89,727.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ဖွ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,118,462.	2,630,706.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 511,33		0.	0.			
象	b	Total fundraising expenses (Part IX, column (D), line 25) 511, 33	36.					
ΨĮ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,001,165.	1,177,193.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,168,113.	3,897,626.			
		Revenue less expenses. Subtract line 18 from line 12		385,722.	1,580,613.			
s or			Ве	ginning of Current Year	End of Year			
Net Assets or -und Balances	20	Total assets (Part X, line 16)		7,326,097.	9,172,687.			
et Det	21	Total liabilities (Part X, line 26)	·····- <u> </u>	519,844. 6,806,253.	702,830. 8,469,857.			
	rt II	Net assets or fund balances. Subtract line 21 from line 20		0,000,253.	0,403,03/.			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of m	v knowledge and belief it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			y Kilowieuge allu bellel, it is			
iuo,	001100	t, and complete. Declaration of proparor (only than onloof) to based on all information of win	non proparor	nas any knowledge.				
Sigr	,	Signature of officer		Date				
Here		DAVID P. BENAVIDES, CHIEF EXECUTIVE OFFIC	ER					
	-	Type or print name and title						
		Print/Type preparer's name Preparer's signature	Ţ.	Date Check	PTIN			
aid		TRITIA FOSTER		if self-emplo	P02164134			
	arer	Firm's name DAVIS FARR LLP			7-3535842			
	Only	Firm's address 18201 VON KARMAN AVE, SUITE 1100						
		IRVINE, CA 92612		Phone no. 94	9-474-2020			
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No			

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Form 990 (2022)

Pai	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 RESTORE AT-RISK NEIGHBORHOODSONE LIFE AT A TIME.
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? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program 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 \$1,755,957. including grants of \$22,950.) (Revenue \$\$
	AFTER SCHOOL PROGRAM:
	THE AFTER SCHOOL PROGRAM PLACES 400 STUDENTS ON A DIRECT PATH TOWARDS
	COLLEGE BY EQUIPPING THEM WITH THE RIGHT TOOLS. BEGINNING IN
	KINDERGARTEN AND CONTINUING THROUGH HIGH SCHOOL, CHILDREN PARTICIPATE
	IN AGE-APPROPRIATE ACTIVITIES THAT PREPARE THEM TO BE 'LIFE-READY
	LEARNERS AND LEADERS.' KIDWORKS WHOLISTIC PROGRAMMING FOCUSES ON THREE
	CRITICAL AREAS FOR DEVELOPMENT, INCLUDING; PERSONAL DEVELOPMENT,
	COLLEGE AND CAREER READINESS, AND LEADERSHIP DEVELOPMENT. POSITIVE
	DEVELOPMENT RELATIONSHIPS THAT BEGIN IN PRESCHOOL AND CONTINUE THROUGH
	COLLEGE IS FOUNDATIONAL TO OUR APPROACH. SUCH RELATIONSHIPS ARE
	DEVELOPED THROUGH WELL-EQUIPPED, COMMITTED, AND CULTURALLY COMPETENT
	STAFF, ENGAGED VOLUNTEERS AND MENTORS, AND COMMUNITY PARTNERSHIPS.
4b	(Code:) (Expenses \$ 615,179 • including grants of \$ 66,777 •) (Revenue \$ 4,860 •
	COLLEGE & CAREER & FAMILY & COMMUNITY ENGAGEMENT:
	FAMILY & COMMUNITY ENGAGEMENT BUILDS AND DEVELOPS LEADERS WHO GIVE BACK
	AND SERVE THEIR COMMUNITY. AT KIDWORKS WE BELIEVE PARENTS ARE THE FIRST
	EDUCATORS OF THEIR CHILDREN, AND IN ORDER FOR CHILDREN TO SUCCEED,
	PARENTS MUST BE ENGAGED AND SUPPORTED. KIDWORKS OFFERS A VARIETY OF
	CLASSES AND WORKSHOPS LED BY EXPERTS IN THE FIELD IN THE AREAS OF CHILD
	DEVELOPMENT, HEALTH, FINANCE AND TECHNOLOGY TO PROVIDE FURTHER
	EDUCATION FOR PARENTS. PARENTS AND COMMUNITY MEMBERS ARE PROVIDED WITH
	REFERRALS AND RESOURCES TO BETTER SUPPORT THE FAMILY. USING THE
	STRENGTHS OF CENTRAL SANTA ANA, PARENTS WORK ALONGSIDE COMMUNITY
	PARTNERS TO MAKE THE NEIGHBORHOODS SURROUNDING KIDWORKS A BETTER PLACE.
	KIDWORKS' PARENTS PARTICIPATE IN PARENTING WORKSHOPS, IN LEADERSHIP
4c	(Code:) (Expenses \$624,092. including grants of \$) (Revenue \$)
	PRESCHOOL:
	KIDWORKS CDC OPERATES A LICENSED STATE PRESCHOOL SERVING 48 STUDENTS;
	PROVIDING ON-SITE LEARNING FOR 2.9-5-YEAR-OLD CHILDREN. THE CHILDREN
	SERVED ARE BELOW OR WITHIN THE 85% STATE MEDIAN INCOME. ANNUALLY,
	KIDWORKS PARTICIPATES IN THE CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
	FOR 100% OF OUR STUDENTS AT NO COST TO THE FAMILIES. THE PRIMARY GOAL
	IS A SUCCESSFUL TRANSITION FROM PRESCHOOL TO TRANSITIONAL KINDERGARTEN
	OR KINDERGARTEN FOR EVERY CHILD AND FAMILY. 97% OF KIDWORKS' PRESCHOOL
	STUDENTS WERE ASSESSED AS TRANSITIONAL KINDER OR KINDERGARTEN-READY BY
	THE END OF THE SCHOOL YEAR. OUR PRESCHOOL PROGRAM IS PART OF THE
	QUALITYSTART OC, WHICH PROVIDES KIDWORKS WITH A GRANT, FREE TRAINING,
	AND TECHNICAL ASSISTANCE DURING THE SCHOOL YEAR AS WE STRIVE TO PROVIDE
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2,995,228.

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Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ū	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ŭ	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		
10		10	х	
11	or in quasi endowments? <i>If</i> "Yes," complete Schedule D, Part V	10		
••	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 1a	21	
ь		11b		x
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
u	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	11d		x
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	х	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>		21	
ıza	, , , , , , , , , , , , , , , , , , ,	400	х	
L	Schedule D, Parts XI and XII	12a	22	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	40h		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			
		446		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		45		x
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
19	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
18		18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	⊢ °	- 41	
19	·	10		х
20-	complete Schedule G, Part III	19 20a		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		<u> </u>
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	Х	
	aomostio government on l'artin, column (n), inte i : Il res. complete schedule I. Parts I and Il	41	47	ı

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Pa	rt IV Checklist of Required Schedules _(continued)	.569	Р	age 4				
	continued)		Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on							
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current							
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete							
	Schedule J	23		X				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the							
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete							
	Schedule K. If "No," go to line 25a	24a		X				
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b						
С	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			l				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X				
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and							
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l				
	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%			l				
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled							
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X				
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,							
	instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			,,				
	"Yes," complete Schedule L, Part IV	28a		X				
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X				
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			- v				
	"Yes," complete Schedule L, Part IV	28c	v	X				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	-				
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			₩				
04	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						
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X				
22	Schedule N, Part II	32						
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		X				
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33						
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		X				
35.5	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X				
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		<u> </u>				
b	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?	000						
30		36		x				
37	If "Yes," complete Schedule R, Part V, line 2	00						
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI							
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		X				
00	Nicke All Form 200 flow and manifold to consolete Oaksatele O	38	х					
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	_ 30						
	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 16							
	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							

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(gambling) winnings to prize winners?

Form 990 (2022) KIDWORKS COMMUNITY DEVELOPMENT CORP

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

2a for the number of employees reported on Form W3. Transmittal of Wage and Tax Statements,					Yes	No			
b If a least one is reported on line 2a, did the organization file all required federal employment fax returns? 2b X X B If Yes, "has it field a Form 990-T for this year? "No" to line 3b, provide an explanation on Schedule 0 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country guide as a bank account, securities account, or other financial accounts (FBAR). 5b If Yes, "enter the name of the foreign country guide as a bank account, securities account, or other financial accounts (FBAR). 5c Ives, "enter the name of the foreign country guide as a bank account, securities account, or other financial accounts (FBAR). 5c Ives, "enter the name of the foreign country guide as a bank account, securities account, or other financial accounts (FBAR). 5c Ives, "enter the name of the foreign country guide as a securities of the comparization of the organization file Form 8888-7? 5c Ives the organization aparty to a prohibited tax shelter transaction? 5c Ives the organization aparty to a prohibited tax shelter transaction? 5c Ives the properties of the organization file Form 8888-7? 5c Ives the ine face of 8b, did the organization file Form 8888-7? 5d Did any taxonization have were not tax deductible as charitable contributions? 6d If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d Organization shall many receive deductible contributions under section 770(c): 8d If Yes, "did the organization necked solicity in the value of the goods or services provided? 7d Ives," did the organization selection promited the value of the goods or services provided? 7d Ives, "did the organization organization file form selection form the good or services provided? 7d Ives, "did the organization selection promited the goods or services provided? 9d Ives, "did the organization organization file form selection form form the provis	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
3a Dt the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes's 1 has finded a form 800 of the Yes's 14 has 16 h		filed for the calendar year ending with or within the year covered by this return	2a 61						
b If Yes, "Itas it flield a Form 890.T for this year? If 'No' to line 3b, provide an explanation on Schedule O A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountry? See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions of partition of the organization file Form 888617? See Does the organization the organization file Form 888617? See Does the organization file organization file Form 888617? See Does the organization include with every solicitation an exposers statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Bid the organization receive a payment in excess of \$75 made pathy as a contribution and parily for goods and services provided to the payor? To Capanization receive and price of the value of the goods or services provided? To Did the organization exceeds and explain the contribution of the value of the goods or services provided? To Did the organization exceeds and contribution of qualified intellectual property, did the organization file a form 1998.07 Sponsoring organization exceeds an contribution of qualified intellectual property, did the organization file a form 1998.07 Sponsoring organization was destribution and visit of the organization file a form 1998.07 Sponsoring organization exceeds an contribution of accordance of the section 501(c)(7) organizations make a distribution of the sponsoring organization file organization and the sponsoring organization file organization file organization file organiza	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?) b if "Yea," enter the name of the foreign country See instructions for filing requirements for FirCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year? 5b Was the organization into the aparty to a prohibited tax shefter transaction at any time during the tax year? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductables for that shefter transaction are express statement that such contributions or gifts were not tax deductables a charitable contributions? 6c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductables a charitable contribution are express statement that such contributions or gifts were not tax deductables a charitable contribution and partly for goods and services provided to the payor? 7b (Faganizations that may receive deductable contribution or any express statement that such contributions or gifts were not tax may receive deductable contributions under section 170(c). 8 If "Yes," indicate the number of Forms 8282? filed during the year 9 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? 7c If I bid the organization receive a number of Forms 8282? filed during the year 9 Did the organization received a contribution of unique type year. 10 Did the organization received a contribution of payment year. 11 Did the organization received a contribution of payment year. 12 Did the organization received any premium, directly o	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X			
financial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Dat Area ("Yes" to line Sa or 5b, did the organization file Form 888617? 6b Dest the organization and party to a prohibited by the organization file Form 888617? 6c Does the organization and property that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? c Did the organization selleve apyment in excess of \$75 made party is a contribution and party for poods and services provided? 7c Did the organization received advance, or otherwise dispose of taniple personal property for which it was required to lite Form 8282? 6c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1088-C? 7a Sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization have a distribution to a donor, donor advisor, or related person? 9 Section 501(c)[12) organizations. Errier: a Initiation fees and capital contributions included on Part VIII, line 12 in Grass income from methods and admiration the organization in the organization is ensured to maintain by th	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O	3b					
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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		tivities						
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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. X Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management			21				
000	tion 7. dovorning body and management		Yes	No				
4.	Enter the number of voting members of the governing body at the end of the tax year 12		162	NO				
ıa	,	1						
	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	4						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			77				
	officer, director, trustee, or key employee?	2		_X_				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		<u>X</u>				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		_X_				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_X_				
6	Did the organization have members or stockholders?	6		_X_				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		_X_				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		_X_				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
	,		Yes	No				
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					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a								
b								
С	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	X					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		==					
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
.54	taxable entity during the year?	16a		Х				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100						
D	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	IOD						
17	List the states with which a copy of this Form 990 is required to be filed CA							
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):	e only	availal					
10	for public inspection. Indicate how you made these available. Check all that apply.	orny)	avaiidi	JI C				
10	(l finar	oial					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ı ımanı	ıal					
20	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 JASNA BARON - 714-834-9400							
	1902 W. CHESTNUT, SANTA ANA, CA 92703							

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per		not c		ition _{more}	than o		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	lnstitutional trustee		irecto		tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) DAVID BENAVIDES EXECUTIVE DIRECTOR	40.00			Х				149,248.	0.	313.
(2) JASNA BARON	40.00							140,240.	0.	313.
CHIEF FINANCIAL OFFICER	40.00	-		Х				62,231.	0.	670.
(3) DAVID LETTAS	40.00							02,231.	•	0700
SENIOR DIRECTOR OF FINANCE & OPERATI	10.00	1		Х				47,539.	0.	2,902.
(4) ADRIAN MONTERO	1.00									
BOARD SECRETARY		Х		Х				0.	0.	0.
(5) GABE POTYONDY	1.00									
BOARD VICE CHAIR		Х		Х				0.	0.	0.
(6) CORY ALDER	1.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(7) SCOTT HOMAN	1.00									
BOARD TREASURER		Х		Х				0.	0.	0.
(8) KYLE TEAM	1.00									
BOARD MEMBER, EXEC COMMITT		X		Х				0.	0.	0.
(9) MARCO ANGULO	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) DAVID HENGSTLER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) TIM STRADER JR.	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(12) WILLIE DU	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(13) EMILY MANDRUP	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(14) PATT MERRELL	1.00								•	•
BOARD MEMBER		Х						0.	0.	0.
										Form 990 (2022)

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hours per week (list any hours for related organizations per week (list any hours for related organizations policy) and related organizations policy line) 1b Subtotal 1c Total from continuation sheets to Part VII, Section A 1 Total fadd lines to band to) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is at any former officer, director, trustee, key employee, or highest compensation from the organization and order compensation from the organization and related on line 1a, is the sum of reportable compensation from the organization and related on line 1a, is the sum of reportable compensation from the organization and related on line 1a, is the sum of reportable compensation from the organization and related organization general trans \$150,000 from the organization from the organization from the organization and order compensation from the organization from the organization and related organization general trans \$150,000 from the organization from the organization and order compensation from the organization and order to organization organization general trans \$150,000 from the organization from the	(A)	(B)			(C	C)			(D)	(E)			(F)
Tourn part Note Part Part Note Part Note Part Note Part Note Part Part Note Part Note Part Part Note Part Part Note Part P	Name and title	1 .	(do					ne	Reportable	Reportable		Est	imated
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Name and business address KRISTIN MARTIN, DBA KM PRODUCTION 1 TIMBERLAND, ALISO VIEJO, CA 92656 PRODUCTION/MARKETING 174,250.	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	hir	the organization's tax y	ear.			
KRISTIN MARTIN, DBA KM PRODUCTION 1 TIMBERLAND, ALISO VIEJO, CA 92656 PRODUCTION/MARKETING 174,250.	. ,	address								ervices	С		
1 TIMBERLAND, ALISO VIEJO , CA 92656 PRODUCTION/MARKETING 174,250.			N							0.7.000		Ompon	
			56						ARKETING		174	1,250.	
	•							·				•	
2 Total number of independent contractors (including but not limited to those listed above) who received more than													

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
-			Crieck ii Scriedule O Cortains a response o	or note to any iiii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
'0 '0	4	_	Fodewated compaigns					Sections 512 - 514
ants	'		Federated campaigns 1a Membership dues 1b					
S S			Fundraising events 1b 1c	648,403.				
fts, r Ai				010,100.				
, Gila			Government grants (contributions) 1d 1e	554,887.				
ons Sir			All other contributions, gifts, grants, and	, -				
uti		•	similar amounts not included above 1f	3,703,916.				
ıtrib		a	Noncash contributions included in lines 1a-1f	87,779.				
Contributions, Gifts, Grants and Other Similar Amounts		_	Tetal Add lines to 1f		4,907,206.			
				Business Code				
ø	2	а	AFTER SCHOOL PROGRAM	611600	5,555.	5,555.		
r Vic		b	COLLEGE SUCCESS INITIATIVE	611710	4,860.	4,860.		
Se		С	PRESCHOOL	611600	1,041.	1,041.		
am		d						
Program Service Revenue		е						
Ā			All other program service revenue					
		g	Total. Add lines 2a-2f		11,456.			
	3		Investment income (including dividends, intere	st, and				
			other similar amounts)		49,444.			49,444.
	4		Income from investment of tax-exempt bond pr					
	5		Royalties (i) Real	(ii) Personal				
	•			(II) Personal				
			Gross rents 6a					
			Less: rental expenses 6b Rental income or (loss) 6c					
			Not reptal income or (loca)					
			Gross amount from sales of (i) Securities	(ii) Other				
	•	_	assets other than inventory 7a 1,428,996.					
		b	Less: cost or other basis					
<u>e</u>			and sales expenses 7b 1,422,469.					
Revenue		С	Gain or (loss) 7c 6,527.					
Re			Net gain or (loss)		6,527.			6,527.
Jer	8	а	Gross income from fundraising events (not					
₹			including \$ 648,403. of					
			contributions reported on line 1c). See					
			Part IV, line 18	73,755.				
			Less: direct expenses8b	238,858.				
			Net income or (loss) from fundraising events		-165,103.			-165,103.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses9b Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
	10	а	and allowances 10a					
		h	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
			, ,	Business Code				
sno	11	а	MISCELLANEOUS	900099	668,709.			668,709.
ane		b						
sella eve		С						
Miscellaneous Revenue		d	All other revenue					
_		е	Total. Add lines 11a-11d		668,709.			
	12		Total revenue. See instructions		5,478,239.	11,456.	0.	559,577.

232009 12-13-22 Form **990** (2022)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 40,772. 40,772. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 48,955. 48,955. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 262,903. 211,156. 20,522. 31,225. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,019,865. 1,628,838. 154,796. 236,231. Other salaries and wages 7 Pension plan accruals and contributions (include 19,749. 11,599. 3,414. 4,736. section 401(k) and 403(b) employer contributions) 148,606. 87,283. 25,686. 35,637. Other employee benefits 9 179,583. 126,334. 25,686. 27,563. 10 Payroll taxes 11 Fees for services (nonemployees): 13,989. 4,128. 8,640. 1,221. Management 1,686. 5,715. 3,530. 499. Legal 17,565. 10,848. 5,183. 1,534. Accounting Lobbying Professional fundraising services. See Part IV, line 17 2,012. 2,012. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 36,855. 28,390. 1,702. 6,763. column (A), amount, list line 11g expenses on Sch O.) 78,334. 28,551. 3,105. 46,678. Advertising and promotion 12 57,315. 18,123. 15,507. 23,685. 13 Office expenses 85,123. 52,572. 25,119. 7,432. Information technology 14 Royalties 15 6,474. 51,221. 1,749. 59,444. 16 Occupancy 34,345. 30,702. 2,360. 1,283. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 156,056. 126,994. 19,129. 9,933. Depreciation, depletion, and amortization 22 74,434. 55,043. 13,781. 5,610. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 150,393. 130,800. 15,082. 4,511. SUPPLIES, BOOKS, AND MA 81,333. DONATED GOODS 73,509. 11. 7,813. 65,235. 65,330. 95. PROGRAM MEALS 44,131. 34,250. 7,099. 2,782. d FACILITY REPAIRS AND MA 214,819. 121,883. 38,485. 54,451. e All other expenses 3,897,626. 2,995,228. 391,062. 511,336. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

Form 990 (2022)

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

Form 990 (2022)
Part X | Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	338,643.	1	386,400.
	2	Savings and temporary cash investments	935,501.	2	1,300,965.
	3	Pledges and grants receivable, net	16,866.	3	374,788.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ŕ	9	Prepaid expenses and deferred charges	214,855.	9	239,685
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 5,344,978. 10b 1,491,587.			
	b	Less: accumulated depreciation 10b 1,491,587.	3,869,928.	10c	3,853,391, 3,016,133,
	11	Investments - publicly traded securities	1,948,979.	11	3,016,133.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	4 005	14	1 225
	15	Other assets. See Part IV, line 11	1,325.	15	1,325
	16	Total assets. Add lines 1 through 15 (must equal line 33)	7,326,097.	16	9,172,687
	17	Accounts payable and accrued expenses	306,064.	17	424,733.
	18	Grants payable	012 700	18	070 007
	19	Deferred revenue	213,780.	19	278,097.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Ħ		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		OE	
	26	of Schedule D Total liabilities. Add lines 17 through 25	519,844.	25 26	702,830.
	20	Organizations that follow FASB ASC 958, check here	313,044.	20	102,030
S		and complete lines 27, 28, 32, and 33.			
ü	27	Net assets without donor restrictions	6,325,105.	27	7,208,800.
3ala	28	Net assets with donor restrictions	481,148.	28	1,261,057.
μ		Organizations that do not follow FASB ASC 958, check here			
Ψ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
٩ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	6,806,253.	32	8,469,857.
Z	33	Total liabilities and net assets/fund balances	7,326,097.	33	9,172,687.
	. 55	Total habilition and not apporte failed palaritods	., , , - , - , - , - , - , - ,		Form 990 (202)

Form **990** (2022)

Pa	rt 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	5,47	<u>8,2</u>	<u>39.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,89	7,6	<u> 26.</u>			
3	Revenue less expenses. Subtract line 2 from line 1							
4	1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4							
5	Net unrealized gains (losses) on investments	5	8	0,9	<u>79.</u>			
6	Donated services and use of facilities	6						
7	Investment expenses	7		2,0	<u> 12.</u>			
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	8,469	9,8	<u>57.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				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 Schedule	Ο.						
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	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	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X 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	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
За	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?							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

232012 12-13-22

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Employer identification number

KIDWORKS COMMUNITY DEVELOPMENT CORP 74-3081569 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

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

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

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.")	2914386.	3057659.	3681488.	3648274.	4907206.	18209013.		
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	2914386.	3057659.	3681488.	3648274.	4907206.	18209013.		
5	The portion of total contributions								
_	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)						1237480.		
6	Public support. Subtract line 5 from line 4.						16971533.		
	etion B. Total Support						±037±333•		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Amounts from line 4	2914386.	3057659.	3681488.	3648274.		18209013.		
	Gross income from interest.	23143000	3037033.	3001400.	3040274.	4507200.	10203013.		
0	,								
	dividends, payments received on								
	securities loans, rents, royalties,	30,396.	22,928.	15,076.	15,253.	10 111	133,097.		
_	and income from similar sources	30,390.	22,920.	13,070.	13,233.	43,444.	133,097.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital	6 400	F 0 7	0 005	14 400	CC0 700	(00 500		
	assets (Explain in Part VI.)	6,499.	597.	2,285.	14,498.		692,588.		
	Total support. Add lines 7 through 10						19034698.		
	Gross receipts from related activities,	•	,			12	439,396.		
13	First 5 years. If the Form 990 is for the								
<u></u>	organization, check this box and stor								
	ction C. Computation of Publi						00 16		
	Public support percentage for 2022 (I					14	89.16 %		
	Public support percentage from 2021					15	93.11 %		
16a	33 1/3% support test - 2022. If the o	-							
	stop here. The organization qualifies		~						
b	33 1/3% support test - 2021. If the o								
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ition			Ш		
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	: 13, 16a, or 16b, a	nd line 14 is 10%	or more,		
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	zation		
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization				
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or		
	more, and if the organization meets the	ne facts-and-circum	stances test, ched	ck this box and st	op here. Explain in	Part VI how the			
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	s		
			·	·		Schedule A	(Form 990) 2022		

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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.)

Se	ction A. Public Support	elow, please comp	Diete Fait II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(12)	(5)====	(-7	(5) = 5 = 5	χ,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1		T	1	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		. —
<u></u>	check this box and stop here	a Cummant Da					
	ction C. Computation of Publi					T I	
	Public support percentage for 2022 (I		•	column (f))		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Inves					16	<u>%</u>
	Investment income percentage for 20			ine 13 column (f))		17	%
	Investment income percentage from					18	
	a 33 1/3% support tests - 2022. If the						
198	more than 33 1/3%, check this box ar					- 4.1	
k	33 1/3% support tests - 2021. If the	organization did r	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	ind
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	1 1

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Schedule A (Form 990) 2022

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.)

	Yes	No
1		
-		
2		
За		
- Oa		
3b		
3с		
4-		
4a		
4b		
_		
4c		
E-		
5a		
5b		
5с		
6		
7		
8		
-		
9a		
9b		
9с		
30		
10a		
10b		
.55		

Par	Tiv Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ction 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			
C1	supported organizations played in this regard.	3		
	ction E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).		
а				
b				
C	5 Jeochie III 5 Jeochie II 5 Jeoch	instruction	I	N.
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	20		
	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	2a		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3h below.	20		
	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a		
	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
	on the displacement of the second of the second of the played by the displaying the second of the se	- 30		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations mus				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in 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			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integrated	d Type III supporting orga	nization (see	
	instructions).			•	

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

a Excess from 2018
 b Excess from 2019
 c Excess from 2020
 d Excess from 2021
 e Excess from 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

KIDWORKS COMMUNITY DEVELOPMENT CORP

Employer identification number 74-3081569

Schedule D (Form 990) 2022

Total number at end of year Capture Capt	Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds	or Ac	coun	ts. Complete if the
2 Aggregate value of contributions to (during year) 4 Aggregate value at and of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advisor further organization inform all donors and donor advisors in writing that the assets held in donor advisor further organization inform all grantess, donors, and donor advisors in writing that grant funds can be used only for charatable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yea" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization or education) Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of open space 2 Complete lines 2 a through 2 dif the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements 4 Teld at the End of the Tax Year 5 Total acreage restricted by conservation easements 5 Total acreage restricted by conservation easements 6 Number of conservation easements included in (a) Qualified after July 25.2006, and not on a historic structure included in (a) Lagrant Preservation during the tax year 9 Number of conservation easements included in (a) acquired after July 25.2006, and not on a historic structure included in (b) acquired after July 25.2006, and not on a historic structure line description and preservation easements the preservation easements in located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspection, handling of violations, and enforcing conservation easements during				visec	I funds	(b) Fun	ds and other accounts
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Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(6) of conservation easements held by the organization (check all that apply). Preservation of an Instructure Preservation of an Instructure Preservation of a historically important land area Preservation of open space Preservation of open space Preservation of open space Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. A Total number of conservation easements Preservation of a certified historic structure included in (a) Preservation of conservation easements Preservation of conservation easements Preservation of conservation easements Preservation of conservation easements Preservation Prese								
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Preservation of open space		Preservation of land for public use (for example, recreat	tion or education)		Preservation of	a histo	rically	important land area
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Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes		·						
violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Ia 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. In It the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part XIII, line 1 (ii) Assets included in Form 990, Part XIII, line 1 (iii) Assets included in Form 990, Part XIII, line 1 (iv) Assets included on Form 990, Part XIII, line 1 In the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under F			_					
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(iii)? Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Ia 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. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Part III Organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items	5							
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)?								
B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$ Revenue included on Form 990, Part VIII, line 1	6	Staff and volunteer hours devoted to monitoring, inspecting, i	nandling of violations	s, and	d enforcing conse	ervatio	n ease	ments during the year
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and section 170(h)(4)(B)(ii)?	-				g			is aumig and year
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provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$	D	· · · · · · · · · · · · · · · · · · ·	· ·					
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the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$	0							
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	_							¢
								Ψ \$

232051 09-01-22

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

3,853,391. Schedule D (Form 990) 2022

1,390,482. 2,236,178.

153,240.

e Other

1,390,482.

3,132,671.

336,299.

485,526.

b Buildingsc Leasehold improvements

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.)

896,493.

183,059.

412,035.

WIDWODING GOV		ODMINIE CODD	4 2001560
Schedule D (Form 990) 2022 KIDWORKS COI Part VII Investments - Other Securities.	MMUNITY DEVEL	OPMENT CORP /4	4-3081569 Page
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	nd-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" of		11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or er	nd-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" of		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			1
(8)			
(9)			1
Total. (Column (b) must equal Form 990, Part X, col. (B) line	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 25.

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

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

Part XI	Recond	ciliation of Revenue per Audited Financial Statements With Revenue per Return

ı u	Reconciliation of Revenue per Audited Financial State	meme with	io i o i i i o		
	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	5,584,219.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	80,979.		
b	Donated services and use of facilities	2b	25,000.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	105,979.
3	Subtract line 2e from line 1			3	5,478,240.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	5,478,240.
				•	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With		•	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With 1 12a.	Expenses per R	•	1.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	ements With 1 12a.	Expenses per R	•	
	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ements With 12a.	Expenses per R	Return	1.
1	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	12a	Expenses per R	Return	1.
1 2	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	12a	Expenses per R	Return	1.
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	Expenses per R	Return	1.
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a	Expenses per R	Return	3,920,615.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a	25,000.	Return	3,920,615. 25,000.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII.)	2a	25,000.	1	3,920,615.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a	25,000.	1 2e	3,920,615. 25,000.
1 2 a b c d e 3	Total expenses and losses per audited Financial Statements Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a	25,000.	1 2e	3,920,615. 25,000.
1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a	25,000.	1 2e	25,000. 3,895,615.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a	25,000. 2,012.	1 2e	3,920,615. 25,000.

| Part XIII | Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC") AND SECTION 23701(D) OF THE CALIFORNIA TAX CODE. CONSEQUENTLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT REFLECT ANY PROVISION FOR INCOME TAXES. CONTRIBUTIONS TO THE ORGANIZATION ARE DEDUCTIBLE FOR TAX PURPOSES UNDER SECTION 170(B)(1) OF THE IRC. GAAP PROVIDES ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN BY THE ORGANIZATION IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE ORGANIZATION'S RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization							ntification number
	S COMMUNITY DEVELO					74-3081	
Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
1 Indicate whether the organization rais		g activ	ities.	Check all that apply.			
a Mail solicitations				overnment grants			
b Internet and email solicitations	s f Solicita	tion of	gover	nment grants			
c Phone solicitations	g Special	fundra	aising	events			
d In-person solicitations							
2 a Did the organization have a written of					tees,	or	
key employees listed in Form 990, P						Yes	
b If "Yes," list the 10 highest paid indi-		ant to	agree	ments under which th	ne fur	ndraiser is to be)
compensated at least \$5,000 by the	organization.						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.				or has been notified	it is e	exempt from re	gistration
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form 9	90 or	990-E	Z.		Schedule	G (Form 990) 2022

232081 10-27-22

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

		or furidialsing event contributions and gro				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				FOUNDATION		(add col. (a) through
			CHEFS	FOR SUCCESS	2	col. (c))
a)			(event type)	(event type)	(total number)	001. (0)
ű						
Revenue	1	Gross receipts	337,295.	305,012.	79,851.	722,158.
ш						
	2	Less: Contributions	281,420.	290,412.	76,571.	648,403.
	3	Gross income (line 1 minus line 2)	55,875.	14,600.	3,280.	73,755.
	4	Cash prizes				
	5	Noncash prizes				
ses						
ens	6	Rent/facility costs	18,506.	15,200.	4,200.	37,906.
Exp						
ž	7	Food and beverages	4,957.	10,360.	1,748.	17,065.
Direct Expenses						
	8	Entertainment	18,460.			18,460.
	9	Other direct expenses	146,946.	7,553.	10,928.	165,427.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			238,858.
	11	Net income summary. Subtract line 10 from li				-165,103.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				_
Ф			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			() 3	bingo/progressive bingo	()	col. (a) through col. (c))
3ev						
	1	Gross revenue				
Se	2	Cash prizes				
Direct Expenses						
ă	3	Noncash prizes				
ctE		-				
Öire	4	Rent/facility costs				
	_	O				
	5	Other direct expenses				
	_	Malauska au lala au	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	│ No	No	
	_	Divert average average. Add lines Others with	- F :! (al)			
	7	Direct expense summary. Add lines 2 through	i 5 in column (a)			
		Not coming income cumman. Cubtract line 7	from line 1 column (d)			
	8	Net gaming income summary. Subtract line 7	irom line 1, column (a)			
9	Ent	er the state(s) in which the organization condu	ucte gaming activities:			
		he organization licensed to conduct gaming ac	_	states?		Yes No
						1es NO
Ŋ	"	No," explain:				
	_					
40-	14/-	ere any of the organization's gaming licenses re	woked suspended orte	rminated during the tay v	rear?	Yes No
	V/V/		vonou, guguenueu, Ul le	TITIMI LECT CONTINUE LINE LAN Y	our:	NO NO
		Yes," explain:				

232082 10-27-22 Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022 KIDWORKS COMMUNITY DEVELOPMENT CORP 74-	30815	069	Page 3
11	Does the organization conduct gaming activities with nonmembers?	\	′ es	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Y	es	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	o An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	102		
•	Enter the hame and address of the person who propares the organization's garming openial events books and records.			
	Name			
	- Inditie			
	Address			
	Address			
		,		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	י 📖	′ es	No
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
	birector/officer Employee independent contractor			
17	Mandaton, distributions			
	Mandatory distributions:			
a	solution is the organization required under state law to make charitable distributions from the gaming proceeds to		⁄es	□ Na
	retain the state gaming license?	. L	res	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year \$ organization's own exempt activities own exempt activiti			
Ра		art III, line	es 9, 9	3b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	G (Form 990)	KIDWORKS	COMMUNITY	DEVELOPMENT	CORP	74-3081569	Page 4
Part IV	G (Form 990) Supplemental Inform	mation (continue	nd)				J
		(Continue	<i>(u)</i>				
-							

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

2022
Open to Public

Inspection

Schedule I (Form 990) 2022

Name of the organization KIDWORKS	Employer identification numl 74-308156						
Part I General Information on Grants a							
Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's properties. Part II Grants and Other Assistance to	stance? ocedures for monit Domestic Organia	oring the use of grant	t funds in the United	I States. Complete if the org			X Yes No
recipient that received more than	\$5,000. Part II can	be duplicated if addit	tional space is need	ed.			
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
					BASED ON		
MATER DEI HIGH SCHOOL					BILLING		
1202 W. EDINGER AVE					STATEMENTS		SCHOLARSHIPS FOR 8 HIGH
SANTA ANA, CA 92707	95-1648193	501(C)3	0.	40,772.	FROM MATER DEI		SCHOOL STUDENTS
			1				
2 Enter total number of section 501(c)(3) a	and government or	nanizations listed in th	ne line 1 table	<u> </u>	1		1
3 Enter total number of other organization	-						•

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

Part III can be duplicated if additional space is needed.							

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
				FLAT STIPEND BASED ON	
				STUDENT PARTICIPATION	
TUDENT INTERNS IN YOUTH ENGAGEMENT PROGRAM	15	14,000.	0.	IN THE PROGRAM.	
				BASED ON EMERGENCY NEED	
				UP TO \$1,000 PER	
				FAMILY, APPLICATION,	
MERGENCY STUDENT AND FAMILY ASSISTANCE	13	6,005.	0.	AND APPROVAL	
				FLAT STIPEND BASED ON	
				STUDENT PARTICIPATION	
				IN IGNITE LEADERSHIP	
GNITE LEADERSHIP PROGRAM	12	8,950.	0.	PROGRAM	
				FLAT SCHOLARSHIP AMOUNT	
				BASED ON CONFIRMATION	
				OF COMPLIANCE WITH	
AP SCHOLARSHIP STUDENTS	8	20,000.	0.	GUIDELINES	

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

PART I, LINE 2:

STUDENT STIPENDS ARE PAID OUT MONTHLY BASED ON PROGRAM PARTICIPATION.

EMERGENCY FAMILY AND STUDENT ASSISTANCE IS PAID PER REQUEST AND REVIEW OF

NEED BASED ON PRE-DETERMINED ELIGIBILITY AND APPROVAL. SCHOLARSHIPS ARE

PAID DIRECTLY TO THE HIGH SCHOOL FOR EACH STUDENT BASED ON BILLING PER

STUDENT.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Open to Public Inspection

Employer identification number

	KIDWORKS COM	MUNITY	DEVELOPM	ENT CORP	74	-3081	569	
Pai	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 1	Method o		•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	1	71,639	LETTER OF	VALU:	E	
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ($MATERIALS AND S$)	X	1	16,140	DONOR VAL	UATIO	N	
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	zation durino	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by				-			
	must hold for at least 3 years from the date of		ntribution, and wh	ich isn't required to be used	d for			
	exempt purposes for the entire holding period?	?				30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	-	•	•		31	Х	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncast	ו			
	contributions?					. 32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is ch	ecked,			
	describe in Part II							

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

Schedule M (Form 990) 2022

232142 09-09-22

Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

KIDWORKS COMMUNITY DEVELOPMENT CORP

Employer identification number 74-3081569

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BUILDS ON THE STRENGTHS AND POTENTIAL IN THE COMMUNITY THROUGH EDUCATION, CHARACTER FORMATION, AND PERSONAL DEVELOPMENT. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: PROGRAM EXPERIENCES FOCUS ON HOMEWORK ASSISTANCE, WORKSHOPS, MUSIC SEL LEANING AND MORE. LEADERSHIP OPPORTUNITIES ARE NURTURED THROUGH THE LEADER IN ME FRAMEWORK, A FRANKLIN COVEY PROGRAM AND CASEL APPROVED PROGRAM FOR SOCIAL AND EMOTIONAL WELL-BEING. IN 2022-2023, KIDWORKS WAS PROUD OF STUDENT GRADUATION AND PROMOTION 98% OF INTERMEDIATE AND HIGH SCHOOL STUDENTS GRADUATED ON-TIME. (COMPARED TO A NATIONAL AVERAGE OF 42% OF YOUTH AS RESEARCHED BY THE SEARCH INSTITUTE.) IN 2022-2023, 91% OF YOUTH FELT INSPIRED TO THINK OF DIFFERENT POSSIBILITIES FOR THEIR FUTURE. IN 2022-2023, AT LEAST 61% OF 4-12TH GRADE STUDENTS FELT THEY HAD SOCIAL COMPETENCY SKILLS TO INTERACT EFFECTIVELY WITH OTHERS, MAKE DIFFICULT DECISIONS, AND COPE WITH NEW SITUATIONS. IN 2022-2023, 86% OF YOUTH FELT THAT KIDWORKS STAFF HELP THEM LEARN FROM THEIR MISTAKES. IN 2022-2023, 41 YOUTH PARTICIPATED IN A YOUTH LEADERSHIP TEAM. 644 VOLUNTEERS CONTRIBUTED OVER 11,785 HOURS OF SERVICE IN SUPPORT OF THE KIDWORKS MISSION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

GROUPS, SUCH AS THE PARENT ADVISORY COUNCIL (PAC), EDUCATIONAL CLASSES,

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Employer identification number Name of the organization KIDWORKS COMMUNITY DEVELOPMENT CORP 74-3081569 AND COMMUNITY SERVICE HOURS/PROJECTS. KIDWORKS PARENT ADVISORY COUNCIL (PAC) IS A HIGHLY ACTIVE GROUP OF PARENT LEADERS WHO MEET MONTHLY TO DISCUSS ISSUES FACING THE COMMUNITY, AND DEVISE STRATEGIES TO OVERCOME THOSE CHALLENGES. THEY ALSO SPEAK INTO KIDWORKS PROGRAMS, PROVIDE FEEDBACK, AND PLAN EVENTS FOR PARENTS IN THE COMMUNITY. COLLEGE AND CAREER SERVICES WERE OFFERED TO YOUTH AND YOUNG ADULTS (PROGRAM ALUMNI.) SERVICES INCLUDE COLLEGE READINESS WORKSHOPS, COLLEGE APPLICATION SUPPORT, COLLEGE VISITATIONS, CAREER EXPLORATION, COLLEGE SUPPORT, INTERNSHIP SUPPORT AND MORE. IN 2022-2023, WE HAD THE BIGGEST 12TH GRADE CLASS IN RECENT KIDWORKS HISTORY: 25 STUDENTS. 44% OF 12TH GRADE STUDENTS JOINED KIDWORKS IN PRESCHOOL. 96% OF 12TH GRADE STUDENTS GRADUATED ON-TIME AND 96% OF HIGH SCHOOL SENIORS ENROLLED IN POST-SECONDARY EDUCATION. COLLEGES INCLUDE SANTA ANA COLLEGE, IRVINE VALLEY COLLEGE, ORANGE COAST COLLEGE, CAL STATE FULLERTON, CAL STATE LONG BEACH, CAL POLY SAN LUIS OBISPO, AND VANGUARD UNIVERSITY. IN ADDITION, OUT OF THE 64 PROGRAM ALUMNI ENROLLED IN OUR COLLEGE SUCCESS PROGRAM, 70% PROMOTED TO THEIR NEXT LEVEL OF POST-SECONDARY EDUCATION. FINALLY, 10 STUDENTS COMPLETED THEIR PROGRAM: 8 STUDENTS RECEIVED THEIR BACHELOR'S DEGREE WITHIN 6 YEARS OF HIGH SCHOOL GRADUATION, 1 STUDENT RECEIVED THEIR ASSOCIATE'S DEGREE, AND 1 STUDENT COMPLETED A VOCATIONAL PROGRAM.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

A HIGH QUALITY EARLY LEARNING ENVIRONMENT. WE PARTNER WITH PBS SOCAL

AND STARTWELL AS WELL TO ENHANCE OUR PROGRAMMING.

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

THE AUDIT COMMITTEE REVIEWS THE 990 TAX FORM FIRST. THE AUDIT COMMITTEE

Schedule O (Form 990) 2022 Page **2**

Name of the organization

KIDWORKS COMMUNITY DEVELOPMENT CORP

Employer identification number 74-3081569

PRESENTS THE FORM TO THE FULL BOARD FOR THEIR REVIEW AND APPROVAL.

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

UPON OR BEFORE HIRE, ELECTION, OR APPOINTMENT, EACH EMPLOYEE AND BOARD

MEMBER MUST PROVIDE A FULL WRITTEN DISCLOSURE OF ALL DIRECT OR INDIRECT

FINANCIAL INTERESTS THAT COULD POTENTIALLY RESULT IN A CONFLICT OF

INTEREST. EXAMPLES INCLUDE EMPLOYER, BUSINESS, AND OTHER NONPROFIT

AFFILIATIONS, AND THOSE OF FAMILY MEMBERS OR A SIGNIFICANT OTHER. THIS

WRITTEN DISCLOSURE IS KEPT ON FILE AND IS UPDATED ANNUALLY AND AS NEEDED.

EMPLOYEES AND BOARD MEMBERS MUST DISCLOSE ANY INTERESTS IN A PROPOSED

TRANSACTION OR DECISION THAT MAY CREATE A CONFLICT OF INTEREST. AFTER

DISCLOSURE, THE EMPLOYEE OR BOARD MEMBER WILL NOT BE PERMITTED TO

PARTICIPATE IN THE TRANSACTION OR DECISION. SHOULD THERE BE ANY DISPUTE AS

TO WHETHER A CONFLICT OF INTEREST EXISTS: THE CHIEF EXECUTIVE OFFICER SHALL

DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS FOR AN EMPLOYEE, AND SHALL

DETERMINE THE APPROPRIATE RESPONSE. THE BOARD OF DIRECTORS SHALL DETERMINE

WHETHER A CONFLICT OF INTEREST EXISTS FOR THE CHIEF EXECUTIVE OFFICER OR A

MEMBER OF THE BOARD, AND SHALL DETERMINE THE APPROPRIATE RESPONSE.

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

KIDWORKS PARTICIPATES IN AN ANNUAL COMPENSATION SURVEY CONDUCTED BY THE

CALIFORNIA CENTER FOR NONPROFIT MANAGEMENT. SURVEY RESULTS ARE TAKEN INTO

CONSIDERATION BY THE EXECUTIVE COMMITTEE OF THE BOARD IN DETERMINING

COMPENSATION LEVELS FOR KEY EMPLOYEES AT THE TIME OF FISCAL YEAR BUDGET

PREPARATION. THE BOARD APPROVES COMPENSATION LEVELS RECOMMENDED BY THE

EXECUTIVE COMMITTEE IN CONJUNCTION WITH THE BUDGET REVIEW AND APPROVAL. THE

PROCESS OF COMPENSATION REVIEW AND APPROVAL FOR KEY EMPLOYEES AND OTHER

OFFICERS IS THE SAME AS FOR THE CEO AND TOP MANAGEMENT.

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization KIDWORKS COMMUNITY DEVELOPMENT CORP	Employer identification number 74-3081569
FORM 990, PART VI, SECTION C, LINE 19:	
KIDWORKS HAS A DIRECT LINK ON ITS WEBSITE:	
HTTP://KIDWORKSOC.ORG/FINANCIALS/ TO ITS ANNUAL REPORT, 99	0 TAX FORM, AND
THE ANNUAL AUDIT. FORM 1023 IS PROVIDED UPON REQUEST.	
FORM 990 PART XII LINE 2C	
THE AUDIT OVERSIGHT PROCESS HAS NOT CHANGED SINCE THE PRICE	R YEAR.
	_