

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public Inspection

A For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization KIDWORKS COMMUNITY DEVELOPMENT CORP		D Employer identification number 74-3081569
	Doing business as		E Telephone number 714-834-9400
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1902 W. CHESTNUT		G Gross receipts \$ 7,212,126.
	City or town, state or province, country, and ZIP or foreign postal code SANTA ANA, CA 92703		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
F Name and address of principal officer: DAVID P. BENAVIDES SAME AS C ABOVE		H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.KIDWORKSOC.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 2002
			M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: KIDWORKS INSPIRES PURPOSE IN YOUTH, FUELS THEIR GROWTH, AND CATALYZES THEIR IMPACT IN THE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	11
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	58
	6 Total number of volunteers (estimate if necessary)	6	220
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,462,909.	5,396,565.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,668.	7,105.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	116,472.	183,038.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-217,518.	74,839.
		4,371,531.	5,661,547.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	120,054.	103,312.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,904,048.	3,181,790.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	627,091.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,180,568.	1,311,944.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,204,670.	4,597,046.
19 Revenue less expenses. Subtract line 18 from line 12	166,861.	1,064,501.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	9,795,056.	11,019,742.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,016,575.	1,040,240.
		8,778,481.	9,979,502.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	DAVID P. BENAVIDES, CHIEF EXECUTIVE OFFICER				
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JENNIFER FARR				P00743254
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	DAVIS FARR LLP	47-3535842		949-474-2020	
	Firm's address				
	18201 VON KARMAN AVE, SUITE 1100				
	IRVINE, CA 92612				

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: KIDWORKS INSPIRES PURPOSE IN YOUTH, FUELS THEIR GROWTH, AND CATALYZES THEIR IMPACT IN THE COMMUNITY AND THE WORLD.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 1,800,052. including grants of \$ 103,312.) (Revenue \$ 4,034.) AFTER SCHOOL PROGRAMS - THE KIDWORKS AFTER SCHOOL PROGRAM SERVES OVER 400 STUDENTS, PLACING THEM ON A DIRECT TRAJECTORY TOWARD HIGHER EDUCATION BY PROVIDING COMPREHENSIVE ACADEMIC AND PERSONAL DEVELOPMENT SUPPORT. BEGINNING IN KINDERGARTEN AND CONTINUING THROUGH HIGH SCHOOL, PARTICIPANTS ENGAGE IN STRUCTURED, AGE-APPROPRIATE PROGRAMMING DESIGNED TO CULTIVATE LIFE-READY LEARNERS AND LEADERS. KIDWORKS' HOLISTIC APPROACH CENTERS ON THREE CORE AREAS: PERSONAL DEVELOPMENT, COLLEGE AND CAREER READINESS, AND LEADERSHIP CULTIVATION. CENTRAL TO THIS MODEL ARE THE ENDURING, POSITIVE RELATIONSHIPS THAT BEGIN IN EARLY CHILDHOOD AND CONTINUE THROUGH COLLEGE. THESE RELATIONSHIPS ARE STRENGTHENED BY THE ORGANIZATION'S DEDICATED AND CULTURALLY COMPETENT STAFF, ENGAGED VOLUNTEERS AND MENTORS, AND COLLABORATIVE COMMUNITY PARTNERSHIPS THAT

4b (Code:) (Expenses \$ 860,942. including grants of \$) (Revenue \$ 2,330.) COLLEGE, CAREER, FAMILY, AND COMMUNITY ENGAGEMENT - KIDWORKS' FAMILY AND COMMUNITY ENGAGEMENT INITIATIVES CULTIVATE LEADERS WHO ARE DEDICATED TO SERVING AND STRENGTHENING THEIR COMMUNITIES. AT KIDWORKS, WE RECOGNIZE THAT PARENTS ARE THEIR CHILDREN'S FIRST EDUCATORS, AND WE BELIEVE THAT CHILDREN THRIVE WHEN THEIR PARENTS ARE INFORMED, ENGAGED, AND SUPPORTED. TO ADVANCE THIS BELIEF, KIDWORKS OFFERS A WIDE RANGE OF CLASSES AND WORKSHOPS LED BY FIELD EXPERTS IN AREAS SUCH AS CHILD DEVELOPMENT, HEALTH AND NUTRITION, PERSONAL GROWTH, AND FINANCIAL LITERACY. THESE OPPORTUNITIES EMPOWER PARENTS WITH THE KNOWLEDGE AND SKILLS NEEDED TO FOSTER THEIR FAMILIES' SUCCESS AND LONG-TERM STABILITY.

4c (Code:) (Expenses \$ 604,190. including grants of \$) (Revenue \$ 741.) PRESCHOOL - KIDWORKS CHILD DEVELOPMENT CENTER (CDC) OPERATES A LICENSED STATE PRESCHOOL SERVING 48 STUDENTS, PROVIDING HIGH-QUALITY, ON-SITE LEARNING OPPORTUNITIES FOR CHILDREN AGES 2.9 TO 5 YEARS OLD. THE PROGRAM PRIMARILY SERVES FAMILIES WHOSE INCOME FALLS BELOW OR WITHIN 85% OF THE STATE MEDIAN INCOME, ENSURING EQUITABLE ACCESS TO EARLY EDUCATION FOR CHILDREN FROM ECONOMICALLY DISADVANTAGED HOUSEHOLDS.

EACH YEAR, KIDWORKS PARTICIPATES IN THE CHILD AND ADULT CARE FOOD PROGRAM (CACFP), OFFERING NUTRITIOUS MEALS AND SNACKS TO 100% OF ENROLLED STUDENTS AT NO COST TO FAMILIES. THE PRESCHOOL'S PRIMARY GOAL IS TO ENSURE A SUCCESSFUL TRANSITION FOR EVERY CHILD AND FAMILY FROM PRESCHOOL TO TRANSITIONAL KINDERGARTEN OR KINDERGARTEN. IN THE MOST

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

4e Total program service expenses 3,265,184.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 12; 1b Enter the number of voting members included... 11; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X; b Other officers or key employees of the organization X; If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 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)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [X] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JOHN ING - 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.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID BENAVIDES CEO	40.00			X			202,036.	0.	3,053.	
(2) GERARDO MAGANA SENIOR DIRECTOR OF PROGRAM	40.00			X			111,100.	0.	418.	
(3) LORI OHLS SR. DIRECTOR OF ADMIN AND PEOPLE DEV	40.00			X			85,313.	0.	10,962.	
(4) JASNA BARON CFO - OUTGOING	40.00			X			73,909.	0.	1,606.	
(5) JOHN ING CFO - INGOING	40.00			X			35,854.	0.	0.	
(6) CORY ALDER BOARD CHAIR	1.00	X		X			0.	0.	0.	
(7) EMILY MANDRUP VICE CHAIR	1.00	X		X			0.	0.	0.	
(8) GABE POTYONDY BOARD MEMBER	1.00	X					0.	0.	0.	
(9) SCOTT HOMAN BOARD TREASURER	1.00	X		X			0.	0.	0.	
(10) ADRIAN MONTERO BOARD SECRETARY	1.00	X		X			0.	0.	0.	
(11) MARCO ANGULO BOARD MEMBER	1.00	X					0.	0.	0.	
(12) TIM STRADER BOARD MEMBER	1.00	X					0.	0.	0.	
(13) PATT MERRELL BOARD MEMBER	1.00	X					0.	0.	0.	
(14) WILLIE DU BOARD MEMBER	1.00	X					0.	0.	0.	
(15) DAVID HENGSTLER BOARD MEMBER	1.00	X					0.	0.	0.	
(16) STEVEN MIRANDA BOARD MEMBER	1.00	X					0.	0.	0.	
(17) ERIKA SANCHEZ BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Subtotal							508,212.	0.	16,039.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							508,212.	0.	16,039.	

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 2

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
KRISTIN MARTIN, DBA KM PRODUCTION 1 TIMBERLAND, ALISO VIEJO, CA 92656	FESTIVAL OF CHEFS PRODUCTION	208,500.
MCD CONSTRUCTION, 80 W SIERRA MADRE BLVD, SUITE 400, SIERRA MADRE, CA 91024	OUTDOOR CLASSROOM CONSTRUCTION	118,785.

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	317,298.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	526,630.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,552,637.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 102,061.				
	h Total. Add lines 1a-1f			5,396,565.			
Program Service Revenue	2 a AFTER SCHOOL PROGRAM	Business Code 611600	4,034.	4,034.			
	b COLLEGE SUCCESS INITIATIVE	611710	2,330.	2,330.			
	c PRESCHOOL	611600	741.	741.			
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			7,105.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		183,038.			183,038.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,216,400.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	1,216,400.				
	c Gain or (loss)	7c	0.				
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ 317,298. of contributions reported on line 1c). See Part IV, line 18	8a		409,018.				
b Less: direct expenses	8b	334,179.					
c Net income or (loss) from fundraising events			74,839.			74,839.	
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			5,661,547.	7,105.	0.	257,877.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	53,312.	53,312.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	50,000.	50,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	347,138.	249,187.	48,147.	49,804.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,420,339.	1,740,987.	333,815.	345,537.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,219.	12,842.	5,738.	5,639.
9 Other employee benefits	175,342.	92,974.	41,543.	40,825.
10 Payroll taxes	214,752.	156,879.	27,594.	30,279.
11 Fees for services (nonemployees):				
a Management	6,408.	3,228.	1,943.	1,237.
b Legal	10,486.	5,282.	3,180.	2,024.
c Accounting	24,065.	12,122.	7,299.	4,644.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	3,849.		3,849.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	49,904.	32,141.	8,413.	9,350.
12 Advertising and promotion	73,998.	38,451.	7,609.	27,938.
13 Office expenses	78,418.	18,662.	56,029.	3,727.
14 Information technology	103,599.	52,186.	31,420.	19,993.
15 Royalties				
16 Occupancy	117,123.	104,652.	8,807.	3,664.
17 Travel	28,333.	22,297.	4,180.	1,856.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	155,806.	128,121.	18,869.	8,816.
23 Insurance	100,709.	71,533.	20,129.	9,047.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SUPPLIES, BOOKS, AND MA	134,848.	119,479.	11,949.	3,420.
b DONATED GOODS	85,728.	82,369.	1,932.	1,427.
c PROGRAM MEALS	70,531.	70,357.	174.	
d DUES & SUBSCRIPTIONS	49,142.	26,686.	6,352.	16,104.
e All other expenses	218,997.	121,437.	55,800.	41,760.
25 Total functional expenses. Add lines 1 through 24e	4,597,046.	3,265,184.	704,771.	627,091.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	423,855.	1	744,311.
	2 Savings and temporary cash investments	483,767.	2	348,270.
	3 Pledges and grants receivable, net	484,344.	3	1,069,316.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	268,993.	9	268,328.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,590,216.		
	b Less: accumulated depreciation	10b 1,808,146.	10c	
	11 Investments - publicly traded securities	3,888,499.	11	3,782,070.
	12 Investments - other securities. See Part IV, line 11	4,244,273.	12	4,806,122.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	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)	9,795,056.	16	11,019,742.	
Liabilities	17 Accounts payable and accrued expenses	379,588.	17	443,483.
	18 Grants payable		18	
	19 Deferred revenue	636,987.	19	596,757.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,016,575.	26	1,040,240.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,525,432.	27	7,719,727.
	28 Net assets with donor restrictions	1,253,049.	28	2,259,775.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	8,778,481.	32	9,979,502.
	33 Total liabilities and net assets/fund balances	9,795,056.	33	11,019,742.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,661,547.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,597,046.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,064,501.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,778,481.
5	Net unrealized gains (losses) on investments	5	132,671.
6	Donated services and use of facilities	6	
7	Investment expenses	7	3,849.
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	9,979,502.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization KIDWORKS COMMUNITY DEVELOPMENT CORP	Employer identification number 74-3081569
------------------------------------------------------------------------	-----------------------------------------------------

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3681488.	3648274.	4907206.	4462909.	5546500.	22246377.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3681488.	3648274.	4907206.	4462909.	5546500.	22246377.
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)						1372567.
6 Public support. Subtract line 5 from line 4.						20873810.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	3681488.	3648274.	4907206.	4462909.	5546500.	22246377.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	15,076.	15,253.	49,444.	123,694.	183,038.	386,505.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,285.	14,498.	668,709.			685,492.
11 Total support. Add lines 7 through 10						23318374.
12 Gross receipts from related activities, etc. (see instructions)					12	535,438.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	89.52	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	88.05	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

Part VI

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

Lined area for supplemental information.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

Employer identification number

KIDWORKS COMMUNITY DEVELOPMENT CORP

74-3081569

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

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

Name of organization KIDWORKS COMMUNITY DEVELOPMENT CORP	Employer identification number 74-3081569
------------------------------------------------------------------------	---------------------------------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>SUN FAMILY FOUNDATION</u> <u>PO BOX 8566</u> <u>FOUNTAIN VALLEY, CA 92728</u>	\$ <u>600,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>THE DOYLE FOUNDATION</u> <u>1001 AVENIDA PICO</u> <u>SAN CLEMENTE, CA 92673</u>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>UEBERROTH FAMILY FOUNDATION</u> <u>PO BOX 37</u> <u>CORONA DEL MAR, CA 92625</u>	\$ <u>120,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>CALIFORNIA DEPARTMENT OF EDUCATION</u> <u>PO BOX 515006</u> <u>SACRAMENTO, CA 95851-5006</u>	\$ <u>526,630.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization KIDWORKS COMMUNITY DEVELOPMENT CORP	Employer identification number 74-3081569
------------------------------------------------------------------------	---------------------------------------------------------

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

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

Name of organization KIDWORKS COMMUNITY DEVELOPMENT CORP	Employer identification number 74-3081569
------------------------------------------------------------------------	---------------------------------------------------------

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **KIDWORKS COMMUNITY DEVELOPMENT CORP** Employer identification number **74-3081569**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition **d** Loan or exchange program
- b** Scholarly research **e** Other _____
- c** Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|----------------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	584,772.	533,640.	301,232.	323,465.	270,060.
b Contributions	202,500.	500.	200,000.	1,000.	1,000.
c Net investment earnings, gains, and losses	70,111.	52,982.	35,149.	-18,568.	67,055.
d Grants or scholarships					
e Other expenditures for facilities and programs	11,114.	2,350.	2,742.	4,665.	14,650.
f Administrative expenses					
g End of year balance	846,269.	584,772.	533,640.	301,232.	323,465.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 67.5570 %
- b** Permanent endowment 32.4420 %
- c** Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,390,482.		1,390,482.
b Buildings		3,292,719.	1,066,729.	2,225,990.
c Leasehold improvements				
d Equipment		384,169.	268,924.	115,245.
e Other		522,846.	472,493.	50,353.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				3,782,070.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	5,818,818.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	132,671.	
b	Donated services and use of facilities	2b	24,600.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		157,271.
3	Subtract line 2e from line 1	3		5,661,547.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		5,661,547.

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

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

1	Total expenses and losses per audited financial statements		1	4,617,797.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	24,600.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		24,600.
3	Subtract line 2e from line 1	3		4,593,197.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,849.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		3,849.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		4,597,046.

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 TAXING AUTHORITIES, GENERALLY FOR THREE AND FOUR YEARS AFTER THEY ARE FILED, RESPECTIVELY.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		FESTIVAL OF CHEFS (event type)	CARS AND COCKTAILS (event type)	2 (total number)		
Revenue	1	Gross receipts	333,960.	275,455.	116,901.	726,316.
	2	Less: Contributions	275,585.	15,029.	26,684.	317,298.
	3	Gross income (line 1 minus line 2)	58,375.	260,426.	90,217.	409,018.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	20,154.	4,436.		24,590.
	7	Food and beverages	2,700.	2,162.	32,130.	36,992.
	8	Entertainment				
	9	Other direct expenses	215,294.	1,609.	55,694.	272,597.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				334,179.
11	Net income summary. Subtract line 10 from line 3, column (d)				74,839.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization **KIDWORKS COMMUNITY DEVELOPMENT CORP** Employer identification number **74-3081569**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MATER DEI HIGH SCHOOL 1202 W. EDINGER AVE SANTA ANA, CA 92707	95-1648193	501(C)3	40,304.	0.	BASED ON BILLING STATEMENTS FROM MATER DEI		SCHOLARSHIPS FOR HIGH SCHOOL STUDENTS

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

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
IGNITE LEADERSHIP PROGRAM	10	50,000.	0.	FLAT STIPEND BASED ON STUDENT PARTICIPATION IN IGNITE LEADERSHIP PROGRAM	

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 J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization KIDWORKS COMMUNITY DEVELOPMENT CORP	Employer identification number 74-3081569
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVID BENAVIDES CEO	(i)	196,383.	5,653.	0.	2,433.	620.	205,089.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization **KIDWORKS COMMUNITY DEVELOPMENT CORP** Employer identification number **74-3081569**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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	88,378.	LETTER OF VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>MATERIALS AND S</u>)	X	1	10,453.	DONOR VALUATION
26 Other (<u>TRANSPORTATION</u>)	X	1	1,401.	DONOR VALUATION
27 Other (_____)				
28 Other (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2024

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

[Lined area for supplemental information]

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

KIDWORKS COMMUNITY DEVELOPMENT CORP

Employer identification number

74-3081569

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COMMUNITY AND THE WORLD.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
COLLECTIVELY FOSTER STUDENT SUCCESS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
IN ADDITION, PARENTS AND COMMUNITY MEMBERS RECEIVE REFERRALS AND ACCESS
TO CRITICAL RESOURCES DESIGNED TO PROMOTE FAMILY WELL-BEING AND
COMMUNITY RESILIENCE. BY LEVERAGING THE COLLECTIVE STRENGTHS OF CENTRAL
SANTA ANA, KIDWORKS FAMILIES COLLABORATE WITH LOCAL PARTNERS TO ENHANCE
NEIGHBORHOOD VITALITY AND CREATE A SUPPORTIVE ENVIRONMENT WHERE
CHILDREN AND FAMILIES CAN THRIVE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
RECENT SCHOOL YEAR, 91% OF KIDWORKS PRESCHOOL STUDENTS WERE ASSESSED AS
READY FOR TRANSITIONAL KINDERGARTEN OR KINDERGARTEN, UNDERSCORING THE
PROGRAM'S SUCCESS IN PREPARING CHILDREN FOR ACADEMIC AND
SOCIAL-EMOTIONAL GROWTH.

FORM 990, PART VI, SECTION B, LINE 11B:
THE AUDIT COMMITTEE REVIEWS THE 990 TAX FORM FIRST. THE AUDIT COMMITTEE
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.

FORM 990, PART VI, SECTION C, LINE 19:

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

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

LHA 432211 01-15-25

Name of the organization KIDWORKS COMMUNITY DEVELOPMENT CORP	Employer identification number 74-3081569
-----------------------------------------------------------------	----------------------------------------------

KIDWORKS HAS A DIRECT LINK ON ITS WEBSITE:
[HTTP://KIDWORKSOC.ORG/FINANCIALS/](http://kidworksoc.org/financials/) TO ITS ANNUAL REPORT, 990 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 PRIOR YEAR.

California Exempt Organization Annual Information Return

Calendar Year 2024 or fiscal year beginning (mm/dd/yyyy) **07/01/2024**, and ending (mm/dd/yyyy) **06/30/2025**

Corporation/Organization name **KIDWORKS COMMUNITY DEVELOPMENT CORP** California corporation number **2475319**

Additional information. See instructions. FEIN **74-3081569**

Street address (suite or room) **1902 W. CHESTNUT** PMB no.

City **SANTA ANA** State **CA** ZIP code **92703**

Foreign country name Foreign province/state/county Foreign postal code

A First return Yes No

B Amended return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy)

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF
 (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name?

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources \$

L Is the organization a limited liability company? Yes No

M Did the organization file Form 100 or Form 109 to report taxable income? Yes No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

O Is federal Form 1023/1024 pending? Yes No
 Date filed with IRS

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,331,447	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received	3	5,396,565	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	6,728,012	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	1,216,400	00
	7	Total costs. Add line 5 and line 6	7	1,216,400	00
	8	Total gross income. Subtract line 7 from line 4	8	5,511,612	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	4,597,045	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	914,567	00
Payments	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00

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

Sign Here Signature of officer **CHIEF EXECUTIV** Title Date Telephone

Paid Preparer's Use Only Preparer's signature Date Check if self-employed **P00743254** PTIN

Firm's name (or yours, if self-employed) and address **DAVIS FARR LLP**
18201 VON KARMAN AVE, SUITE 1100
IRVINE, CA 92612 Firm's FEIN **47-3535842**
Telephone **949-474-2020**

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

428951 01-14-25

SEE PART II SUBSTITUTE ATTACHMENT

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00	
	2	Interest	•	2		00	
	3	Dividends	•	3		00	
	4	Gross rents	•	4		00	
	5	Gross royalties	•	5		00	
	6	Gross amount received from sale of assets (See instructions)	•	6		00	
	7	Other income. Attach schedule	•	7		00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8		00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	•	9		00	
	10	Disbursements to or for members.	•	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule	•	11		0 00	
	12	Other salaries and wages	•	12		00	
	Expenses and Disbursements	13	Interest	•	13		00
		14	Taxes	•	14		00
		15	Rents	•	15		00
		16	Depreciation and depletion (See instructions)	•	16		00
		17	Other expenses and disbursements. Attach schedule	•	17		00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18		00

Schedule L Balance Sheet	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash				•
2 Net accounts receivable				•
3 Net notes receivable				•
4 Inventories				•
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock				•
8 Mortgage loans				•
9 Other investments. Attach schedule				•
10 a Depreciable assets				
b Less accumulated depreciation				
11 Land				•
12 Other assets. Attach schedule				•
13 Total assets				
Liabilities and net worth				
14 Accounts payable				•
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable				•
17 Mortgages payable				•
18 Other liabilities. Attach schedule				
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund				•
22 Total liabilities and net worth				

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	•	7 Income recorded on books this year not included in this return. Attach schedule	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year. Attach schedule	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule	•	10 Net income per return. Subtract line 9 from line 6	
5 Expenses recorded on books this year not deducted in this return. Attach schedule	•		
6 Total. Add line 1 through line 5			

CA 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
2003 EAGLE FOUNDATION	1400 NEWPORT CENTER DR, STE 230 NEWPORT BEACH, CA 92660		10,000.
ALLEN 2014 CHARITABLE LEAD ANNUITY TRUST	865 SOUTH FIGUEROA STREET, SUITE 2800 LOS ANGELES, CA 90017		10,000.
AMANDA STRUCK	2318 FAIRMONT AVE SANTA ANA, CA 92706		5,000.
AMAZON.COM	717 W TEMPLE ST LOS ANGELES, CA 90012		10,000.
AMERICAN CAREER COLLEGE	4021 ROSEWOOD AVE SUITE 301 LOS ANGELES, CA 90004		25,000.
ANDREW KIRKPATRICK	1432 NEWPORTER WAY NEWPORT BEACH, CA 92660		5,000.
ARLINE ESPOSITO	21912 MONTBURY DR LAKE FOREST, CA 92630		5,000.
B&B FOUNDATION	P.O. BOX 50802 SANTA BARBARA, CA 93150		5,000.
BALDEN, CHRIS	301 POINSETTIA AVE CORONA DEL MAR, CA 93150		5,000.
BANK OF AMERICA CHARITABLE FOUNDATION	4400 MACARTHUR BLVD STE 400 NEWPORT BEACH, CA 92660		15,000.
BENDETTI, DOROTHY	1902 W. CHESTNUT SANTA ANA, CA 92703		5,000.
BLACKROCK INC	4400 MACARTHUR BLVD STE 700 NEWPORT BEACH, CA 92660		5,000.
BRANDON AND ALYSON HOWALD	THREE EMBARCADERO CENTER SAN FRANCISCO, CA 94111		10,000.
BRIAN BURKE	1921 BAYADERE TERRACE CORONA DEL MAR, CA 92625		5,000.

BRUCE PASQUA	33 CALLE CAMARON SAN CLEMENTE, CA 92673	5,000.
BURKE, STEVE	10342 SHALOM DRIVE HUNTINGTON BEACH, CA 92646	10,000.
BURT, KELLY	34 MISSION BAY DRIVE CORONA DEL MAR, CA 92625	10,000.
CAM EBERHARDT	2588 BAYSHORE DR NEWPORT BEACH, CA 92633	25,000.
CAMILLE AND TIM STRADER JR. FAMILY CHARITABLE FUND	5700 DARROW ROAD SUITE 118 HUDSON, OH 44236	20,000.
CAMPBELL FAMILY FUND	1902 W. CHESTNUT SANTA ANA, CA 92703	45,000.
CHARLES FRY	2318 FAIRMONT AVE SANTA ANA, CA 92706	5,000.
CHARLIE ROY	450 LAKESHORE DR SEVIERVILLE, TN 37876	5,000.
CHASE WHEELER	1 CANYON RIM NEWPORT COAST, CA 92657	25,000.
CJ SEGERSTROM & SONS	3315 FAIRVIEW RD COSTA MESA, CA 92626	15,000.
CORY ALDER	1 MACARTHUR PLACE SUITE 300 SOUTH COAST METRO, CA 92707	10,000.
CRAWFORD, DARREN	1040 MONUMENT STREET PALISADES, CA 90272	10,000.
DANIEL MCKENNA	59 EMERALD BAY LAGUNA BEACH, CA 92651	25,000.
DAVID A. WHEELER CHARITABLE TRUST FUND	603 ELVIRA AVE REDONDO BEACH, CA 90277	33,000.
DEAN GRAY	1728 MARCELLA LN SANTA ANA, CA 92706	6,500.
DHONT FAMILY FOUNDATION	2700 N MAIN ST SANTA ANA, CA 92705	50,000.
DONNIE CREVIER	119 W. AVE. SAN ANTONIO SAN CLEMENTE, CA 92672	10,000.
FANTICOLA FAMILY FOUNDATION INC.	1422 EDINGER AVE STE 150 TUSTIN, CA 92780	8,700.
FARMERS AND MERCHANTS BANK FOUNDATION	1750 E 17TH ST SANTA ANA, CA 92705	5,000.
FERNANDA ESPINOSA, LUISA	21912 MONTBURY DR LAKE FOREST, CA 92630	20,000.
FIRST CITIZENS BANK	75 NORTH FAIR OAKS AVENUE PASADENA, CA 91103	20,000.
GAGE FAMILY CHARITABLE FUND	10464 YOSEMITE WAY TUSTIN, CA 92782	10,000.
GENE RHODES	2 TRILLIUM PL ALISO VIEJO, CA 92656	5,000.
GERDAU FAMILY FUND	36 EL PASEO ST NEWPORT BEACH, CA 92663	30,100.
GORDON HENRY	405 FELIZ NEWPORT BEACH, CA 92660	6,000.
GREG AND STACEY BROWN FAMILY CHARITABLE FUND	1219 SANTIAGO DR NEWPORT BEACH, CA 92660	10,100.
HRJ CONSULTING LTD	1122 - 4TH STREET SW SUITE 300 CALGARY, ALBERTA, CANADA	79,232.
J. CLARK BOOTH	1 RIVA DR NEWPORT COAST, CA 92657	10,000.

J. STANLEY & MARY W.	2280 UNIVERSITY DRIVE NEWPORT JOHNSON FAMILY FOUNDATION BEACH, CA 92660	15,000.
JBM-ABA 2019 CHARITABLE LEAD TRUST	1902 W. CHESTNUT SANTA ANA, CA 92703	10,000.
JIM FORD	26991 SANDALIA CIRCLE MISSION VIEJO, CA 92691	5,000.
JM REALTY GROUP, INC.	3535 INLAND EMPIRE BLVD SUITE 4 ONTARIO, CA 91764	10,000.
JOHN & KIMBERLY TURNER	2041 PORT BRISTOL CIR NEWPORT BEACH, CA 92660	5,000.
JOSE AND NORA CUETO EDUCATIONAL FUND	1115 EBBTIDE ROAD CORONA DEL MAR, CA 92625	5,000.
KAREN JOHNSON	620 NEWPORT CENTER DR NEWPORT BEACH, CA 92660	5,000.
LAMB FAMILY FOUNDATION	1902 W. CHESTNUT SANTA ANA, CA 92703	5,000.
LARRY TENEBBAUM	12862 DEAN STREET SANTA ANA, CA 92705	5,000.
LINDA I. SMITH FOUNDATION	280 CAGNEY LANE #308 NEWPORT BEACH, CA 92663	5,000.
LIVINGSTON FAMILY FOUNDATION	1005 CHARITABLE ORGANIZATION LAGUNA BEACH, CA 92651	40,000.
LORRAINE GYULAY	25281 SEA ROSE CT DANA POINT, CA 92629	5,000.
LOS ANGELES ATO FOUNDATION	10960 WILSHIRE BLVD ST 1510 LOS ANGELS, CA 90024	5,000.
MADDEN, HEATHER	4266 PACIFIC AVENUE LONG BEACH, CA 90807	25,000.
MARC AND TINA LEY	27945 SEINE CIR MISSION VIEJO, CA 92693	25,000.
MARI FROME	2720 S MAIN ST STE B SANTA ANA, CA 92707	5,000.
MARIA A CADIGAN	61 LINDA ISLE NEWPORT BEACH, CA 92660	30,000.
MARY MURFEY	325 E LAUREL STREET FORT BRAG, CA 95437	10,000.
MARY PETROPOULOS	850 SAN CLEMENTE DR. APT 420 NEWPORT BEACH, CA 92660	50,000.
MELANIE BYRNE	412 DE SOLA TERR CORONA DEL MAR, CA 92625	10,000.
MOREHEAD, BRITTANY	18691 VIA PALATINO IRVINE, CA 92603	5,000.
MORGAN, HEATHER	701 S PARKER STREET ORANGE, CA 92868	30,000.
NANCY BRADEN	403 E WORTH ST GRAPEVINE, TX 76051	5,000.
NANCY LEE GIVING FUND	1902 W. CHESTNUT SANTA ANA, CA 92703	25,000.
O.L HALSELL FOUNDATION	1902 W. CHESTNUT SANTA ANA, CA 92703	15,000.
ONE OC	1901 E 4TH ST. STE. 100 SANTA ANA, CA 92705	5,000.
ONEROOT FOUNDATION	P.O. BOX 6079 KETCHUM, ID 73340	10,000.
ORANGE COUNTY SOCIAL JUSTICE FUND	P.O. BOX 10113 SANTA ANA, CA 92711	20,000.
ORANGE COUNTY TRIAL LAWYERS CHARITIES	1048 IRVINE AVENUE NEWPORT BEACH, CA 92660	5,000.

ORANGE COUNTY UNITED WAY	18012 MITCHELL SOUTH IRVINE, CA 92614	10,000.
PAGE FAMILY TRUST	66 ROYAL SAINT GEORGE RD NEWPORT BEACH, CA 92660	10,000.
PARHAM FARAHAT	12101 RED HILL AVE. SANTA ANA, CA 92705	5,000.
PORTEOUS FAMILY FOUNDATION	850 SAN CLEMENTE DR. NEWPORT BEACH, CA 92660	8,000.
PROVENIO CAPITAL	4400 MACARTHUR BLVD NEWPORT BEACH, CA 92660	15,000.
REALTY TRUST GROUP	850 SAN CLEMENTE DR. NEWPORT BEACH, CA 92660	10,000.
SACRED HARVEST FOUNDATION	1100 NEWPORT CENTER DRIVE NEWPORT BEACH, CA 92660	60,000.
SARES - REGIS GROUP	3501 JAMBOREE RD SUITE 3000 NEWPORT BEACH, CA 92660	10,000.
SCHLINGER FAMILY FOUNDATION	65 ENTERPRISE SUITE 333 ALISO VIEJO, CA 92656	5,000.
SCHRIBER FAMILY FUND	3028 OCEAN BLVD CORONA DEL MAR, CA 92625	20,000.
SCOTT HOMAN	1100 NEWPORT CENTER DRIVE TUSTIN, CA 92660	5,000.
SEATTLE-SONORAN FOUNDATION	4616 25TH AVE NE PMB 715 SEATTLE, WA 98105	10,000.
SILVERSAGE ADVISORS	19200 VON KARMAN AVE STE 370 IRVINE, CA 92612	10,000.
STEPHANIE RADOS	1512 SANTONELLA TERRACE CORONA DEL MAR, CA 92625	5,000.
STEVE PERRY	1414 CLAREMONT WAY TUSTIN, CA 92782	5,000.
SUN FAMILY FOUNDATION	PO BOX 8566 FOUNTAIN VALLEY, CA 92728	600,000.
TACO BELL FOUNDATION	1 GLEN BELL WAY IRVINE, CA 92618	10,000.
THE CREAN FOUNDATION	P.O. BOX 8449 NEWPORT BEACH, CA 92658	10,000.
THE DEVTO SUPPORT FOUNDATION	18101 VON KARMAN AVE IRVINE, CA 92612	30,000.
THE DOYLE FOUNDATION	1001 AVENIDA PICO SAN CLEMENTE, CA 92673	200,000.
THE GOLDRESS FAMILY FOUNDATION	P.O. BOX 5240 INCLINE VILLAGE, NV 89450	5,000.
THE GROFF CHARITABLE FUND	1902 W. CHESTNUT SANTA ANA, CA 92703	6,000.
THE MCGILVRAY LIVING TRUST	26 RUE GRAND VALLEE NEWPORT BEACH, CA 92660	100,000.
THE MINDEL FAMILY FOUNDATION	1902 W. CHESTNUT SANTA ANA, CA 92703	13,300.
THE OFFIELD CENTER FOR BILLFISH STUDIES	P.O. BOX 2080 AVALON, CA 90704	5,000.
TIM & KATIE MILLER	5151 CALIFORNIA AVE IRVINE, CA 92617	7,500.
TIM SMITH REAL ESTATE GROUP	1902 W. CHESTNUT SANTA ANA, CA 92703	85,875.
TODD S. GOODMAN DONOR ADVISED FUND	208 PROMONTORY E DRIVE NEWPORT BEACH, CA 92660	6,000.
UEBERROTH FAMILY FOUNDATION	PO BOX 37 CORONA DEL MAR, CA 92625	120,000.

KIDWORKS COMMUNITY DEVELOPMENT CORP

74-3081569

US BANK	800 NICOLET MALL MINNEAPOLIS, MN 55402	10,000.
WEBB, DAN	202 PROSPECT AVE LONG BEACH, CA 90803	5,000.
WENDY HAFER COX	301 POINSETTIA AVE CORONA DEL MAR, CA 92625	5,000.
WEST COAST UNIVERSITY	151 INNOVATION DR IRVINE, CA 92617	25,000.
WHEELER FAMILY FOUNDATION	2618 SAN MIGUEL DRIVE #1151 NEWPORT BEACH, CA 92660	100,000.
YOUNG, CAMI	264 MARIAH CIRCLE CORONA , CA 92879	5,000.
YOUNGMAN CHARITABLE ACCOUNT	P.O. BOX 3060 NEWPORT BEACH, CA 92658	10,000.
ZEUS AND STEPHANIE PELEUSES	1520 RUTH LN NEWPORT BEACH, CA 92660	10,000.
ZOTOVICH, MONETTE	451 N CYPRESS ORANGE, CA 92866	5,000.
CALIFORNIA DEPARTMENT OF EDUCATION	PO BOX 515006 SACRAMENTO, CA 95851-5006	526,630.
TOTAL INCLUDED ON LINE 3		<u>3,116,937.</u>

CA 199	NONCASH CONTRIBUTIONS INCLUDED ON PART I, LINE 3	STATEMENT 2
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<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>		
SECOND HARVEST FOOD BANK	8014 MARINE WAY IRVINE, CA 92618		
<u>PROPERTY DESCRIPTION</u>	<u>DATE OF GIFT</u>	<u>FMV OF GIFT</u>	<u>TOTAL AMOUNT</u>
FOOD DONATION	06/30/25	73,641.	73,641.
TOTAL INCLUDED ON LINE 3		<u>73,641.</u>	<u>73,641.</u>

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MAIL TO:
Registry of Charities and Fundraisers
P.O. Box 903447
Sacramento, CA 94203-4470
STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
WEBSITE ADDRESS:
www.oag.ca.gov/charities

<p><u>KIDWORKS COMMUNITY DEVELOPMENT CORP</u> Name of Organization</p> <p>List all DBAs and names the organization uses or has used</p> <p><u>1902 W. CHESTNUT</u> Address (Number and Street)</p> <p><u>SANTA ANA, CA 92703</u> City or Town, State, and ZIP Code</p> <p><u>714-834-9400</u> <u>JASNA.BARON@KIDWORKSOC.ORG</u> Telephone Number E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p><input type="checkbox"/> Organization requests email notifications</p> <hr/> <p>State Charity Registration Number <u>123080</u></p> <p>Corporation or Organization No. <u>2475319</u></p> <p>Federal Employer ID No. <u>74-3081569</u></p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2024 ending 06/30/2025) list:

Total Revenue (including noncash contributions) \$ 5,661,547 Noncash Contributions \$ 102,061 Total Assets \$ 11,019,742
 Program Expenses \$ 3,265,184 Total Expenses \$ 4,597,046

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 3	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

DAVID P. BENAVIDES	CHIEF EXECUTIVE OFFICER		
Signature of Authorized Agent	Printed Name	Title	Date

CA RRF-1

INFORMATION REGARDING GOVERNMENTAL FUNDING
PART B, LINE 5

STATEMENT 3

CALIFORNIA DEPARTMENT OF EDUCATION - CHILD DEVELOPMENT FISCAL SERVICES -
ELLYSSA RODRIGUEZ 916-322-5090 - 1430 N STREET, STE 2213 SACRAMENTO, CA 95814