

Return of Organization Exempt From Income Tax

2022

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.

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **01/01/2022** and ending **12/31/2022**

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

C Name of organization **KIDVANTAGE**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO Box 712
 City or town, state or province, country, and ZIP or foreign postal code
Issaquah, WA 98027

D Employer identification number
91-1617032

E Telephone number
425-865-0234

G Gross receipts \$ **7,760,257**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.

F Name and address of principal officer: **Jack Edgerton**
PO Box 712, Issaquah, WA 98027

H(c) Group exemption number

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

J Website: www.KidVantageNW.org

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1994** **M** State of legal domicile: **WA**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>KidVantage's mission is helping kids reach their full potential tomorrow by meeting basic needs today. We provide tangible assistance at no cost to families dealing with poverty.</u> (Continued on Schedule O, Statement 1)		
	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	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	22
	6	Total number of volunteers (estimate if necessary)	6	3,700
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 5,870,842	Current Year 7,744,070
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,247	14,398
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-31,912	-99,555
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,842,177	7,658,913
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,695,388	6,090,100
	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)	808,584	945,122
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25)	448,449	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	404,609	499,818
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,908,581	7,535,040
19	Revenue less expenses. Subtract line 18 from line 12	933,596	123,873	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 3,798,086	End of Year 4,553,869
	21	Total liabilities (Part X, line 26)	43,362	695,800
	22	Net assets or fund balances. Subtract line 21 from line 20	3,754,724	3,858,069

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: Jack Edgerton, Executive Director Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____
 Firm's name: _____ Firm's EIN: _____
 Firm's address: _____ Phone no.: _____

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

KidVantage helps kids be safe, nourished, and healthy by providing diapers, formula, car seats, clothing, and more. KidVantage protects and promotes healthy development for kids (through age 12) by collecting, purchasing, and distributing free essentials through a network of human service, educational, or health providers who are working with kids and families. We strengthen
(Continued on Schedule O, Statement 2)

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses \$ 6,830,897 including grants of \$ 0) (Revenue \$ 0)

KidVantage provides basic health, safety, nutritional and comfort items for babies and children (birth through age 12), and expectant mothers, who are living within our area of operations and are currently participating in a program within our network of agency partners. In service to our mission and strategic directions, KidVantage supported 81 active agency partners in 2022, including early learning centers, food banks, housing, maternal & infant health programs, medical services, and schools. The tangible assistance provided by KidVantage means kids have their nutrition, health, safety, and development needs met, promoting and protecting developing minds and bodies. At no cost to families or to our agency partners, we supply formula, diapers, hygiene items, clothing, car seats, beds, school supplies, and more. After three decades of service, KidVantage is the community's acknowledged expert in recycling, buying, and distributing essential goods for children experiencing poverty, homelessness, or family disruption. KidVantage takes in donations of children's clothing and goods from the community at locations in Issaquah and Shoreline (the Kent location is distribution only) in King County and Bremerton in Kitsap County and purchases critical and consumable goods, including baby food, formula, car seats, pack n' play beds, and diapers. All items are
(Continued on Schedule O, Statement 3)

4b (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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

4d Other program services (Describe on Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses 6,830,897

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	22		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 18		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		✓
6	Did the organization have members or stockholders?		✓
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?		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	✓	
b	Each committee with authority to act on behalf of the governing body?	✓	
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		✓

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	✓	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	✓	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	✓	
12c		✓	
13	Did the organization have a written whistleblower policy?	✓	
14	Did the organization have a written document retention and destruction policy?	✓	
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	✓	
b	Other officers or key employees of the organization	✓	
	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?		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed WA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records.

KidVantage, (425)865-0234

PO Box 712, Issaquah, WA 98027

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 dotted 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			
Jack Edgerton Executive Director	40.00 0.00				✓		138,680	0	0	
Karen Ridlon ED Emeritus	2.00 0.00	✓					0	0	0	
Alex Chasin Director	2.00 0.00	✓					0	0	0	
Susan Corning Director	2.00 0.00	✓					0	0	0	
Mark DeFlorio Director	2.00 0.00	✓					0	0	0	
DeAnne Dodson Director	2.00 0.00	✓					0	0	0	
Jason Hizer Director	2.00 0.00	✓					0	0	0	
Cynthia Hwang Director	2.00 0.00	✓					0	0	0	
Tim Motts Director	2.00 0.00	✓					0	0	0	
Whitney Reparuk Director	2.00 0.00	✓					0	0	0	
Kerry Robinson Director	2.00 0.00	✓					0	0	0	
Devin Santamaria Director	2.00 0.00	✓					0	0	0	
Diann Strom Director	2.00 0.00	✓					0	0	0	
Bianca Tse Director	2.00 0.00	✓					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 dotted 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			
Andrew Symons President	2.00 0.00			✓				0	0	0
Judy Gowdy Vice President	2.00 0.00			✓				0	0	0
Nora Pardo Secretary	2.00 0.00			✓				0	0	0
Diane Kuslich Treasurer	2.00 0.00			✓				0	0	0
1b Subtotal							138,680	0	0	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							138,680	0	0	

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
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>		✓
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>		✓

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 374,150				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 887,731				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 6,482,189				
	g	Noncash contributions included in lines 1a-1f	1g \$ 5,288,588				
	h	Total. Add lines 1a-1f		7,744,070			
	Program Service Revenue	2a	Business Code				
b							
c							
d							
e							
f		All other program service revenue . .					
g		Total. Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		14,398	0	0	14,398
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0
	5	Royalties		0	0	0	0
	6a	Gross rents	(i) Real				
			(ii) Personal				
			6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c	0	0		
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a				
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c	0	0		
	d	Net gain or (loss)					
	8a	Gross income from fundraising events (not including \$ 374,150 of contributions reported on line 1c). See Part IV, line 18	8a	0			
	b	Less: direct expenses	8b	101,344			
c	Net income or (loss) from fundraising events		-101,344		0	-101,344	
9a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
		10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	Business Code					
	b						
	c						
	d	All other revenue		1,789	0	0	1,789
	e	Total. Add lines 11a-11d		1,789			
12	Total revenue. See instructions		7,658,913	0	0	-85,157	

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	6,090,100	6,090,100		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	138,680	27,736	69,340	41,604
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	708,423	347,999	81,823	278,601
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	27,267	10,709	6,017	10,541
10 Payroll taxes	70,752	27,788	15,613	27,351
11 Fees for services (nonemployees):				
a Management				
b Legal	3,410			3,410
c Accounting	13,200		13,200	
d Lobbying	1,000		1,000	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	75,653	52,607	17,545	5,501
12 Advertising and promotion				
13 Office expenses	36,980	6,977	9,933	20,070
14 Information technology	16,990	10,190	1,986	4,814
15 Royalties				
16 Occupancy	247,953	188,590	18,091	41,272
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,589	6,438	1,600	551
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	35,206	32,435	1,174	1,597
23 Insurance	11,074	4,948	5,815	311
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 -----				
b -----				
c -----				
d -----				
e All other expenses -----	49,763	24,380	12,557	12,826
25 Total functional expenses. Add lines 1 through 24e	7,535,040	6,830,897	255,694	448,449
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	418,212	1	373,800
	2 Savings and temporary cash investments	980,420	2	1,192,755
	3 Pledges and grants receivable, net	95,138	3	82,301
	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	1,951,036	8	1,860,872
	9 Prepaid expenses and deferred charges	28,984	9	71,832
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	400,605		
	b Less: accumulated depreciation	177,854	10c	222,751
	11 Investments—publicly traded securities	160,963	11	142,757
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	605,264
	15 Other assets. See Part IV, line 11	3,261	15	1,537
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,798,086	16	4,553,869	
Liabilities	17 Accounts payable and accrued expenses	20,341	17	60,220
	18 Grants payable		18	
	19 Deferred revenue		19	
	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	23,021	25	635,580
	26 Total liabilities. Add lines 17 through 25	43,362	26	695,800
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	3,643,341	27	3,738,421
	28 Net assets with donor restrictions	111,383	28	119,648
	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	3,754,724	32	3,858,069
33 Total liabilities and net assets/fund balances	3,798,086	33	4,553,869	

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	7,658,913
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,535,040
3	Revenue less expenses. Subtract line 2 from line 1	3	123,873
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,754,724
5	Net unrealized gains (losses) on investments	5	-20,528
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,858,069

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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.		

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization KIDVANTAGE	Employer identification number 91-1617032
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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)(vii)**. (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 33¹/₃% 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 33¹/₃% 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		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,249,051	5,647,249	5,841,562	5,836,850	7,642,726	31,217,438
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	6,249,051	5,647,249	5,841,562	5,836,850	7,642,726	31,217,438
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)						
6 Public support. Subtract line 5 from line 4						31,217,438

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	6,249,051	5,647,249	5,841,562	5,836,850	7,642,726	31,217,438
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,021	3,383	2,957	3,247	14,398	28,006
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0			0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,763	4,176	3,880	2,080	1,789	14,688
11 Total support. Add lines 7 through 10						31,260,132
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	99.86 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.85 %
16a 33 1/3% support test—2022. 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—2021. 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—2022. 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—2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2022. 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—2021. 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>		
3b	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>		
3c	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>		
4b	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>		
4c	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>		
5b	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?		
5c	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>		
9b	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>		
9c	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>		
10b	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)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a			
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
3a			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b			

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018 . . .			
b Excess from 2019 . . .			
c Excess from 2020 . . .			
d Excess from 2021 . . .			
e Excess from 2022 . . .			

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization KIDVANTAGE	Employer identification number 91-1617032
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$ _____
- 3 Volunteer hours for political campaign activities. See instructions _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

Table with columns (a) Yes/No and (b) Amount. Rows 1 through 2a describing lobbying activities and tax implications.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with columns Yes/No. Rows 1 through 3 asking about dues, lobbying expenditures, and carryover.

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with columns 1 through 5. Rows describing dues, nondeductible lobbying expenditures, and taxable amounts.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C, Part II-B, Line 1 - Hired a lobbying consultant.

Series of horizontal dashed lines for providing supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

KIDVANTAGE

Employer identification number

91-1617032

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions about conservation easement purposes, monitoring, and expenses.

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.

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures for public service and financial gain.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	55,345	38,754	16,591
d Equipment	0	86,951	48,324	38,627
e Other	0	258,309	90,776	167,533
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				222,751

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. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

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. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

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, col. (B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued Payroll Liabilities	31,116
(3) Operating Lease Liabilities	604,464
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	635,580

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 7,658,913.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 7,535,040.

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.

Schedule D, Part XII, Line 2d - Event expenses reported as reduction of revenue for purposes of Form 990.

Series of horizontal dashed lines for providing supplemental information.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

KIDVANTAGE

Employer identification number

91-1617032

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		Thrive (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	374,150			374,150
	2 Less: Contributions	0			0
	3 Gross income (line 1 minus line 2)	374,150			374,150
Direct Expenses	4 Cash prizes	0			0
	5 Noncash prizes	0			0
	6 Rent/facility costs	0			0
	7 Food and beverages	0		0	0
	8 Entertainment	0		0	0
	9 Other direct expenses	110,344			110,344
	10 Direct expense summary. Add lines 4 through 9 in column (d)				110,344
11 Net income summary. Subtract line 10 from line 3, column (d)				263,806	

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	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: _____

- 11** Does the organization conduct gaming activities with nonmembers? **Yes** **No**
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? **Yes** **No**
- 13** Indicate the percentage of gaming activity conducted in:

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

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

Name _____

Address _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? **Yes** **No**
- b** If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____
- c** If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

Director/officer Employee Independent contractor

- 17** Mandatory distributions:
 - a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **Yes** **No**
 - b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

KIDVANTAGE

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

91-1617032

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
(1) <u>Sch I, Stmt 1</u>							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 49
- 3 Enter total number of other organizations listed in the line 1 table 22

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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

Schedule I, Part I, Line 2 - KidVantage grants essential goods for children, not cash, to local provider partners that assess the situation of a family and their needs. Representatives of partner agencies place and pick up orders on a weekly basis using our online ordering system. KidVantage values the grants based on the value of the items distributed as recorded in our inventory system. All orders are signed for at the time of pick-up. Provider partner organizations are verified tax-exempt organizations, including government agencies, schools, churches, for profits sponsoring government funded programs such as Early Head Start, and 501(c)(3) nonprofits. Through the online ordering/inventory system we monitor types, frequency and volume of orders; distributions to agencies, program and providers, and number of orders filled. KidVantage accepts new partners that meet our criteria providing we have the capacity to meet the additional demand.

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash grant	Amt. of non- cash asst.
Name and address	Afghan Health Initiative 30607 134th AVE SE Auburn, WA 98092	85-0906399		255,068
IRC code section	Exempt - 501c3			
Method of valuation	FMV			
Desc. of Non-Cash Asst.	Basic Supplies and Food			
Purpose of grant	Child Welfare			
Name and address	Agape Unlimited 4841 Auto Center Way Unit 101 Bremerton, WA 98312	91-1385373		13,588
IRC code section	Exempt - 501c3			
Method of valuation	FMV			
Desc. of Non-Cash Asst.	Basic Supplies and Food			
Purpose of grant	Child Welfare			
Name and address	Attain Housing 125 State Street S Kirkland, WA 98033	91-1481848		21,664
IRC code section	Exempt - 501c3			
Method of valuation	FMV			
Desc. of Non-Cash Asst.	Basic Supplies and Food			
Purpose of grant	Child Welfare			
Name and address	Bellevue School District No 405 12111 NE 1st Street Bellevue, WA 98005	91-6001637		132,972
IRC code section	School			
Method of valuation	FMV			
Desc. of Non-Cash Asst.	Basic Supplies and Food			
Purpose of grant	Child Welfare			
Name and address	Childhaven 316 BROADWAY Seattle, WA 98122	91-0402430		69,507
IRC code section	Exempt - 501c3			
Method of valuation	FMV			
Desc. of Non-Cash Asst.	Basic Supplies and Food			
Purpose of grant	Child Welfare			
Name and address	Children's Home Society of Washington 12360 Lake City Way NE Suite 450 Seattle, WA 98125	91-0575955		86,829
IRC code section	Exempt - 501c3			
Method of valuation	FMV			
Desc. of Non-Cash Asst.	Basic Supplies and Food			
Purpose of grant	Child Welfare			
Name and address	Children's Therapy Center 10811 SE Kent Kangly Road Kent, WA 98030	91-1078809		7,971
IRC code section	Exempt - 501c3			
Method of valuation	FMV			

Schedule I, Part IV, Statement 1

KIDVANTAGE

Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	ChildStrive 906 SE EVERETT MALL WAY STE 200 Everett, WA 98208	91-6053563	65,181
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	City of Bonney Lake SP 18421 Veterans Memorial Dr E Bonney Lake, WA 98391	91-0753552	33,855
IRC code section	Government		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Communities in Schools Renton and Tukwila 1055 S Grady Way Renton, WA 98057	91-1689158	124,587
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Edmonds School District 20420 68th Avenue West Lynnwood, WA 98036	91-6001871	37,456
IRC code section	School		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Encompass 1407 Bolach Ave NW North Bend, WA 98045	91-0825232	79,939
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Friends of Youth 13116 NE 32nd St Kirkland, WA 98034	91-0672501	105,603
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Grassroot Projects 314 210TH CT SE Sammamish, WA 98074	82-1063744	203,201
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	HealthPoint	91-0884412	9,026

Schedule I, Part IV, Statement 1

KIDVANTAGE

	955 Powell Ave SW Suite A Renton, WA 98057		
IRC code section	Exempt - Hospital		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Healthy Habits 4 Life 34207 34TH AVE SW Federal Way, WA 98023	45-0642668	81,273
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Holly Ridge Center Inc 5112 NW Taylor Rd Bremerton, WA 98312	91-0757541	56,213
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Hopelink 8990 154TH AVE NE Redmond, WA 98052	91-0982116	228,551
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Horn of Africa Services 5303 Rainier Ave S Suite D Seattle, WA 98118	91-1897087	13,367
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Imagine Housing 1722 138th Place NE Bellevue, WA 98005	94-3110312	99,819
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	IRAQI COMMUNITY CENTER OF WASHINGTON 10610 SE Kent Kangley Rd Unit 204 Kent, WA 98030	61-1729234	5,388
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Issaquah Food and Clothing Bank 179 1st Avenue SE Issaquah, WA 98027	91-1245499	59,511
IRC code section	Exempt - 501c3		
Method of valuation	FMV		

Schedule I, Part IV, Statement 1

KIDVANTAGE

Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Issaquah School District No 411 565 NW Holly Street Issaquah, WA 98027	91-6001643	88,575
IRC code section	School		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Jewish Family Service of Seattle 1601 16th Ave Seattle, WA 98122	91-0565537	36,257
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Jubilee Reach 14200 SE 13TH PL Bellevue, WA 98007	20-4074712	13,993
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Kent Youth and Family Services 232 Second Ave S Suite 201 Kent, WA 98032	23-7090029	118,110
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Kinderling 16120 NE 8th Street Bellevue, WA 98008	91-0816827	101,178
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	King County Dept Comm Health Services DCHS and Dept of Public Health DPH 401 5th Ave Ste 500 Seattle, WA 98104	91-6001327	141,291
IRC code section	Government		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	King County Housing Authority 600 Andover Park W Tukwila, WA 98188	91-6000978	159,793
IRC code section	Government		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		

Schedule I, Part IV, Statement 1

KIDVANTAGE

Name and address	Kitsap Community Resources 845 8th ST Bremerton, WA 98337	91-0791411	86,577
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Kitsap Immigrant Assistance Center 3627 Wheaton Way Ste 106 Bremerton, WA 98337	75-3182528	72,176
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Kitsap Public Health District 345 6th St Suite 300 Bremerton, WA 98337	42-1689063	20,769
IRC code section	Government		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Lake Washington School District 414 PO Box 97039 Redmond, WA 98073	91-6001645	120,946
IRC code section	School		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Lifewire PO Box 6398 Bellevue, WA 98008	91-1190193	35,597
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Living Well Kent Collaborative 10605 SE 240TH ST 232 Kent, WA 98031	81-4451307	33,515
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Mamma's Hands 2840 278th Ave SE Sammamish, WA 98075	91-1535909	7,753
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Mary's Place Seattle 1830 9TH AVE Seattle, WA 98101	27-2087950	34,772
IRC code section	Exempt - 501c3		

Schedule I, Part IV, Statement 1

KIDVANTAGE

Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Mercy Housing Northwest 6930 Martin Luther King Jr Wy S Seattle, WA 98118	91-1546525	16,259
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Nanas Closet Agency 2125 8TH ST NE E Wenatchee, WA 98802	91-1617032	717,863
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	NISO Company 12819 SE 38th St Ste 373 Bellevue, WA 98006	60-3392250	23,899
IRC code section	Corporation		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Northshore School District 3330 Monte Villa Parkway Bothell, WA 98021	91-6001566	38,176
IRC code section	School		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Northshore Youth and Family Services 19201 120th Ave NE Suite 108 Bothell, WA 98011	91-0885170	57,971
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Olympic Education Service District 114 105 National Ave North Bremerton, WA 98312	91-0919927	149,249
IRC code section	School		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Peninsula Community Health Services PO Box 960 Bremerton, WA 98337	94-3079770	53,426
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		

Schedule I, Part IV, Statement 1

KIDVANTAGE

Name and address	Peninsula School District 1405 62nd Ave NW Gig Harbor, WA 98332	91-0854211	16,627
IRC code section	School		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	PNW Conference of the United Methodist Church 816 S 216th St Des Moines, WA 98198	91-0581034	34,665
IRC code section	Church		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Puget Sound Educational Service District 800 Oakesdale Avenue SW Renton, WA 98057	91-0851413	108,066
IRC code section	School		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Raging River Community Church 31104 SE 86th Street Preston, WA 98050	91-0982213	17,407
IRC code section	Church		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Rainier Valley Corps 1225 S Weller St Suite 400 Seattle, WA 98144	47-4257834	17,002
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Renton School District 403 300 SW 7th Street Renton, WA 98057	91-6001635	49,999
IRC code section	School		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Salvation Army Northwest Division PO Box 9219 Seattle, WA 98109	94-1156347	58,495
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	School's Out Washington SOWA 801 23rd Ave S Ste A Seattle, WA 98144	46-0809713	7,562
IRC code section	Exempt - 501c3		

Schedule I, Part IV, Statement 1

KIDVANTAGE

Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Seattle Children's Hospital 4800 Sandpoint Way NE Seattle, WA 98105	91-0564748	55,503
IRC code section	Exempt - Hospital		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Seattle Indian Health Board 611 12TH AVE S No200 Seattle, WA 98144	91-0869056	34,938
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Seventh-day Adventist Church God's Closet Ministry 14 MARTIN ST Hudson, PA 18705	80-0510018	141,600
IRC code section	Church		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Shoreline School District 816 NE 190th St Shoreline, WA 98155	91-6001644	25,745
IRC code section	School		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Sky Valley Food Bank 233 SKY RIVER PKWY Monroe, WA 98272	91-1186822	6,670
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Snoqualmie Tribe PO Box 969 Snoqualmie, WA 98065	91-1152338	19,706
IRC code section	Government		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Snoqualmie Valley Food Bank 122 East 3rd Street North Bend, WA 98045	46-4388454	18,467
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		

Schedule I, Part IV, Statement 1

KIDVANTAGE

Name and address	Society of St Vincent De Paul Council of the Seattle-King County 5950 4th Avenue South Seattle, WA 98108	91-0583891	69,937
IRC code section	Church		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Somali Health Board Agency 545 Andover Park West Ste 105 Tukwila, WA 98188	46-5114580	69,208
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	South Sudanese Kuku Assoc of North American SSKANA 23420 100TH AVE SE C104 Kent, WA 98031	91-1997794	6,510
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Step By Step Family Support Center PO BOX 488 Milton, WA 98354	91-1871945	106,324
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Tacoma Public Schools 601 South 8th Street Tacoma, WA 98405	91-6001553	38,726
IRC code section	School		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Turkish Women Charity and Aid Organization 15911 SE 47TH CT Bellevue, WA 98006	46-2988729	15,266
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Vine Maple Place 21730 Dorre Don Way SE Maple Valley, WA 98038	91-2082308	262,513
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Vision House PO Box 2951 Renton, WA 98056	91-1493474	19,237
IRC code section	Exempt - 501c3		

Schedule I, Part IV, Statement 1

KIDVANTAGE

Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Voices of Tomorrow 15811 Ambaum Blvd SW Ste 170 Burien, WA 98166	46-5211499	12,991
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Washington State Dept of Children Youth and Families DCYF PO Box 45130 Olympia, WA 98054	82-3847397	22,699
IRC code section	Government		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	YWCA of Kitsap County 905 Pacific Avenue Bremerton, WA 98337	91-0665112	17,038
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	YWCA of Seattle King and Snohomish County 1118-5th Avenue Seattle, WA 98101	91-0482890	72,657
IRC code section	Exempt - 501c3		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

KIDVANTAGE

Employer identification number

91-1617032

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				
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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	0
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	Yes	No
30a		<input checked="" type="checkbox"/>
31	<input checked="" type="checkbox"/>	
32a		<input checked="" type="checkbox"/>
33		

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

KIDVANTAGE

Employer identification number

91-1617032

Form 990, Part VI, Section B, Line 11b - The draft Form 990 is provided to the finance committee and the full board for review and comment prior to filing.

Form 990, Part VI, Section B, Line 12c - KidVantage annually requires officers, directors, and key employees to disclose any interest that could give rise to conflict and these disclosures are reviewed annually.

Form 990, Part VI, Section B, Line 15 - KidVantage Board of Directors approve compensation for KidVantage's most senior executives. The Board relies on data from an independent nonprofit salary survey to ensure that compensation is market competitive and reasonable.

Form 990, Part VI, Section C, Line 19 - KidVantage makes its governing documents, conflicts of interest policy, and financial statements available to the public upon request.

Activity Or Mission Description

Description

homelessness, or disruption, reducing the distress felt by children and their parents. KidVantage expanded partnerships and service deliveries to help families most affected by the COVID-19 pandemic. Through partnerships with more than 75 human service organizations, schools, and health providers, more than 10,000 children and expectant moms (unduplicated) were supported in 2022. Kids have the stress of living in poverty reduced, their healthy development promoted, and they are better prepared for success in school. Partner agencies can concentrate their resources and expertise on supporting families, increasing their opportunities for success. What KidVantage does is connect the community while caring for their neighbors, reducing the societal inequities that prevent children from flourishing.

Mission Description

Description

families, build resiliency in children, reduce inequities, and create stronger communities with a mission of helping kids reach their full potential tomorrow by meeting basic needs today. Research shows that providing children the right ingredients for healthy development from the start produces better outcomes than trying to fix problems later. With reduced risk from stress, and increased protective factors kids are healthier, safer, and at reduced risk or neglect or abuse. Our strength comes from deep community participation, through volunteering, collecting goods and social connections.

First Program Service Accomplishments Description

Description

then sorted and bundled into customized orders by staff or volunteers and distributed through partner-providers such as case managers, public health nurses, and school counselors to families in their programs. Through this network of programs, over 2,000 children (unduplicated) each month get the essentials they need for healthy development. During 2022, families accessed KidVantage assistance through 263 program sites in King, Snohomish, Kitsap, Mason, and Pierce counties. KidVantage supported 41% more unduplicated recipients in 2022, a total of 14,842. Of the 6,603 standard recipient households assisted, 79% of the households were very low/low income, 26% housing insecure, 63% of the children were age 4 and under, 27% identified as Hispanic/Latinx, 21% as Black/African-American, 20% white, 8% Middle Eastern, 7% Asian, 7% as multiracial, 2% each American Indian/Alaskan Native or Native Hawaiian/Pacific Islander, and 6% unknown. In 2022, KidVantage distributed 176,587 product orders of essential goods; the orders included 1,916,633 diapers, 2,885,520 diaper wipes, 6,181 cans of infant formula, 9,688 Big Bundles of clothing to kids, 2,008 car seats, 18,442 pairs of shoes, 50,655 pairs of underwear, and 14,004 baby food meals. KidVantage continued to experience an overall loss of more than 30% in volunteer hours and people in 2022 as well as a lower volume of donated goods from the community than in pre-pandemic years.