

Return of Organization Exempt From Income Tax

2023

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 2023 calendar year, or tax year beginning 01/01/2023 and ending 12/31/2023

B Check if applicable: C Name of organization KIDVANTAGE D Employer identification number 91-1617032 E Telephone number 425-865-0234 G Gross receipts \$ 8,575,703 H(a) Is this a group return for subordinates? H(b) Are all subordinates included? H(c) Group exemption number I Tax-exempt status: J Website: www.KidVantageNW.org K Form of organization: L Year of formation: 1994 M State of legal domicile: WA

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1 Mission statement, 2-7a Governance metrics, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Sign Here: Signature of officer Jack Edgerton, Executive Director. Date field.

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 3)

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 \$ 7,914,002 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 83 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 4)

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 7,914,002

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 Schedule B, Schedule of Contributors? 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 type="checkbox"/>	<input checked="" 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 noncash 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 (continued)

Yes No

Table with 17 main rows (2a-17) and sub-rows (a-e). Columns include question text, input fields (e.g., 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, 16, 17), and Yes/No columns. Includes questions about employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, annual gross receipts, deductible contributions, and various organizational requirements.

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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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?		<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	
12c		<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	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?		<input checked="" type="checkbox"/>
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.

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				✓		149,381	0	0	
Lani Banning Director	2.00	✓					0	0	0	
Kara Durbin Director	2.00	✓					0	0	0	
Alex Chasin Director	0.00	✓					0	0	0	
Laura Larson Director	2.00	✓					0	0	0	
Susan Corning Director	2.00	✓					0	0	0	
Jessica Nevers Director	2.00	✓					0	0	0	
DeAnne Dodson Director	2.00	✓					0	0	0	
Whitney Reparuk Director	2.00	✓					0	0	0	
Kerry Robinson Director	2.00	✓					0	0	0	
Michelle Steffin Director	2.00	✓					0	0	0	
Michele Sauer Director	2.00	✓					0	0	0	
Diann Strom Director	2.00	✓					0	0	0	
Becky Wall Director	2.00	✓					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			
Judy Gowdy President	2.00 0.00			✓				0	0	0
Andrew Symons Treasurer	2.00 0.00			✓				0	0	0
Diane Kuslich Vice President	2.00 0.00			✓				0	0	0
Nora Pardo Secretary	2.00 0.00			✓				0	0	0
1b Subtotal							149,381	0	0	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							149,381	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 **2**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
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 388,032				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 880,966				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 7,256,067				
	g	Noncash contributions included in lines 1a-1f	1g \$ 6,211,969				
	h	Total. Add lines 1a-1f		8,525,065			
	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)		48,910	0	0	48,910
	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 \$ 388,032 of contributions reported on line 1c). See Part IV, line 18	8a	0			
	b	Less: direct expenses	8b	69,744			
c	Net income or (loss) from fundraising events		-69,744		0	-69,744	
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		1,728	0	0	1,728
	e	Total. Add lines 11a-11d		1,728			
12	Total revenue. See instructions		8,505,959	0	0	-19,106	

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	7,272,098	7,272,098		
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	149,380	29,876	74,690	44,814
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	798,168	382,360	156,161	259,647
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	31,953	7,599	9,345	15,009
10 Payroll taxes	84,201	42,759	12,028	29,414
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	14,780		14,780	
d Lobbying				
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.)	83,589	45,116	22,617	15,856
12 Advertising and promotion	2,100			2,100
13 Office expenses	50,695	1,953	17,884	30,858
14 Information technology	23,501	9,544	2,316	11,641
15 Royalties				
16 Occupancy	263,643	38,079	101,567	123,997
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	11,443	7,084	3,652	707
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	45,398	42,803	1,428	1,167
23 Insurance	13,047	6,515	5,475	1,057
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 -----	58,879	28,216	6,439	24,224
25 Total functional expenses. Add lines 1 through 24e	8,902,875	7,914,002	428,382	560,491
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)		(B)	
		Beginning of year		End of year	
Assets	1 Cash—non-interest-bearing	373,800	1	198,740	
	2 Savings and temporary cash investments	1,192,755	2	913,631	
	3 Pledges and grants receivable, net	82,301	3	126,482	
	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	1,860,872	8	1,687,368	
	9 Prepaid expenses and deferred charges	71,832	9	80,751	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	580,361			
	b Less: accumulated depreciation	223,252			
	11 Investments—publicly traded securities	142,757	10c	357,109	
	12 Investments—other securities. See Part IV, line 11		11	160,866	
	13 Investments—program-related. See Part IV, line 11		12		
	14 Intangible assets	605,264	13	493,923	
	15 Other assets. See Part IV, line 11	1,537	14	4,584	
16 Total assets. Add lines 1 through 15 (must equal line 33)	4,553,869	15	4,023,454		
17 Accounts payable and accrued expenses	60,220	16	4,023,454		
18 Grants payable		17	65,247		
19 Deferred revenue		18			
20 Tax-exempt bond liabilities		19			
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20			
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		21			
23 Secured mortgages and notes payable to unrelated third parties		22			
24 Unsecured notes and loans payable to unrelated third parties		23			
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	635,580	24	482,733		
26 Total liabilities. Add lines 17 through 25	695,800	25	547,980		
Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
Net Assets or Fund Balances	27 Net assets without donor restrictions	3,738,421	26	547,980	
	28 Net assets with donor restrictions	119,648	27	3,470,281	
	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		28	5,193	
	30 Paid-in or capital surplus, or land, building, or equipment fund		29		
	31 Retained earnings, endowment, accumulated income, or other funds		30		
	32 Total net assets or fund balances	3,858,069	31	3,475,474	
33 Total liabilities and net assets/fund balances	4,553,869	32	4,023,454		

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	8,505,959
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,902,875
3	Revenue less expenses. Subtract line 2 from line 1	3	-396,916
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,858,069
5	Net unrealized gains (losses) on investments	5	14,321
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	3,475,474

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)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

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)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,647,249	5,841,562	5,836,850	7,642,726	8,525,065	33,493,452
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	5,647,249	5,841,562	5,836,850	7,642,726	8,525,065	33,493,452
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						33,493,452

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	5,647,249	5,841,562	5,836,850	7,642,726	8,525,065	33,493,452
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,383	2,957	3,247	14,398	48,910	72,895
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0				0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	4,176	3,880	2,080	1,789	1,728	13,653
11 Total support. Add lines 7 through 10						33,580,000
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 2023 (line 6, column (f), divided by line 11, column (f))	14	99.74 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	99.86 %
16a 33 1/3% support test—2023. 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—2022. 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—2023. 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—2022. 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2023. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2022. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019 . . .			
b Excess from 2020 . . .			
c Excess from 2021 . . .			
d Excess from 2022 . . .			
e Excess from 2023 . . .			

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

2023

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. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Rows 1-9 for various questions and values.

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, Amount. Rows 1a-2 for art and historical treasures.

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 in Part XIII

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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:

- (i)** Unrelated organizations? **Yes** **No**
- (ii)** Related organizations? **Yes** **No**

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other 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	215,983	51,553	164,430
d Equipment	0	106,069	55,094	50,975
e Other	0	258,309	116,605	141,704
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				357,109

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, line 12, col. (B))		

Part VIII Investments—Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Accrued Payroll Liabilities	33,681
(3) Operating Lease Liabilities	449,052
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	482,733

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	8,650,090
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	14,321	
b	Donated services and use of facilities	2b	129,810	
c	Recoveries of prior year grants	2c	0	
d	Other (Describe in Part XIII.)	2d	0	
e	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	
b	Other (Describe in Part XIII.)	4b	0	
c	Add lines 4a and 4b			4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5

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

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

1	Total expenses and losses per audited financial statements		1	9,102,429
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	129,810	
b	Prior year adjustments	2b	0	
c	Other losses	2c	0	
d	Other (Describe in Part XIII.)	2d	69,744	
e	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	
b	Other (Describe in Part XIII.)	4b	0	
c	Add lines 4a and 4b			4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5

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.

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**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

2023

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	388,032			388,032
	2 Less: Contributions	0			0
	3 Gross income (line 1 minus line 2)	388,032			388,032
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	69,744			69,744
	10 Direct expense summary. Add lines 4 through 9 in column (d)				69,744
11 Net income summary. Subtract line 10 from line 3, column (d)				318,288	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Revenue	1 Gross revenue		
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

2023

**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 44
- 3 Enter total number of other organizations listed in the line 1 table 27

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 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 partners 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 and inventory system, we monitor types, frequency, and volume of orders; distribution to agencies, program and providers, and number of orders filled.

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		434,874
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 101 Bremerton, WA 98312	91-1385373		34,239
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		21,046
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		122,000
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	Center for Human Services 17018 15TH AVE NE Shoreline, WA 98155	23-7082323		31,777
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	Childhaven (Akin) 316 BROADWAY Seattle, WA 98122	91-0402430		39,630
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 (Akin) 12360 Lake City Way NE Suite 450 Seattle, WA 98125	91-0575955		61,629
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	Children's Therapy Center 10811 SE Kent Kangly Road Kent, WA 98030	91-1078809	12,726
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	ChildStrive 906 SE EVERETT MALL WAY STE 200 Everett, WA 98208	91-6053563	168,969
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	Communities in Schools - Greater King County 3407 NE 2nd St Renton, WA 98056	91-1689158	158,939
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	Edmonds School District 20420 68th Avenue West Lynnwood, WA 98036	91-6001871	58,634
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	El Centro De La Raza 2524 16th Avenue S Seattle, WA 98144	91-0899927	14,222
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	Encompass 1407 Bolach Ave NW North Bend, WA 98045	91-0825232	123,436
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	Everett Public Schools 3900 Broadway Everett, WA 98201	91-6001542	62,976
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	Friends of Youth	91-0672501	53,273

Schedule I, Part IV, Statement 1

KIDVANTAGE

	13116 NE 32nd St Kirkland, WA 98034		
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	260,739
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 955 Powell Ave SW Suite A Renton, WA 98057	91-0884412	14,476
IRC code section	Exempt - Other		
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	88,052
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	100,419
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	252,110
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	Horn of Africa Services 5303 Rainier Ave S Suite D Seattle, WA 98118	91-1897087	28,149
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	96,688
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	IRAQI COMMUNITY CENTER OF WASHINGTON 10610 SE Kent Kangley Rd 204 Kent, WA 98030	61-1729234	6,591
IRC code section	Exempt - 501c4		
Method of valuation	FMV		
Desc. of Non-Cash Asst.	Basic Supplies and Food		
Purpose of grant	Child Welfare		
Name and address	Issaquah Food & Clothing Bank 179 1st Avenue SE Issaquah, WA 98027	91-1245499	93,660
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 School District 411 565 NW Holly Street Issaquah, WA 98027	91-6001643	97,000
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	53,464
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	117,420
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	171,361
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 DCHS DPH 401 5th Ave Ste 500 Seattle, WA 98104	91-6001327	300,138
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	91-6000978	162,524

Schedule I, Part IV, Statement 1

KIDVANTAGE

	600 Andover Park W Tukwila, WA 98188		
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	Kitsap Community Resources 845 8th ST Bremerton, WA 98337	91-0791411	85,843
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	26,277
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	37,128
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	107,228
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	39,989
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	41,771
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 PO Box 1262 Issaquah, WA 98027	91-1535909	5,739
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	Mary's Place Seattle 1830 9TH AVE Seattle, WA 98101	27-2087950	141,626
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	598,381
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	31,611
IRC code section	Exempt - 501c4		
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	46,336
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	31,908
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	175,019
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	58,113
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	Peninsula School District	91-0854211	7,221

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KIDVANTAGE

	1405 62nd Ave NW Gig Harbor, WA 98332		
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	26,173
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	141,744
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	24,524
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	Renewal Food Bank 15022 NE BEL RED RD Bellevue, WA 98007	46-1502418	20,997
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	52,010
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	Riverview School District 15510 1st Ave NE Duvall, WA 98019	91-6001639	14,662
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	54,686
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	Seattle Children's Hospital 4800 Sandpoint Way NE Seattle, WA 98105	91-0564748	64,680
IRC code section	Exempt - Other		
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 200 Seattle, WA 98144	91-0869056	40,534
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	Seventhday Adventist Church God's Closet Ministry 14 MARTIN ST Hudson, PA 18705	80-0510018	62,592
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	27,542
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	Snoqualmie Tribe PO Box 969 Snoqualmie, WA 98065	91-1152338	19,485
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	21,479
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	Society of St Vincent De Paul Council of the Seattle King County 5950 4th Avenue South Seattle, WA 98108	91-0583891	197,327
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	46-5114580	60,857

Schedule I, Part IV, Statement 1

KIDVANTAGE

	545 Andover Park West Ste 105 Tukwila, WA 98188		
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	St Stephen Housing Association 13055 SE 192nd St Renton, WA 98058	94-3125444	6,946
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	87,324
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	18,748
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	Tahoma School District No 409 25720 Maple Val Black Dmd Rd SE Maple Valley, WA 98038	91-6001641	5,594
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	13,811
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	369,336
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	31,873
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	Voices of Tomorrow 15811 Ambaum Blvd SW Ste 170 Burien, WA 98166	46-5211499	13,858
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 1500 JEFFERSON ST SE Olympia, WA 98051	82-3847397	26,838
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	7,869
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 Snohomish County 1118 5th Avenue Seattle, WA 98101	91-0482890	95,848
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

2023

**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 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	✓		6,211,969	Thrift Shop Value
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (.)				
26 Other (.)				
27 Other (.)				
28 Other (.)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

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

**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

2023

**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 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.

Reasonable Cause Explanations

Explanation

Extension was accepted.

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 83 human service organizations, schools, and health providers, more than 18,000 children and expectant moms (unduplicated) were supported in 2023. 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 - emphasizing protective factors that can counterbalance the effects of adversity- from the start produces better outcomes than trying to fix problems later. Our strength comes from deep community participation, through volunteering, donating 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 3,000 children (unduplicated) each month get the essentials they need for healthy development. During 2023, families accessed KidVantage assistance through 284 program sites in King, Snohomish, Kitsap, Mason, and Pierce counties. KidVantage supported 22% more unduplicated recipients in 2023, a total of 18,049. Of the 8,536 standard recipient households assisted, 80% of the households were very low/low income, 28% housing insecure, 68% of the children were age 4 and under, 27% identified as Hispanic/Latinx, 22% as Black/African-American, 22% white, 5% Middle Eastern, 8% Asian, 6% as multiracial, 2% each American Indian/Alaskan Native or Native Hawaiian/Pacific Islander, and 7% unknown. In 2023, KidVantage distributed 210,572 product orders of essential goods; the orders included 2,441,395 diapers, 4,441,520 diaper wipes, 7,888 cans of infant formula, 13,388 Big Bundles of clothing to kids, 2,538 car seats, 18,908 pairs of shoes, 69,600 pairs of underwear, and 11,797 baby food meals. Over 4,000 volunteers donated 23,099 hours in 2023.