Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Α	For the	e 2022 c	alendar year, or tax year beginning , and ending					
B_	Check if ap	pplicable:						
	Address ch	hange	FOR KIDS FOUNDATION	FOR KIDS FOUNDATION				
\neg	Name chai	ange.	Doing business as				91-1582848	
=		Ü	Number and street (or P.O. box if mail is not delivered to street address) 2755 COMMERCIAL ST SE,SUITE NO. 101	'	Room/suite	E Telephone	number 992-0441	
_	Initial return Final return		City or town, state or province, country, and ZIP or foreign postal code			341-	772-0441	
	terminated						1 000 100	
	Amended	return	SALEM OR 97302 F Name and address of principal officer:				eipts \$ 1,290,120	
司	Application	nonding		H(a) Is this a group return for subordinates? Yes X No				
Applicatio		i pending				H(b) Are all subordinates included? Yes No		
			SIMMIT OR 57502			attach a list.	See instructions	
<u> </u>	Tax-exem	npt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527					
J	Website:	· W	WW.CASTFORKIDS.ORG		H(c) Group exe			
		organization:		L Yea	ar of formation: 1	992	M State of legal domicile: OR	
P	art I		ımmary					
	1 B	1 Briefly describe the organization's mission or most significant activities:						
9		SEE SCHEDULE O						
Jan								
Governance		· · · · · · · · · · · · · · · · · · ·						
9	2 0	Check th	s box if the organization discontinued its operations or disposed of more than	า 25% (of its net asset	ts.		
∞ಶ			of voting members of the governing body (Part VI, line 1a)				5	
	4 1	Number (of independent voting members of the governing body (Part VI, line 1b)			4	5	
ĭĬ	5 T	Total nun	nber of individuals employed in calendar year 2022 (Part V, line 2a)			. 5	7	
Activities	6 T	Total nur	nber of volunteers (estimate if necessary)			. 6	7710	
	7a ⊺	Total unr	elated business revenue from Part VIII, column (C), line 12			. 7a	0	
	bΝ	Net unrel	ated business taxable income from Form 990-T, Part I, line 11	<u>.</u>			0	
Revenue					Prior Yea		Current Year	
	8 0	Contribut	ibutions and grants (Part VIII, line 1h)			4,340	418,855	
	9 Program		service revenue (Part VIII, line 2g)		-		423,990	
Š	10 lr	nvestme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		1,263		1,088	
ш.	11 Other re		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		24,421		317,210	
			enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		890	395	1,161,143	
Expenses	13 🤄	Grants a	nd similar amounts paid (Part IX, column (A), lines 1-3)				0	
	1		paid to or for members (Part IX, column (A), line 4)				0	
	15 S	Salaries,	s, other compensation, employee benefits (Part IX, column (A), lines 5-10)			7,632	455,090	
	16a F	Professio	other compensation, employee benefits (Part IX, column (A), lines 5–10) nal fundraising fees (Part IX, column (A), line 11e) draising expenses (Part IX, column (D), line 25) 80,780	L			0	
	b T	Total fund	draising expenses (Part IX, column (D), line 25) 80,780	📙				
			penses (Part IX, column (A), lines 11a-11d, 11f-24e)			3,414	432,353	
	18 T	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)			L,046	887,443	
		Revenue	less expenses. Subtract line 18 from line 12			9,349	273,700	
Net Assets or Fund Balances			(B) (A) (B) (A)		Beginning of Cur		End of Year	
	20 1		ets (Part X, line 16)	-		3,372	972,616	
	21 T		ilities (Part X, line 26)	-		2,694	78,238	
			s or fund balances. Subtract line 21 from line 20		620	678	894,378	
	art II		gnature Block					
			perjury, I declare that I have examined this return, including accompanying schedules and significant preparer (other than officer) is based on all information of which pre		,	,	owledge and belief, it is	
	ue, corre	T and the	only the Decial author of preparer (other than officer) is based off all information of which pre-	parer ria	3 arry knowledg	 		
Sign Here		Cimantum	of officer			Data		
		*	National Design Date The Design Design Date					
не	re		YELAS EXECUTIVE STATE OF THE PROPERTY OF THE P	/E L	DIRECTOR	<u> </u>		
		<u> </u>	rint name and title		D-1-		D _v DTIN	
Paid Preparer Use Only		1	preparer's name Preparer's signature		Date	Check	if PTIN	
		JASON	D. REINKE		· ·	/23 self-em		
		Firm's na			F	irm's EIN	81-4492811	
USE	Unity		4216 FRANKLIN AVE		u Y		054 551 1100	
	. 0	Firm's ad			Р	hone no.	254-751-1133	
ıvıay	y tne IR	S discus	s this return with the preparer shown above? See instructions				X Yes No	