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Form	330

## \*\* PUBLIC DISCLOSURE COPY \*\* 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.



Department of the Treasury Internal Revenue Service Go to www.irr A For the 2021 calendar year, or tax year beginning

Т

B       B       B       Construction       D       Employer identification number         Mathematication       KID22LEADERS, INC.       58-2485924         Doing business as       58-2485924         Number and street (of P.0. box if mail is not delivered to street address)       Form/suite       Total street of P.0. box if mail is not delivered to street address)         Provide       A385 LOWER ROSVELL ROAD       G creat-receive a       882,295.         MARIETTA, GA 30068       FName and address of principal officer. CHRISTINA CUMMINGS       G creat-receive a       882,295.         Market S       S016(a)       501(b) ()       (insert no.)       4947(a)(1) or       527       H* No*, attach a lats. See instructors         Website:       WWW. KID22LEADERS. ORG       H(c) Group exemptor number       K form of organization's mission or most significant activities: KID22LEADERS EXISTS TO BREAK THE         CYCLE OF INCARCERATION BY PROVIDING STABLILITY, OPPORTUNITY AND A       2. Once this box. ▶       if the organization discontinue dis operations or disposed of more than 25% of its net assets.         Number of independent voting members of the governing body (Part VI, line 1a)       4       10         To be turneled business taxable income from Form 990-T, Part I, line 11       Ford number of individual semployed in calendary area 2021 (Part VI, line 1b)       4       10         To actin unuber of individual semployed i	AF	or th	e 2021 calendar year, or tax year beginning and	ending			
Charles ALDEARS, INC.       58-2485924         Charles Alter ALDEARS, INC.       58-2485924         Charles Alter ALDEARS, INC.       Feedphone number         Finally       4385 LOWER ROSWELL ROAD       Room/suite       E Telephone number         Finally       4385 LOWER ROSWELL ROAD       Cover receivs 8       882,295.         MARIETTA, GA 30068       Harrow and street (or P.O. box if mail is not delivered to street address)       A cover receivs 8       882,295.         Maria Etta Adverse of principal officer. CHRISTINA CUMMINGS       SAME AS C ABOVE       H(a) Is this a group return       for subordinates // No.*         J Breekty describe WWW. KIDZZLEADERS ORG       H(b) Are all subordinates // No.*       Yes XI No.*       H(b) Are all subordinates // No.*         Yebsite:       WWW. KIDZZLEADERS ORG       H(c) Group exemption number // No.*       K form of organization: X corporation       Trust       Association       Other // No.*       Lysar of formation: 2004 M State of legal domicil: GA         Part I       Summary       I Brefty describe the organization's mission or most significant activities: KIDZ2LEADERS EXISTS TO BREAK THE       CYCLE OF INCARCERATION BY PROVIDING STABILITY, OPPORTUNITY AND A       2 Check this box // No.*       11       11         CYCLE OF INCARCERATION BY PROVIDING STABILITY, OPPORTUNITY AND A       2 chock this box // No.*       12       5       20       14 <td< td=""><td></td><td>heck if oplicat</td><td>e: C Name of organization</td><td></td><td>D Employer identific</td><td>cation number</td></td<>		heck if oplicat	e: C Name of organization		D Employer identific	cation number	
Doing business as       58-2485924         Number and steet (or P.0. bx if mail is not delivered to street address)       Room/suite       E Telephone number         Name       385       LOWER ROSWELL ROAD       Formation and steet (or P.0. bx if mail is not delivered to street address)       Convisuite       E Telephone number         Name       Association       MARIETTA, GA 30068       Gooss receipts 5       S82,295.         Marie and address of principal officer: CHRISTINA CUMMINGS       Formation: Solid()       Yes       No         I Taxexemptotature: [X] for log 0.501(c) /        (inset no.)       4947(a)(1) or       527       H(b) for al subordinates includer)       Yes       No         I Taxexemptotature: [X] corporation       Trust       Association       Other >       L year of formation: 2004 JM State of legal domicile GA         Part II Summary       1 Briefly describe the organization's mission or most significant activities:       KIDZ2LEADERS EXISTS TO BREAK THE         CYCLE OF INCARCERATION BY PROVIDING STABILITY, OPPORTUNITY AND A       2 Check this box >       1       1         4 Number of independent voting members of the governing body (Part VI, line 1a)       3       1       1         4 Number of independent voting members of the governing body (Part VI, line 1a)       3       1       0         5 Total number of individuals employed in calendary year 2021 (Par		Addr					
Image: Section 2       Number and street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number         Average       4385 LOWER ROSWELL ROAD       TO -977-7751         Chy or town, state or province, country, and ZIP or foreign postal code       G town secures is 882, 295.         Market       F Name and address of principal officer: CHR ISTINA CUMMINGS       H(a) is this a group return       for subordinates includer?       Yes X       No         J Breity describe the organization's mission or most significant activities:       KIDZ 2LEADERS SORG       K       H(b) <i>rev all address of the legal domicile</i> GA         Parti       Summary       State AS Core       CYCLE OF INCARCERATION BY PROVIDING STABILITY, OPPORTUNITY AND A         2 Check this box ▶       If the organization's mission or most significant activities:       KIDZ 2LEADERS EXISTS TO BREAK THE         CYCLE OF INCARCERATION BY PROVIDING STABILITY, OPPORTUNITY AND A       1         3 Number of voling members of the governing body (Part VI, line 1a)       1       1         4 Number of individuals employed in calendar year 2021 (Part VI, line 1a)       1       1         5 Total number of individuals employed in calendar year 2021 (Part VI, line 1a)       1       1         9 Number of individuals employed in calendar year 2021 (Part VI, line 1a)       1       1         1 Total unumber of individuals employed in calendar ye		Name			58-248592	24	
Image: Second Secon		Initia		Room/suite			
City or town, state or province, country, and ZIP or foreign postal code       G. cross-recepts is 882,295.         MARIETTA, GA 3000E       Hai Is this agroup return         SAME AS C ABOVE       Hai Is this agroup return         I tax-exempt status:       X 501(c)(3)       501(c) ( (IIII)         J website:       WWW. KIDZ2LEADERS.ORG       Hei Is this agroup return         I tax-exempt status:       X 501(c)(1)       (Insert no.)       4947(a)(1) or       527         J Briefly describe the organization:       Trust       Association       Other ▶       L Year of formation:       20.04 M State or legal domicile: GA         Part I       Summary       I Briefly describe the organization's mission or most significant activities:       KIDZ2LEADERS EXISTS TO BREAK THE         CYCLE OF INCARCERATION BY PROVIDING STABLITTY, OPPORTUNITY AND A       3       11         4       Number of individuals employed in calendar year 2021 (Part V, line 1a)       3       1         4       Number of individuals employed in calendar year 2021 (Part V, line 12)       529,896.838,354.         5       Total number of individuals employed in calendar year 2021 (Part V, line 12)       527,398.838,793.         6       Current Year       529,896.838,354.       529,896.838,354.         9       Program service revenue (Part VIII, column (A), lines 3.4, and 70       -2,604.1,607.		Final	1385 LOWER ROSWELL ROAD				
Image: Definition of the period perind period period period period period period period p		termi			<b>G</b> Gross receipts \$	882,295.	
Preduction       Preduction       Preduction       Press       Pres		returr	MARIEIIA, GA 30008		H(a) Is this a group re	turn	
IND HS C C ABUVE         H(B) Are all subordinates included? ☐ Yes No         I Taxexempt status: X] SU(c)(3) 501(c) ()		Ition	F Name and address of principal officer. CHIKED TENA COMMENCE		for subordinates	? Yes X No	
J Website: ▶ WWW.KID22LEADERS.ORG       H(c) Group exemption number ▶         K Form of organization: X Corporation Trust Association Other ▶ L Year of formation: 2004 M State of legal domicile: GA         Part I       Summary         1       Briefly describe the organization's mission or most significant activities: KID22LEADERS EXISTS TO BREAK THE         2       CYCLE OF INCARCERATION BY PROVIDING STABILITY, OPPORTUNITY AND A         2       Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       a       111         4       Number of individuals employed in calendar year 2021 (Part V, line 2a)       5       200         6       Total number of individuals employed in calendar year 2021 (Part V, line 1a)       Prior Year       Current Year         7       Total number of volunteers (estimate if necessary)       6       4000         7       Total number of volunteers (estimate if necessary)       52.9 , 89.6       83.8, 354.         9       Program service revenue (Part VIII, column (A), line 3)       2., 90.0       11.4.400.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7c)       2., 60.4       1., 607.         11       Other revenue (Part VIII, column (A), lines 1.3)       41.396.1.5.519.       14.1.60.			SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No	
K Form of organization:       X Corporation       Trust       Association       Other ▶       L Year of formation:       20.04       M State of legal domicile: GA         Part I       Summary       Briefly describe the organization's mission or most significant activities:       KIDZ2LEADERS       EXISTS       TO       BREAK       THE         CYCLE OF INCARCERATION BY PROVIDING       STABILITY, OPPORTUNITY AND A       3       11         4       Number of voting members of the governing body (Part VI, line 1a)       3       11         4       Number of independent voting members of the governing body (Part VI, line 2a)       5       200         5       Total number of independent voting members (Part NUI, column (C), line 12       7a       0.       7a       0.         7       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       7b       0.       0.       7a       0.         6       Total number of volunteers (estimate if necessary)       6       4 400       7a       0.       7a       0.       1.       7b       0.       0.         9       Porgram service revenue (Part VIII, incolum (A), lines 3, 4, and 7d)       2.       2.       9.       9.       9.       8.       8.       8.       79.         10       Investment income (Part V				or 527	If "No," attach a	list. See instructions	
Part I       Summary         1       Briefly describe the organization's mission or most significant activities: KIDZ2LEADERS EXISTS TO BREAK THE CYCLE OF INCARCERATION BY PROVIDING STABILITY, OPPORTUNITY AND A         2       Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3       11         4       Number of independent voting members of the governing body (Part VI, line 1b)       4       100         5       Total number of volunteers (estimate if necessary)       6       4000         7a       Total number of volunteers (estimate if necessary)       6       4000         7a       Total numelated business revenue from Form 990-T, Part I, line 11       7a       0.         b       Net unrelated business taxable income from Form 990-T, Part I, line 11       7b       0.         0       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       2, 604.       1, 607.         10       Investment income (Part VIII, column (A), lines 1.3)       41, 396.       15, 519.         13       Grants and similar amounts paid (Part IX, column (A), lines 1.3)       41, 396.       15, 519.         13       Grants and similar amounts paid (Part IX, column (A), lines 5.10)       297, 707.       373, 507.         13 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
9       1       Briefly describe the organization's mission or most significant activities: KIDZ 2LEADERS EXISTS TO BREAK THE CYCLE OF INCARCERATION BY PROVIDING STABILITY, OPPORTUNITY AND A         2       Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3       11         4       Number of independent voting members of the governing body (Part VI, line 1a)       4       10         5       200       6       4000         7       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       6       4000         7       Total number of volunteers (estimate if necessary)       6       4000         7       Total number of undividuals employed in calendar year 2021 (Part V, line 2a)       5       20         6       Total number of volunteers (estimate if necessary)       7       6       4000         7       Total number of undividuals employed in calendar year 2021 (Part V, line 2a)       7       7       0.         9       Program service revenue (Part VIII, line 2a)       7       0.       1       0       0.         10       Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -8,002.       -12,568.       12,519.       14       14,1396.				L Year	of formation: 2004 N	I State of legal domicile: GA	
CYCLE OF INCARCERATION BY PROVIDING STABILITY, OPPORTUNITY AND A         2       Check this box ▶ □ if the organization discontinued its operations or disposed of more than 25% of its net assets.         3       Number of voting members of the governing body (Part VI, line 1a)       3       11         4       Number of independent voting members of the governing body (Part VI, line 1b)       4       100         5       200       6       4000         7       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       6       4000         7       Total number of volunteers (estimate if necessary)       6       4000         7       Total number of volunteers (estimate if necessary)       7       0         7       Total number of volunteers (estimate if necessary)       7       0         7       Total number of volunteers (estimate if necessary)       7       0         7       Total number of volunteers (estimate if necessary)       7       0         8       Contributions and grants (Part VIII, line 1h)       9       9       9       0       1       1       4       0       0       1       1       4       0       1       1       4       1       0       1       1       1       1       1       1       1	Ра			<u></u>			
5       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       5       20         6       Total number of volunteers (estimate if necessary)       6       4000         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Dot       0.       7a       0.         9       Program service revenue (Part VIII, line 1h)       929, 896.       838, 354.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       2, 604.       1, 400.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       2, 604.       1, 607.         12       Total revenue (Part VIII, column (A), lines 1-3)       411, 396.       15, 519.         13       Grants and similar amounts paid (Part IX, column (A), line 4)       0.       0.       0. <td>ø</td> <td>1</td> <td></td> <td></td> <td></td> <td></td>	ø	1					
5       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       5       20         6       Total number of volunteers (estimate if necessary)       6       4000         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Dot       0.       7a       0.         9       Program service revenue (Part VIII, line 1h)       929, 896.       838, 354.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       2, 604.       1, 400.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       2, 604.       1, 607.         12       Total revenue (Part VIII, column (A), lines 1-3)       411, 396.       15, 519.         13       Grants and similar amounts paid (Part IX, column (A), line 4)       0.       0.       0. <td>anc</td> <td>_</td> <td></td> <td></td> <td></td> <td></td>	anc	_					
5       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       5       20         6       Total number of volunteers (estimate if necessary)       6       4000         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Dot       0.       7a       0.         9       Program service revenue (Part VIII, line 1h)       929, 896.       838, 354.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       2, 604.       1, 400.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       2, 604.       1, 607.         12       Total revenue (Part VIII, column (A), lines 1-3)       411, 396.       15, 519.         13       Grants and similar amounts paid (Part IX, column (A), line 4)       0.       0.       0. <td>ern</td> <td></td> <td>•</td> <td></td> <td>1 1</td> <td></td>	ern		•		1 1		
5       Total number of individuals employed in calendar year 2021 (Part V, line 2a)       5       20         6       Total number of volunteers (estimate if necessary)       6       4000         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Total number of volunteers (estimate if necessary)       7a       0.         7a       Dot       0.       7a       0.         9       Program service revenue (Part VIII, line 1h)       929, 896.       838, 354.         9       Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)       2, 604.       1, 400.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       2, 604.       1, 607.         12       Total revenue (Part VIII, column (A), lines 1-3)       411, 396.       15, 519.         13       Grants and similar amounts paid (Part IX, column (A), line 4)       0.       0.       0. <td>202</td> <td></td> <td></td> <td></td> <td></td> <td></td>	202						
b         Net unrelated business taxable income from Form 990-T, Part I, line 11         I/Tb         U.           Prior Year         Current Year           9         Program service revenue (Part VIII, line 1h)         529, 896.         838, 354.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         2, 604.         1, 607.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         -8, 002.         -12, 568.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)         41, 396.         15, 519.           13         Grants and similar amounts paid (Part IX, column (A), lines 1.3)         41, 396.         15, 519.           14         Benefits paid to or for members (Part IX, column (A), lines 5-10)         297, 707.         373, 507.           16a         Professional fundraising fees (Part IX, column (A), line 25)         94, 933.         0.         0.           17         Other expenses (Part IX, column (A), line 25)         94, 933.         146, 235.         305, 276.           18         Total fundraising expenses. Quart IX, column (A), line 25)         94, 933.         146, 235.         305, 276.           19         Revenue less expenses. Subtract line 18 from line 12         422, 060.         144, 491. <t< td=""><td>ۍ ه</td><td></td><td></td><td></td><td></td></t<>	ۍ ه						
b         Net unrelated business taxable income from Form 990-T, Part I, line 11         I/Tb         U.           Prior Year         Current Year           9         Program service revenue (Part VIII, line 1h)         529, 896.         838, 354.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         2, 604.         1, 607.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         -8, 002.         -12, 568.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)         41, 396.         15, 519.           13         Grants and similar amounts paid (Part IX, column (A), lines 1.3)         41, 396.         15, 519.           14         Benefits paid to or for members (Part IX, column (A), lines 5-10)         297, 707.         373, 507.           16a         Professional fundraising fees (Part IX, column (A), line 25)         94, 933.         0.         0.           17         Other expenses (Part IX, column (A), line 25)         94, 933.         146, 235.         305, 276.           18         Total fundraising expenses. Quart IX, column (A), line 25)         94, 933.         146, 235.         305, 276.           19         Revenue less expenses. Subtract line 18 from line 12         422, 060.         144, 491. <t< td=""><td>ties</td><td></td><td></td><td></td><td></td></t<>	ties						
b         Net unrelated business taxable income from Form 990-T, Part I, line 11         I/Tb         U.           Prior Year         Current Year           9         Program service revenue (Part VIII, line 1h)         529, 896.         838, 354.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         2, 604.         1, 607.           10         Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         -8, 002.         -12, 568.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3)         41, 396.         15, 519.           13         Grants and similar amounts paid (Part IX, column (A), lines 1.3)         41, 396.         15, 519.           14         Benefits paid to or for members (Part IX, column (A), lines 5-10)         297, 707.         373, 507.           16a         Professional fundraising fees (Part IX, column (A), line 25)         94, 933.         0.         0.           17         Other expenses (Part IX, column (A), line 25)         94, 933.         146, 235.         305, 276.           18         Total fundraising expenses. Quart IX, column (A), line 25)         94, 933.         146, 235.         305, 276.           19         Revenue less expenses. Subtract line 18 from line 12         422, 060.         144, 491. <t< td=""><td>tivi</td><td></td><td></td><td></td><td></td></t<>	tivi						
Prior Year         Current Year           8         Contributions and grants (Part VIII, line 1h)         529,896.838,354.           9         Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)         2,900.11,400.           10         Investment income (Part VIII, column (A), lines 3, 4, and 7d)         2,604.1,607.           11         Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         -8,00212,568.           12         Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3)         41,396.15,519.           13         Grants and similar amounts paid (Part IX, column (A), lines 1-3)         41,396.15,519.           14         Benefits paid to or for members (Part IX, column (A), lines 5-10)         297,707.373,507.           16a         Professional fundraising fees (Part IX, column (A), line 25)         94,933.           17         Other expenses (Part IX, column (A), line 25)         94,933.           18         Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         146,235.305,276.           18         Total expenses. Subtract line 18 from line 12         42,060.144,491.           19         Revenue less expenses. Subtract line 18 from line 12         42,060.144,491.           20         Total assets (Part X, line 26)         75,386.32,327.           21         Total liabiliti	Ac						
8       Contributions and grants (Part VIII, line 1h)       529,896.       838,354.         9       Program service revenue (Part VIII, line 2g)       2,900.       11,400.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       2,604.       1,607.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -8,002.       -12,568.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       527,398.       838,793.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       41,396.       15,519.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       297,707.       373,507.         16a       Professional fundraising expenses (Part IX, column (D), line 25)       94,933.       0.       0.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       146,235.       305,276.         18       Total expenses. Subtract line 18 from line 12       42,060.       144.491.         19       Revenue less expenses. Subtract line 18 from line 12       580,233.       681,665.         21       Total assets (Part X, line 16)       580,233.       <							
9       Program service revenue (Part VIII, line 2g)       2,900.       11,400.         10       Investment income (Part VIII, column (A), lines 3, 4, and 7d)       2,604.       1,607.         11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       -8,002.       -12,568.         12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       527,398.       838,793.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       41,396.       15,519.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       297,707.       373,507.         16a       Professional fundraising fees (Part IX, column (D), line 25)       94,933.       0.       0.         17       Other expenses (Part IX, column (D), line 25)       94,933.       146,235.       305,276.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       485,338.       694,302.         19       Revenue less expenses. Subtract line 18 from line 12       42,060.       144,491.         20       Total assets (Part X, line 16)       580,233.       681,665.         21       Total liabilities (Part X, line 26)       <		8	Contributions and grants (Part VIII, line 1h)				
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       12       12       12       12       12       11       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       1	one						
11       Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)       12       12       12       12       12       11       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       12       1	evel						
12       Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)       527,398.       838,793.         13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       41,396.       15,519.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10)       297,707.       373,507.         16a       Professional fundraising fees (Part IX, column (D), line 25)       94,933.       0.       0.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       146,235.       305,276.         18       Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25)       485,338.       694,302.         19       Revenue less expenses. Subtract line 18 from line 12       42,060.       144,491.         20       Total assets (Part X, line 16)       580,233.       681,665.         21       Total liabilities (Part X, line 26)       75,386.       32,327.         22       Net assets or fund balances. Subtract line 21 from line 20       504,847.       649,338.	Å						
13       Grants and similar amounts paid (Part IX, column (A), lines 1-3)       41, 396.       15, 519.         14       Benefits paid to or for members (Part IX, column (A), line 4)       0.       0.         15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       297, 707.       373, 507.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       94, 933.       146, 235.       305, 276.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       1465, 338.       694, 302.         19       Revenue less expenses. Subtract line 18 from line 12       42, 060.       144, 491.         20       Total assets (Part X, line 16)       580, 233.       681, 665.         21       Total liabilities (Part X, line 26)       75, 386.       32, 327.         20       Net assets or fund balances. Subtract line 21 from line 20       504, 847.       649, 338.		12			527,398.	838,793.	
15       Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)       297,707.       373,507.         16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       > 94,933.       146,235.       305,276.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       146,235.       305,276.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       485,338.       694,302.         19       Revenue less expenses. Subtract line 18 from line 12       42,060.       144,491.         20       Total assets (Part X, line 16)       580,233.       681,665.         21       Total liabilities (Part X, line 26)       75,386.       32,327.         22       Net assets or fund balances. Subtract line 21 from line 20       504,847.       649,338.		13			41,396.	15,519.	
16a       Professional fundraising fees (Part IX, column (A), line 11e)       0.       0.         b       Total fundraising expenses (Part IX, column (D), line 25)       94,933.         17       Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)       146,235.       305,276.         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)       485,338.       694,302.         19       Revenue less expenses. Subtract line 18 from line 12       42,060.       144,491.         20       Total assets (Part X, line 16)       580,233.       681,665.         21       Total liabilities (Part X, line 26)       75,386.       32,327.         22       Net assets or fund balances. Subtract line 21 from line 20       504,847.       649,338.		14	Benefits paid to or for members (Part IX, column (A), line 4)				
17       Other expenses (Part X, Column (A), lines 112 H (G, 1124e)         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19       Revenue less expenses. Subtract line 18 from line 12         20       Total assets (Part X, line 16)         21       Total liabilities (Part X, line 26)         22       Net assets or fund balances. Subtract line 21 from line 20	ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			373,507.	
17       Other expenses (Part X, Column (A), lines 112 H (G, 1124e)         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19       Revenue less expenses. Subtract line 18 from line 12         20       Total assets (Part X, line 16)         21       Total liabilities (Part X, line 26)         22       Net assets or fund balances. Subtract line 21 from line 20	nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
17       Other expenses (Part X, Column (A), lines 112 H (G, 1124e)         18       Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         19       Revenue less expenses. Subtract line 18 from line 12         20       Total assets (Part X, line 16)         21       Total liabilities (Part X, line 26)         22       Net assets or fund balances. Subtract line 21 from line 20	xpe	b	Total fundraising expenses (Part IX, column (D), line 25) 94,92	33.			
19       Revenue less expenses. Subtract line 18 from line 12       42,060.       144,491.         580       Beginning of Current Year       End of Year         20       Total assets (Part X, line 16)       580,233.       681,665.         21       Total liabilities (Part X, line 26)       75,386.       32,327.         22       Net assets or fund balances. Subtract line 21 from line 20       504,847.       649,338.	ш						
Beginning of Current Year         End of Year           20         Total assets (Part X, line 16)         580,233.         681,665.           21         Total liabilities (Part X, line 26)         75,386.         32,327.           22         Net assets or fund balances. Subtract line 21 from line 20         504,847.         649,338.		18					
Beginning of Current YearEnd of Year20Total assets (Part X, line 16)580, 233.681, 665.21Total liabilities (Part X, line 26)75, 386.32, 327.22Net assets or fund balances. Subtract line 21 from line 20504, 847.649, 338.Part IISignature Block		19	Revenue less expenses. Subtract line 18 from line 12	······			
20       Total assets (Part X, line 16)       580,233.       681,665.         21       Total liabilities (Part X, line 26)       75,386.       32,327.         22       Net assets or fund balances. Subtract line 21 from line 20       504,847.       649,338.         Part II       Signature Block       504,847.       649,338.	s or nces						
21         I otal liabilities (Part X, line 26)         75,380.         32,327.           22         Net assets or fund balances. Subtract line 21 from line 20         504,847.         649,338.           Part II         Signature Block         504,847.         649,338.	sset 3alai	20					
Part II Signature Block	et A nd F	21			· · ·	1	
		22 rt II			JU4,04/.	049,338.	
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				s and stateme	ints and to the best of my	knowledge and belief it is	

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date
Here	CHRISTINA CUMMINGS, EXECUTIVE DIRECT	FOR
	Type or print name and title	
	Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid	TIFFANY T. ORR, CPA TIFFANY T. OR	R, CPA 10/24/22 self-employed P01559485
Preparer	Firm's name CARR, RIGGS & INGRAM, LLC	Firm's EIN ▶ 72-1396621
Use Only	Firm's address 4004 SUMMIT BLVD NE, SUITE 800	
	ATLANTA, GA 30319	Phone no. 770. 394. 8000
May the IF	RS discuss this return with the preparer shown above? See instructions	X Yes No
132001 12-09	9-21 LHA For Paperwork Reduction Act Notice, see the separate instru	uctions. Form <b>990</b> (2021)
~		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2021) KIDZ2LEADERS, INC.	58-2485924	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	KIDZ2LEADERS EXISTS TO BREAK THE CYCLE OF INCARCERATION	BY PROVIDING	
	STABILITY, OPPORTUNITY AND A CHRISTIAN COMMUNITY FOR CH	ILDREN OF	
	INMATES. WE ACCOMPLISH THIS BY HELPING THEM RISE ABOVE		
	CIRCUMSTANCES, ENPOWERING THEM TO BECOME LEADERS AND PR		E
2	Did the organization undertake any significant program services during the year which were not listed on the	<u> </u>	
2			XNC
	prior Form 990 or 990-EZ?	Yes	
	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	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	is measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	iers, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 277,333. including grants of \$ ) (Rev	venue \$ 11,	400.
	CAMP HOPE: CAMP HOPE IS A SIX-DAY, OVERNIGHT CAMP THAT		RS'
	CHILDREN WHO LIVE IN THE METRO-ATLANTA AREA A WEEK FILL		
	ACTIVITIES, AND FELLOWSHIP. THE PURPOSE IS TO DEVELOP A		
			<u>c</u>
	TRUSTING CHRISTIAN RELATIONSHIPS WITH CHILDREN OF INMAT		G
		OWER CAMP,	
	CALLED CORNERSTONE, IS OUR ENTRY POINT INTO THESE KIDS'		
	FAMILIES' LIVES, AND ONLY ACCEPTS FIRST-YEAR ATTENDEES	<u>AT THE 4TH OR</u>	
	5TH GRADE LEVEL. ONCE CHILDREN ATTEND CAMP, WE WORK WI	TH THEM	
	THROUGHOUT THEIR CHILDHOOD AND YOUTH TO CHANGE THE DIRE	CTION OF THEI	R
	LIVES. WE OFFER ONGOING OPPORTUNITIES AT CAMP FOR ACCE	PTING CHRIST	AND
	FOR DEVELOPMENT OF SERVANT LEADERSHIP SKILLS. THE LEAD	ERSHIP TRAINI	NG
	ACADEMY (LTA) PORTION OF CAMP HOPE IS BY INVITATION FOR	THOSE CAMPER	S
4b	40 407	venue \$	
	INTERNS4TOMORROW: THIS PROGRAM PLACES STUDENTS IN PAID		
	INTERNSHIPS WITH ATLANTA-AREA BUSINESSES. INTERNS4TOMOR		
	INVITATION ONLY TO OUR OLDER STUDENTS WHO HAVE SUCCESSF		
	THE FIRST SIX YEARS OF KIDZ2LEADERS PROGRAMMING AND WHO		AS
	A COUNSELOR AT CAMP HOPE. BENEFITS THE STUDENTS RECEIV		
	PREPAREDNESS TO REACH CAREER AND LIFE GOALS, AS WELL AS	LEADERSHIP,	
	FINANCIAL, JOB, AND LIFE SKILLS TO DISENTANGLE FROM GOV	ERNMENT RELIA	NCE
	AND BREAK FREE FROM THE CYCLE OF INCARCERATION. THE INT	ERNS ATTEND	
	RETREATS AND BUSINESS AND COLLEGE FIELD TRIPS. THESE Y	OUTH ARE ACTI	NG
	AS AGENTS OF CHANGE IN THEIR FAMILIES AND COMMUNITIES W		
	INCARCERATION AND DEPENDENCY ON GOVERNMENT FUNDS IS A W		
	INCINCEMENTION IND DEFENDENCE ON COVERENTIAT FONDS ID IT W		
	201 122 · · · · · · · · · · · · · · · · ·	·	
4c			
	THE CAMPER-TURNED-COUNSELOR: THE PROGRAM ASSISTS IN TRA		
	CAMPER INTO A SUCCESSFUL COUNSELOR BY OFFERING OPPORTUN		OVE
		G TWO WEEKEND	
	CAMPING RETREATS A YEAR WITH OPPORTUNITY FOR SPIRITUAL	GROWTH AND	
	IMPROVED TEAMBUILDING, THE CAMPER- TURNED-COUNSELORS AR	E BETTER ABLE	то
	MODEL CHRIST-LIKE BEHAVIOR FOR THEIR CAMPERS. THESE EV	ENTS PROVIDE	THE
	STAFF WITH A GREATER UNDERSTANDING OF THE STUDENTS' DAI	LY LIVES AND	
	CIRCUMSTANCES TO BETTER SUPPORT THEM DURING THE YEAR AN		E.
		<u></u>	
4d			
	(Expenses \$ 15,519. including grants of \$ 15,519.) (Revenue \$	)	
4e	Total program service expenses ► 545,402.		000 /
	SEE SCHEDULE O FOR CONTINUATION(		<b>990</b> (202 <sup>-</sup>
32002	2 12-09-21 SEE SCHEDULE OF OR CONTINUATION (		
310	)24 794202 KIDZ001X 2021.04030 KIDZ2LEADERS,	INC.	KIDZ

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Form 990 (2021) KIDZ2LEADERS, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			77
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
~	Schedule D, Part III	8		
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?			х
10	If "Yes," complete Schedule D, Part IV	9		<u></u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		х
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		- 21
	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
a		11a	х	
h	Part VI	114		
N N	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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? If "Yes," complete Schedule F, Parts I and IV	14b		X
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? If "Yes," complete Schedule F, Parts II and IV	15		X
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? If "Yes," complete Schedule F, Parts III and IV	16		X
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? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	L
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
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? If "Yes." complete Schedule I. Parts I and II	21	0000	Х
132003	12-09-21	Form	990	(2021)

132003 12-09-21

3 2021.04030 KIDZ2LEADERS, INC.

Form	990	(2021)
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 Form 990 (2021)
 KIDZ2LEADERS, INC.

 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? If "Yes," complete Schedule I, Parts I and III	22	Х	└──
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		<u> </u>
U		28c		x
00	"Yes," complete Schedule L, Part IV	200	Х	
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	- 23	
30		20		x
04	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
~~	Schedule N, Part II	32		<u> </u>
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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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)? If "Yes," complete Schedule R, Part V, line 2	35b		──
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Det	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u> </u>
Par				
	Check if Schedule O contains a response or note to any line in this Part V			$\square$
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 13			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	0000	
132004	↓ 12-09-21	Form	990	(2021)
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3 T U	24 794202 KIDZ001X 2021.04030 KIDZ2LEADERS, INC.		ΚĹ	DZ0

-	990 (2021) KIDZ2LEADERS, INC.		58-2485	924	P	age 🕄
Pai	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)					
-					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0	20			
<b>b</b>	filed for the calendar year ending with or within the year covered by this return	2a		2b	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ - <i>file</i> . See instruction			20	Λ	
39				3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a		x
b	If "Yes," enter the name of the foreign country		····			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices pi	rovided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	99 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	e a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	9			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
0	Section 501(c)(7) organizations. Enter:					
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	I I		12a		
-	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ا يميا				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				v
4a				14a		X
_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			4-		x
	excess parachute payment(s) during the year?			15		
6	If "Yes," see the instructions and file Form 4720, Schedule N.	ineer	202	40		x
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	Incom	IE (	16		
	If "Yes," complete Form 4720, Schedule O.	001				
7		AUV				
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 49522			47		
7	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			17		

Form 990	(2021)
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

X

Sec	tion 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	<b>1</b> a	11					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10					
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?			2	X			
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision					
				3		X		
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X X		
6	6 Did the organization have members or stockholders?							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or					
	more members of the governing body?			7a		<u> </u>		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or					
	persons other than the governing body?			7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-						
а	The governing body?			8a	Х			
b	Each committee with authority to act on behalf of the governing body?			8b	Х			
9								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)					
					Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			10a		_X_		
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$			10b				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ befo	e filing the form?	11a	X			
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a								
b								
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," a	escribe					
	on Schedule O how this was done			12c	Х			
13	Did the organization have a written whistleblower policy?			13	Х			
14	Did the organization have a written document retention and destruction policy?			14		X		
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official			15a	Х			
b	Other officers or key employees of the organization			15b		X		
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a					
	taxable entity during the year?			16a		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's					
	exempt status with respect to such arrangements?			16b				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright GA$							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)s	only)	availat	ole		
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (explain	on So	chedule O)					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	financ	cial			
	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 boo	oks an	d records					
	SUSAN H. SCALF - 770-977-7751							
	4385 LOWER ROSWELL ROAD, MARIETTA, GA 30068							
132006	12-09-21			Form	990	(2021)		
	б					,		

2021.04030 KIDZ2LEADERS, INC.

Form 990 (2021) KIDZ2L	EADERS, INC.	58-2485924	Page 7
Part VII Compensation of Officer	s, Directors, Trustees, Key Em	ployees, Highest Compensated	
Employees, and Indepen	dent Contractors		
Check if Schedule O contains a r	response or note to any line in this Part V	11	
Section A. Officers, Directors, Trustees, I	Key Employees, and Highest Compens	ated Employees	
1a Complete this table for all persons require	ed to be listed. Report compensation for	the calendar year ending with or within the organizatio	n's tax year.
List all of the organization's current of	icers, directors, trustees (whether individ	luals or organizations), regardless of amount of compe	nsation.

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, 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. Т

(A) Name and title	(B) Average		not c	Pos heck	more	than o		<b>(D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per week (list any hours for related	stee or director	cer ar	ss pei nd a d	irecto	ensated	tee)	compensation from the organization (W-2/1099-MISC/	compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	amount of other compensation from the organization
	organizations below line)	Individual trus	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)		and related organizations
(1) CHRISTINA CUMMINGS	40.00									-
EXECUTIVE DIRECTOR		Х		X				69,662.	0.	0.
(2) PAMELA FRANCE	1.00									
DIRECTOR		Х						0.	0.	0.
(3) ANDREW SURDYKOWSKI	1.00									
SECRETARY		Х		Х				0.	0.	0.
(4) BOB GRAFF	2.00									
CHAIRMAN		Х		Х				0.	0.	0.
(5) CLARK HUMBLE	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) DAN KOMITOR	1.00									
DIRECTOR		х						0.	0.	0.
(7) JEFFREY SCHOEN	1.00									
DIRECTOR		х						0.	0.	0.
(8) JULIE ENGLISH	1.00									
DIRECTOR		х						0.	0.	0.
(9) KATHLEEN BARHAM	1.00									
DIRECTOR		х						0.	0.	0.
(10) MELISSA JONES DAVIS	1.00									
DIRECTOR		х						0.	0.	0.
(11) SHUNTAVIUS ROBERTS	1.00								•••	•••
DIRECTOR		х						0.	0.	0.
(12) THOMAS COTTON	1.00								•••	
DIRECTOR		х						0.	0.	0.
			-	-	-					
	+		-	-		-				
132007 12-09-21	1	1	I		I	I		1		Form <b>990</b> (2021)

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132007 12-09-21

Form 990 (2021)

	990 (2021) KIDZ2LEAI	DERS, IN	IC.							58-24	1859	24	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box offi	not c , unle	Pos heck i ss per	more rson i	than of s both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate ount other	of
	hours for 🚆 🔤 organization (W-2			organizations (W-2/1099-MIS 1099-NEC)		fro orga anc	oensa om the anizati I relate nizatie	e ion ed						
1b	Subtotal	l		<u> </u>	<u> </u>	<u> </u>	<u> </u>		69,662.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.		0.			0.
2	Total number of individuals (including but n compensation from the organization							o re	eceived more than \$100,	000 of reportable	, ,			0
													Yes	No
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	-		-	•	-		Ŭ		2		3		х
4	For any individual listed on line 1a, is the su	im of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization				x
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a			•								4		
Sec	rendered to the organization? <i>If "Yes." corr</i> tion B. Independent Contractors	plete Schedule	e J fo	or sı	ıch <u>i</u>	oers	on .					5		X
1	Complete this table for your five highest co the organization. Report compensation for									, ,	ensatio	on fro	m	
	(A) Name and business			ONE					(B) Description of s		Co	(C mper	) Isatioi	n
2	Total number of independent contractors (ii	ncludina but na	ot lin	niter	to	thos	se lis	ted	above) who received mo	ore than				
_	\$100,000 of compensation from the organiz	•				(			,		F	orm (	990 //	2021)
											F	outu 🗸		≤∪∠I)

132008 12-09-21

	n 990 (		INC.			58-2485	924 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response o	r note to any line	<u>in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c f g h 2 a b c d e	All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f COUNSELOR FEES	81,612. 188,204. 568,538. 37,882. Business Code 900099	838,354.	11,400.		
ā	f a	All other program service revenue		11,400.			
	<u> </u>	Investment income (including dividends, interes other similar amounts) Income from investment of tax-exempt bond pro Royalties	t, and ► oceeds	1,607.			1,607.
		Gross rents       (i) Real         Less: rental expenses       6a         Rental income or (loss)       6c         Net rental income or (loss)       6c         Gross amount from sales of assets other than inventory       (i) Securities	(ii) Personal				
Other Revenue	c d	Less: cost or other basis         and sales expenses         Gain or (loss)         7c         Net gain or (loss)         Gross income from fundraising events (not including \$ 81,612. of	<b>&gt;</b>				
	с	Less: direct expenses       8b         Net income or (loss) from fundraising events       .         Gross income from gaming activities. See       .	30,934. 43,502. ►	-12,568.			-12,568.
	с 10 а	Part IV, line 199aLess: direct expenses9bNet income or (loss) from gaming activitiesGross sales of inventory, less returnsand allowancesLess: cost of goods sold10b					
Miscellaneous Revenue	с	Net income or (loss) from sales of inventory	Business Code				
Σ	e	Total. Add lines 11a-11d					
13200	<b>12</b> 9 12-09-	Total revenue. See instructions	►	838,793.	11,400.	0.	-10,961. Form <b>990</b> (2021)

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## 15431024 794202 KIDZ001X

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2021.04030 KIDZ2LEADERS, INC.

KIDZ0011

ecti	on 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons	e or note to any line in t	his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	15,519.	15,519.		
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	69,661.	47,168.	5,453.	17,040
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	273,435.	185,144.	21,404.	66,887
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	3,599.	2,554.	248.	79
0	Payroll taxes	26,812.	19,023.	1,850.	5,93
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	16,450.		16,450.	
d	Lobbying				
е	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 Sch 0.)	4,524.	4,524.		
2	Advertising and promotion				
3	Office expenses	11,651.	10,547.	719.	38!
4	Information technology				
5	Royalties				
6	Occupancy	92,948.	92,948.		
7	Travel	32,708.	32,662.	16.	30

3,388.

4,416.

92,868.

21,840.

10,648.

9,877.

3,958.

694,302.

**REPAIRS & MAINTENANCE** С OTHER EXPENSES d е All other expenses Total functional expenses. Add lines 1 through 24e 25 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 if following SOP 98-2 (ASC 958-720)

Travel Payments of travel or entertainment expenses

for any federal, state, or local public officials Conferences, conventions, and meetings .....

Payments to affiliates

Depreciation, depletion, and amortization .....

Other expenses. Itemize expenses not covered

HONORARIUMS AND GIFTS

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 0.)

PROGRAM SERVICE EXPENSE

Form 990 (2021)

18

19 20

21

22

23

24

а

b

132010 12-09-21

Interest

Insurance

2,756.

3,592.

92,868.

21,840.

8,663.

2,050.

3,544.

545,402.

217.

283.

682.

142.

6,503.

53,967.

415.

541.

1,303.

1,324.

94,933.

272.

		Check if Schedule O contains a response or note	e to any	line in this Part X	(*)		
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			322,339.	1	286,760.
	2	Savings and temporary cash investments			194,637.	2	261,161.
	3	Pledges and grants receivable, net			10,000.	3	51,800.
	4	Accounts receivable, net	2,900.	4			
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	ontributor, or 35%				
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif	ied pers	ons (as defined			
		under section 4958(f)(1)), and persons described	in secti	on 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	<b>—</b> · · · · · · · · · · · · · · · · · · ·			3,132.	9	30,265.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	<u>63,961.</u> 60,599.			
	b	Less: accumulated depreciation		60,599.	6,750.	10c	3,362.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets	2,375.	14	2,375.		
	15	Other assets. See Part IV, line 11		38,100.	15	45,942.	
	16	Total assets. Add lines 1 through 15 (must equa	al line 33	3)	580,233.	16	681,665.
	17	Accounts payable and accrued expenses			21,201.	17	24,616.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F	Part IV o	f Schedule D		21	
se	22	Loans and other payables to any current or form	er office	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
iab		controlled entity or family member of any of thes				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	Complete Part X	F4 10F		4
		of Schedule D		·····  -	<u>54,185.</u> 75,386.		7,711.
	26	Total liabilities. Add lines 17 through 25		▶ <b>▼</b>	/5,300.	26	54,547.
Ş		Organizations that follow FASB ASC 958, che	ck here				
JCe	~	and complete lines 27, 28, 32, and 33.			270 /07		102 561
alar	27			······	<u>379,497.</u> 125,350.	27	<u>423,561.</u> 225,777.
qB	28			····· • • • • • • • • • • • • • • • • •	125,550.	28	44 <b>5</b> ,111•
ů		Organizations that do not follow FASB ASC 9	58, chec	ck here 🕨 🛄			
οr	~~	and complete lines 29 through 33.					
Net Assets or Fund Balances	29 20	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or eq				30	
∍t A	31	Retained earnings, endowment, accumulated inc			504,847.	31	649,338.
ž	32	Total net assets or fund balances		580,233.	32	681,665.	
	33	Total liabilities and net assets/fund balances			JUU, 433.	33	

Form 990 (2021)

KIDZ0011

Form 990 (2021)

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

Form	1990 (2021) KIDZ2LEADERS, INC.	58-	-2485924	Pa	<sub>ge</sub> 12
Pa	rt 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	838		
2	Total expenses (must equal Part IX, column (A), line 25)	2	694	.,3	02.
3	Revenue less expenses. Subtract line 2 from line 1	3	144	.,4	91.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	504	.,8	47.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	649	),3	<u>38.</u>
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			37	
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
_	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Auc			v
-	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	<u> </u>

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

## **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.

ĺ	OMB No. 1545-0047
	2021
	Open to Public Inspection

Name of	the organization	01 = 1 = = = = 0						identification number
Dort			INC.					8-2485924
Part I	Reason for Public (					ee instruction	S.	
The organ	nization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1	A church, convention of ch	,			n 170(b)(1	1)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii).(	Attach Schedule E (Forn	n 990).)				
3 🛄	A hospital or a cooperative							
4	A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for		llege or university owned	d or operat	ed by a go	overnmental ur	nit describe	ed in
	section 170(b)(1)(A)(iv). (0	Complete Part II.)						
6 🔛	A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organization that norma	Ily receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from th	e general	oublic described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research org	ganization described	in section 170(b)(1)(A)	ix) operate	ed in conju	unction with a	land-grant	college
	or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
	university:							
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	oort from c	ontributior	ns, membershi	p fees, an	d gross receipts from
	activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its	support f	rom gross investment
	income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.
	See section 509(a)(2). (Co	mplete Part III.)						
11	An organization organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).		
12	An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functio	ns of, or to car	ry out the	purposes of one or
	more publicly supported or	ganizations describe	d in section 509(a)(1) o	or section	509(a)(2).	See section 5	609(a)(3). (	Check the box on
_	lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete lines	12e, 12f, and	12g.	
a	<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), ty	pically by	giving
	the supported organization	on(s) the power to re	gularly appoint or elect a	i majority c	of the direc	tors or trustee	es of the su	upporting
_	organization. You must o	complete Part IV, Se	ections A and B.					
b	<b>Type II.</b> A supporting org	anization supervised	or controlled in connec	tion with it	s supporte	ed organizatior	n(s), by hav	ving
	control or management o	of the supporting orga	anization vested in the s	ame perso	ns that co	ntrol or manag	e the sup	ported
_	organization(s). You mus	-						
c 🗋	_ Type III functionally inte						y integrate	ed with,
_	its supported organization		-					
d 🗌	Type III non-functionally	• •					•	.,
	that is not functionally int	<b>v</b>	• •			-	an attentiv	/eness
_	requirement (see instruct		-					
e	_ Check this box if the orga					Type I, Type I	I, Type III	
	functionally integrated, or		nally integrated supporti	ng organiz	ation.			
	er the number of supported of	0						
	vide the following information (i) Name of supported	i about the supporte	d organization(s).	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other
	organization	(	(described on lines 1-10	in your governi Yes	ng document? No	support (see in		support (see instructions)
			above (see instructions))	103				
Total								

Schedule A	Form	990	202
Jonicuuic A		550	1202

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	584,391.	544,865.	702,592.	529,896.	838,354.	3200098.
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	584,391.	544,865.	702,592.	529,896.	838,354.	3200098.
	•						
	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)						4,004.
6	Public support. Subtract line 5 from line 4.						3196094.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	<b>(c)</b> 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	584,391.	544,865.	702,592.	529,896.	838,354.	3200098.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	705.	1,305.	1,923.	633.	1,607.	6,173.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on $\dots$						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,085.					1,085.
11	Total support. Add lines 7 through 10						3207356.
	Gross receipts from related activities,		,			12	50,156.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	/ear as a section 5	01(c)(3)	. —
<u> </u>	organization, check this box and stor						
	ction C. Computation of Publi		-				00 65
	Public support percentage for 2021 (I		-			14	99.65 % 98.15 %
	Public support percentage from 2020					15	
108	33 1/3% support test - 2021. If the contract is a support test - 2021.						
h	stop here. The organization qualifies		-			or mara abaali thi	
D	33 1/3% support test - 2020. If the c						
47-	and <b>stop here.</b> The organization qual		•••			nd line 14 is 100/	
178	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	-	
Ь	meets the facts-and-circumstances te 10% -facts-and-circumstances test	-		• • • •	-	7a and line 15 is :	
N	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organization						
				.,,,			(Form 990) 2021

Schedule A (For	m 990) 202 <sup>-</sup>
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Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support		_		1		
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	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						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		-		1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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						
	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 th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organ	nization,
_	check this box and stop here						
	ction C. Computation of Publi					<del></del>	
	Public support percentage for 2021 (li	, (),	<b>,</b>	column (f))		15	%
	Public support percentage from 2020					16	%
	tion D. Computation of Inves		•			<del></del>	
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from 2						%
19a	33 1/3% support tests - 2021. If the	-					
	more than 33 1/3%, check this box ar	-	-				►
a	<b>33 1/3% support tests - 2020.</b> If the						
20	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio	n did hot check a		a, UL 190, CHECK I	THIS DUX ATTU SEE INS		🕨 🛄 Iule A (Form 990) 2021
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2021.04030 KIDZ2LEADERS, INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

Yes No

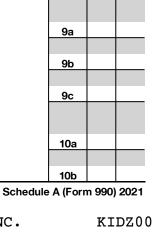
## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2021 KIDZ2LEA
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Pa	rt IV Supporting Organizations (continued)			<u> </u>
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
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		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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		
Sec	ction C. Type II Supporting Organizations		<del></del>	
			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		
Sec	tion D. All Type III Supporting Organizations			
			1	1

INC.

			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	I that the organization used to satis	fy the Integral Part Test durin	ng the year (see instructions).
•	Check the DOX heat to the method		iy ine mileyiai Fait Test uum	

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

<b>c</b> [		The organization supported a	governmental entity.	Describe in <b>Part VI</b> how you supported a governmental entity (see instruction <u>s).</u>
------------	--	------------------------------	----------------------	------------------------------------------------------------------------------------------------

17

- 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.
- 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.
- 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.** 

**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.* 

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2021.04030 KIDZ2LEADERS, INC.

Ра	rt V   Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	Nov. 20, 1970 ( <i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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KIDZ2LEADERS,

Schedule A (Form 990) 2021

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

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 Schedule A (Form 990) 2021
 KIDZ2LEADERS, INC.
 Inc.</t

Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

INC.

Schedule A	(Form 990) 2021

line 1; Part IV, Section D, lines 2 and 3; Section D, lines 5, 6, and 8; and Part V (See instructions.)	Section E, lines 2, 5, and 6. Also complete this part for any a	additional information.
	<u> </u>	
132028 01-04-22		Schedule A (Form 990) 202

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

\*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

58-2485924

KIDZ2LEADERS,	INC

Section:
$\fbox{3}$ 501(c)( 3) (enter number) organization
4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

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

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

### **General Rule**

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

#### **Special Rules**

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

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

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

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

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

Schedule B (Form 990) (2021)

No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ <u>79,450.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>75,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$39,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions         \$       25,100.	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
123452 11-1	1-21		Schedule B (Form 990) (2021)

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

(b)

KIDZ2LEADERS, INC.

Name of organization

Part I

(a)

Employer identification number

(d)

58-2485924

(c)

Page 2

15431024 794202 KIDZ001X

KIDZ0011

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$86,204.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$ <u>102,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
123452 11-11		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

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

KIDZ2LEADERS, INC.

Name of organization

Part I

Employer identification number

58-2485924

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15431024 794202 KIDZ001X

KIDZ0011

Page 2

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Name of organization

Schedule B (Form 990) (2021)

Employer identification number

Page 3

58-2485924

24 2021.04030 KIDZ2LEADERS, INC.

Schedule B (Form 990) (2021)

Name of o	rganization		Employer identification number
KTD721	LEADERS, INC.		58-2485924
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in se	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	y. For organizations ess for the year. (Enter this info. once.) \$
(a) No.	Use duplicate copies of Part III if additional	space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u> </u>			
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(c) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1 4111			
-		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
ľ		(e) Transfer of gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transforacio nomo addresa a	nd <b>7</b> ID + 4	Polotionship of transform to transform
	Transferee's name, address, a		Relationship of transferor to transferee
123454 11-11	-21		Schedule B (Form 990) (2021)
		25	

2021.04030 KIDZ2LEADERS, INC.

SC	HEDULE D	Supplementa	al Financial Statements		ł	OMB No. 1545-0047
(Forn	n <b>990)</b>		anization answered "Yes" on Form 990,			2021
Depart	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b Attach to Form 990.			Open to Public
	Revenue Service		90 for instructions and the latest informa	tion.		Inspection
Nam	e of the organizati	on KIDZ2LEADERS, INC.				identification number 3 - 2 4 8 5 9 2 4
Par	t I Organiza		d Funds or Other Similar Funds o	or Ac		
	organizatio	n answered "Yes" on Form 990, Part IV, lin				
			(a) Donor advised funds	(k	<b>b)</b> Funds and	other accounts
1		nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5	-		writing that the assets held in donor advised			
•			exclusive legal control?			Yes No
6	6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring					
						Yes No
Par			ganization answered "Yes" on Form 990, Pa			Yes No
1		servation easements held by the organization		art iv,		
•		of land for public use (for example, recrea	· · · · ·	histo	rically import	ant land area
		f natural habitat	Preservation of a		• •	
		of open space				
2		• •	ied conservation contribution in the form of	f a con	servation ea	sement on the last
_	day of the tax year			]		t the End of the Tax Year
а				ſ	2a	
b				[	2b	
с	•		ucture included in (a)	r	2c	
d			after 7/25/06, and not on a historic structure			
			·		2d	
3			eased, extinguished, or terminated by the c		zation during	the tax
	year 🕨					
4	Number of states	where property subject to conservation eas	sement is located 🕨			
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, handling of			
	violations, and enf	orcement of the conservation easements it	holds?			Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	rvatior	n easements	during the year
	▶					
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation	on eas	ements durir	ng the year
	▶\$					
8			e satisfy the requirements of section 170(h)			
						Yes No
9		•	on easements in its revenue and expense s			
			ote to the organization's financial statemer	nts tha	t describes t	he
Dar		ounting for conservation easements.	Art, Historical Treasures, or Oth	or Si	milar Acc	ote
Fai		the organization answered "Yes" on Form			iiiiidi A55	615.
10			8, not to report in its revenue statement an	d hala	noo ohoot uu	
Ia	Ũ	<i>,</i> 1	· · · ·			JIKS
		· · · · · ·	plic exhibition, education, or research in furt ncial statements that describes these items			
h	· •		8, to report in its revenue statement and ba		sheet works	of
5			exhibition, education, or research in furthe			
		ng amounts relating to these items:			51 20010 301	
	-				► \$	
2	.,		asures, or other similar assets for financial			
-		unts required to be reported under FASB A		, no e		
а	-				▶ \$	
					► \$	
		eduction Act Notice, see the Instructions			<b>F</b> 1	lule D (Form 990) 2021
	10-28-21					

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2021.04030	KIDZ2LEADERS,	INC.	KIDZ0011

PartIL       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)         0       Using the organization sequestion, accession, and other records, check any of the following that make significant use of its collection times (check all that apply): <ul> <li>PartIL</li> <li>Collection times (check all that apply):</li></ul>			ADERS, INC						58-24	8592	<b>4</b> Pa	age <b>2</b>
collection terms (check all that apply):       a       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b       b <th>Par</th> <th>t III Organizations Maintaining C</th> <th>ollections of Ar</th> <th>t, Histo</th> <th>orical Tre</th> <th>asures, or</th> <th>Other</th> <th>Similar</th> <th>r Assets</th> <th>(contin</th> <th>nued)</th> <th></th>	Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	Other	Similar	r Assets	(contin	nued)	
a Public exhibition during the generations development of the organization's exempt purpose in Part XII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization societ 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?      Provide a description of the organization and the second of the similar assets to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part X, line 8, or reported an amount on Form 990, Part X, line 21.     Is the organization analyset.     If yes, "explain the arrangement in Part XIII and complete the following table:         C Beginning balance	3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that	make sig	gnificant u	use of its			
b       Scholary research       e       Other		collection items (check all that apply):										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solic 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 answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b Station granulation angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b Station granulation angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1c Id	а	Public exhibition	c	I 🗌 L	_oan or exc	hange progra	m					
Provide a description of the organization's collections and explain how they further the organization's exempt purgoes in Part XIII.     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be add to raise funds rather than to be maintained as part of the organization's collection?     Part W Excrew 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.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X?     Is a list the organization angent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X?     Is a list the organization in agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X?     Is a list organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?     Ves     Ind     Distributions during the year     Ital     Distributions during the year     Ital     Distributions during the year     Ital     Distributions     One for Yes' on Form 990, Part X, line 21, for escrow or custodial account liability?     Ves     No     b. If 'Yes, 'availar the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII     Part V Endowment Funds. Complete if the organization inform 990, Part X, line 21, for year     O Provide the estimated percentage of the current year in O Prinry year     O Prinry year     O Prinry year     O Prinry year D Part VI. In Part D Part VI. In Part Part Part Part Part Part Part Part	b	Scholarly research	e	. 🗌 (	Other							
S 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?     Part M Escrow and Outstodial Arrangements. Complete if the organization answered "Yes" on Form 190, Part M, line 9, or     reported an amount on Form 190, Part X, line 21.     Is the organization angement in Part X line 21.     Is the organization angement in Part X line 21.     Is the organization angement in Part X line organization answered "Yes" on Form 190, Part Y, line 9, or     reported an amount on Form 190, Part X, line 21.     Secrow and Outstodial Arrangement in Part X line organization     additions of uring the year     Is a faile to organization include an amount on Form 100, Part X, line 21, for escrow or custodial account liability?     Ves     No     b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII     Texing balance     Is arrangement Purd S. Complete if the organization answered "Yes" on Form 100, Part X, line 21, for escrow or custodial account liability?     Ves     No     b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII     Texing balance     Is a contributions     Is arrangement Purd S. Complete if the organization answered "Yes" on Form 100, Part XII, line 21, for escrow or custodial account liability?     Ves     No     b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII     Indowment Funds. Complete if the organization answered "Yes" on Form 100, Part XIII in Complete if the organization has been provided on Part XIII     Gormitoutions     Contributions     No     the responditures for facilities     Ind organization sold account liability?     Is a balance     Is a bard designated or quasiandowment      _s%     Permarker tendowment      _s%     Permarker endowment      _s%	с	Preservation for future generations										
tops rold 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 answared 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 890, Part X         Ves         No.           1a         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 890, Part X         Ves         No.           b         If "Yes," explain the arrangement in Part XIII and complete the following table:         Amount         1d           c         Beginning balance         1d         1d         1d         1d           d         Additions during the year         1d         1d         1d         1d           2a         Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Yes         No           Part VV         Endowment FundS. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         Image: State (0) Four years back (0) Three years back (0) Four years back (0	4	Provide a description of the organization's co	ellections and explair	how the	ey further th	ne organization	n's exem	pt purpos	se in Part	XIII.		
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.         Ia       Is the organization an agent, trustee, custodial an or their intermediary for contributions or other assets not included on Form 990, Part X/       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Complete intermediary intermedintermedintery intermediary interevintermediary intermed	5	During the year, did the organization solicit or	r receive donations of	of art, his	torical treas	sures, or othe	r similar a	assets				
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?       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount         0       Beginning balance       1d         1d       1d       1d         2       Did thor outring the year       1d         2       Did thor organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       (e) Four years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance       (a) Current year end balance fline 1g, column (a) held as:       a       a         1a       Beginning of year balance       (a) Current year end balance fline 1g, column (a) held as:       a       a         1a       Beginning of year balance       (a) Current year end balance fline 1g, column (a) held as:       a       a       a         1a       Contributions       (b)       (c) Two years back       (c) Two yea		to be sold to raise funds rather than to be ma	aintained as part of t	he organi	ization's co	llection?				Yes		No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount       Amount         c       Beginning balance       Image: Complete the following table:       Amount       Image: Complete the following table:       Amount         1a       Complete the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII.       No       Image: Complete the organization answerd 'Yes' or Form 900, Part X, line 10.         Part V       Endowment Funds. Complete the organization answerd 'Yes' or Form 900, Part X, line 10.       Image: Complete the organization answerd 'Yes' or Form 900, Part X, line 10.         1a       Beginning of year balance       Image: Complete the organization answerd 'Yes' or Form 900, Part X, line 10.       Image: Complete the organization answerd 'Yes' or Form 900, Part X, line 10.         1a       Beginning of year balance       Image: Complete the organization answerd 'Yes' or Form 900, Part X, line 10.       Image: Complete the organization answerd 'Yes' or Form 900, Part X, line 10.         1a       Beginning of year balance       Image: Complete the organization answerd 'Yes' or Form 900, Part X, line 10.       Imagee	Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered "`	Yes" on I	Form 990	, Part IV, I	ine 9, or		
on Form 990, Part X?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1d         d       Additions during the year       1d         e       Detributions during the year       1d         d       Additions during the year       1d         d       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       (e) Four years back (e) Four years back if (e) Four years back		reported an amount on Form 990, Par	t X, line 21.									
b       If "Yes," explain the arrangement in Part XIII and complete the following table:	1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for c	ontribution	s or other ass	ets not ir	ncluded		_		_
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         2       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Ves       No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Ves       No         2       Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?       Ves       No         2       Print V       Endowment Funds. Complete if the organization answered "Ves" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back (d) Three years back (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (e) Four years back         1b       Controbutions		on Form 990, Part X?								Yes		No
c       Beginning balance       1c         d       Additions during the year       1d         e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII       Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (c) Four years back         a       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (c) Four years back         a draits or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (c) Four years back         f       Administrative expenditures for facilities       (a) Intraverse       (c) Two years back       (c) Two years back       (c) Four years back         f       Administrative expenses       (b) Cort rotin       (c) Two years back       (c) Four year       (c) Two years back </th <td>b</td> <td>If "Yes," explain the arrangement in Part XIII a</td> <td>and complete the fol</td> <td>llowing ta</td> <td>able:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing ta	able:							
d Additions during the year       1d         e Distributions during the year       1d         1 Ending balance       1t         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Dif "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         a Beginning of year balance       [a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b Contributions       [a] Current year       (b) Prior year       (c) Two years back       (e) Four years back         a Grants or scholarships       [a] Current year       [b] Prior year       [c] Two years back       (e) Four years back         g End of year balance       [a] End of year balance       [b] Privide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a board designated or quasi-endowment ▶										Amoun	t	
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       (e) Four years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a       Contributions       (b) Prior year       (c) Two years back       (e) Four years back         a       Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a       Grants or scholarships       (a) Current year end balance       (ine 1g, column (a)) held as:       (a) Contropy and balance       (fine 1g, column (a)) held as:       (f) Administrativ	С	Beginning balance						1c				
Image: ferring balance	d	Additions during the year						1d				
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, 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       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       (a) Current year end balance (line 1g, column (a)) held as:       Board designated or quasi-endowment ▶	е	Distributions during the year						1e				
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 390, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         f       Administrative expenses       (a) (a) the transmitter of the organization       (a)	f											
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         6       Cher expenditures for facilities       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back         a Administrative expenses       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a Board designated or quasi-endowment        (f) Administrative expenses       (f) Administrative expenses       (f) Administrative expenses       (f) Prior year         a Forer endowment        (f) Prior year       % <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>y?</td> <td>L</td> <td>Yes</td> <td></td> <td>No</td>		-						y?	L	Yes		No
(a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         1a       Beginning of year balance	_									<u></u>		
1a       Beginning of year balance       Image: Contributions       Image: Contributions         b       Contributions       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         e       Other expenditures for facilities       Image: Contributions       Image: Contributions       Image: Contributions         e       Other expenditures for facilities       Image: Contributions       Image: Contributions       Image: Contributions       Image: Contributions         g       End of year balance       Image: Contributions       Image: Contritement image: Contritement image: Contribu	Par	<b>t v</b>   <b>Endowment Funds.</b> Complete in								(-) [		heels
b       Contributions			(a) Current year	(D) P	rior year	(C) Two years	S DACK (	( <b>a)</b> Three y	ears Dack	(e) Fou	years	Dack
c       Net investment earnings, gains, and losses												
d Grants or scholarships												
e       Other expenditures for facilities and programs												
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 thuds not in the possession of the organization that are held and administered for the organization by:   (i)   (ii)   Unrelated organizations   (iii)   Related organizations   (iii)   Pert 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   b Buildings   c   Leasehold improvements   at and   b Buildings   c   Leasehold improvements   (c) Land, Buildings   c   Leasehold improvements   (d) Book value   b Buildings   c   Leasehold improvements   (c) Other   (c) Other   (c) Other												
f       Administrative expenses	е	Other expenditures for facilities										
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: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iiii) Related organizations answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>Quiption of property</li> <li>(a) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(d) Cost or other</li> <li>(e) Other</li> <li>(f) Cost or o</li></ul>	f	Administrative expenses										
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Term endowment ↓%         (i) Unrelated organizations         (ii) Unrelated organizations         (iii) Related organizations         b If "Yes" on line 3a(ii), are the related 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. <t< th=""><th>g</th><th>-</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></t<>	g	-										
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:	2			e (line 1g	, column (a)	) held as:						
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: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) ad(ii), are the related organization's endowment funds.</li> </ul> Yes No <ul> <li>3a(i)</li> <li>3a(i)</li> <li>3a(i)</li> <li>3a(i)</li> <li>3a(i)</li> <li>3b</li> <li>(ii)</li> </ul> 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 <li>(a) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>basis (investment)</li> <li>basis (other)</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>(c) Leasehold improvements</li> <li>(c) Leasehold improvements</li> <li>(c) Easehold improvements</li> <li>(c) Cot or ther</li> <li>(c) Accumulated</li> <li>(c) Accumulated</li> <li>(c) Accumulated</li> <li>(c) Accumulated</li> <li>(c) Accumulated</li> <li>(c) Acc</li>		-		_%								
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         (ii) Related organizations         3a fill         3a(j)												
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes No         (i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       Bescribe in Part XII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.       (c) Accumulated depreciation         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         1a Land       b Buildings	С		, -									
by: (i) Unrelated organizations (ii) Related organizations 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 Buildings c Leasehold improvements d Equipment e Other 0. (b) Cost or other (c) Accumulated (d) Book value (d) Book value (d) Book value (d) Book value (e Other (b) Cost or other (c) Accumulated (c) Book value (c) Accumulated (c) Accumulated (c) Accumulated (c) Book value (c) Accumulated (c) Book value (c) Accumulated (c) Acc			•									
(i) Unrelated organizations       3a(i)         (ii) Related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         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 (other)       (c) Accumulated depreciation         1a Land	3a	Are there endowment funds not in the posses	ssion of the organiza	ation that	are held ar	nd administere	ed for the	e organiza	ation	1		
(ii) Related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land		-									Yes	No
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land												
4 Describe in Part XII 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         1a       Land		(ii) Related organizations										
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         1a       Land	b									3b		
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         1a       Land	4			wment fu	unds.							
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land	Par				line 11e O		Deut V II					
basis (investment)     basis (other)     depreciation       1a Land				r					.			
b Buildings		Description of property			.,				d	( <b>d)</b> Boo	k value	Э
c Leasehold improvements         63,961.         60,599.         3,362.           e Other         0.	1a	Land										
d Equipment         63,961.         60,599.         3,362.           e Other         0.	b	Buildings										
e Other												
e Other	d	Equipment			6	3,961.		60,59	99.		3,30	52.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)												
	<u>Tota</u>	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	<u>X. colum</u>	n (B), line 1	0c.)					3,30	52.

Schedule D (Form 990) 2021

Schedule D (Form 99	0) 2021	KIDZ2LEADERS,	INC.

Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	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	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [	Description		(b) Book value
(1) COVID ERTC RECEIVABLE			45,942.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		45,942.
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	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) AGENCY FUNDS - INTERNS4TOM	ORROW		7,711.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		7,711.
	<u> </u>		·

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

Schedule D (Form 990) 2021

132053 10-28-21

Part VII Investments - Other Securities.

Sche	edule D (Form 990) 2021 KIDZ2LEADERS, INC.			58-2	2485924 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per Re		<u></u>
	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	926,695.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	44,400.		
с					
d					
е	Add lines 2a through 2d			2e	<u>44,400.</u> 882,295.
3	Subtract line 2e from line 1			3	882,295.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b	-43,502.		
с	Add lines 4a and 4b			4c	-43,502.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	838,793.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	Returr	۱.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	782,204.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	44,400.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	43,502.		
е	Add lines 2a through 2d			2e	<u>87,902.</u> 694,302.
3	Subtract line 2e from line 1			3	694,302.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	694,302.
Do	rt XIII Supplemental Information.				

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

PART X, LINE 2:

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THE ORGANIZATION IS

EXEMPT FROM TAXES ON INCOME OTHER THAN UNRELATED BUSINESS INCOME.

THE ORGANIZATION UTILIZES THE ACCOUNTING REQUIREMENTS ASSOCIATED WITH

UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING

STANDARDS BOARD (FASB) ASC 740, INCOME TAXES. USING THAT GUIDANCE, TAX

POSITIONS INITIALLY NEED TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN

IT IS MORE LIKELY THAN NOT THE POSITIONS WILL BE SUSTAINED UPON

EXAMINATION BY THE TAX AUTHORITIES. IT ALSO PROVIDES GUIDANCE FOR

DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN

INTERIM PERIODS, DISCLOSURE AND TRANSITION. AS OF DECEMBER 31, 2021 AND Schedule D (Form 990) 2021 132054 10-28-21

	(Form 990) 2021	KIDZ2LEADERS,	INC.
Part XIII	Supplemental	Information (continued)	

2020, THE ORGANIZATION HAS NO UNCERTAIN TAX PROVISIONS THAT QUALIFY FOR

RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

### SPECIAL EVENT EXPENSES

43,502.

-43,502.

Schedule D (Form 990) 2021

132055 10-28-21

SCHEDULE G	Suppleme	ntal Infor	mation Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)			ion answered "Yes" on n entered more than \$1				or 19,	or if the	2021
Department of the Treesury		ganizatioi	Attach to Form 990			-			Open to Public
Department of the Treasury Internal Revenue Service	► Go	to www.irs	s.gov/Form990 for instr				on.		Inspection
Name of the organization	" KIDZ2LE	ADERS,	INC.					Employer ide 58-2485	entification number 5924
	ing Activities.	Complete	if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
	complete this part		rough any of the followin	a activ	vities (	Check all that apply			
a Mail solicitat						overnment grants			
<b>b</b> Internet and	email solicitations	i	f 🧾 Solicita	tion of	gover	nment grants			
c Phone solici			g 🔄 Special	fundra	aising	events			
d In-person so		r oral agree	ment with any individual	(inclus	ling of	ficara directore true	tooo	or	
· ·		•	itity in connection with p	•	Ũ		iees,		s 🗌 No
			itities (fundraisers) pursu			•	he fu		
compensated at le	east \$5,000 by the	organizatio	n.						
				(iii) fundr	Did		(v)	Amount paid	(vi) Amount paid
(i) Name and addres or entity (fund			(ii) Activity	have c	aiser ustody trol of	(iv) Gross receipts from activity		or retained by) fundraiser	to (or retained by)
				contrib	utions?	noni activity	lis	ted in col. (i)	organization
				Yes	No				
					<u> </u>				
3 List all states in wh	ich the organizatio		ed or licensed to solicit o	contrib	utions	or has been notified	it is	exempt from re	egistration
or licensing.									
LHA For Paperwork R	eduction Act Noti	na saa tha	Instructions for Form (	200 or	000 5	7		Sabadul	e G (Form 990) 2021
	Guudion Act NOL	, see uie		50 U	330-E			Scheuul	e a (i oini 990) 202 l

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			RALLY4THEKID	G 3 T 3	4	(add col. (a) through
			Z (event type)	GALA (event type)	(total number)	col. <b>(c)</b> )
	1	Gross receipts	50,300.	20,126.	42,120.	112,546
	'			20,120.	40,1200	112,340
	2	Less: Contributions	50,300.	20,126.	11,186.	81,612
	3	Gross income (line 1 minus line 2)			30,934.	30,934
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
-	8	Entertainment				10.500
	9	Other direct expenses			30,934.	43,502
		Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from				<u>43,502</u> -12,568
			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (ad
				bingo/progressive bingo	() 3 3	col. (a) through col. (a
2222	1	Gross revenue		biligo/progressive biligo	(, 5 5	col. (a) through col. (a
		Gross revenue				col. (a) through col. (a
						col. (a) through col. (a
	2	Cash prizes				col. (a) through col. (a
	2	Cash prizes				col. (a) through col. (c
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs			Yes% No	col. (a) through col. (c
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	└── Yes% └── No	%	☐ Yes%	col. (a) through col. (c
	2 3 4 5 7	Cash prizes		□ Yes% □ No	Yes% No	col. (a) through col. (a
	2 3 4 5 7 8	Cash prizes	Yes %           No           1 5 in column (d)           7 from line 1, column (d)	□ Yes% □ No	Yes% No	col. (a) through col. (a
	2 3 4 5 7 8 Ent	Cash prizes	Yes%           No           1 5 in column (d)           7 from line 1, column (d)           ucts gaming activities:	☐ Yes%	Yes% No	
	2 3 4 5 6 7 8 Ent	Cash prizes	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: activities in each of these s	☐ Yes%	Yes% No	
	2 3 4 5 6 7 8 Ent Is t Is t If "	Cash prizes	Yes% No No f 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	Yes% No	Yes% No	Yes N
	2 3 4 5 6 7 8 Ent Is t Is t If "	Cash prizes	Yes% No No f 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	Yes% No	Yes% No	Yes N

Sche	dule G (Form 990) 2021	KIDZ2LEADERS,	INC.	58-2485924 Page 3
11	Does the organization conduct	gaming activities with nonmemb	pers?	
12	Is the organization a grantor, b	eneficiary or trustee of a trust, or	a member of a partnership or other entity formed	
	to administer charitable gaming	J?		Yes No
13	Indicate the percentage of gam	ing activity conducted in:		
14	Enter the name and address of	the person who prepares the or	ganization's gaming/special events books and reco	ords:
	Name 🕨			
	Address 🕨			
15a	Does the organization have a c	ontract with a third party from w	hom the organization receives gaming revenue?	Yes No
b	If "Yes." enter the amount of g	aming revenue received by the o	rganization 🕨 \$ and the ar	nount
		the third party $\triangleright$ \$		
	If "Yes," enter name and addre			
	Name 🕨			
	Address 🕨			
16	Gaming manager information:			
	Name 🕨			
	O			
	Gaming manager compensatio	n ▶ \$		
	Description of services provide	d 🕨		
		-		
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions:			
		ter state law to make charitable	distributions from the gaming proceeds to	
	retain the state gaming license	-		Yes No
	• •		e distributed to other exempt organizations or spen	
		vities during the tax year 🕨 💲		
Par			ations 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.	
13208	3 10-21-21			Schedule G (Form 990) 2021
			33	

	Supplemental informat	(00//////004)		
_				
132084 11-18-2	21			Schedule G (Form 990)

SCHEDULE I (Form 990)		Go	irants and Oth vernments, an ete if the organization	d Individua	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Internal Revenue S			► Go to www.ir	Attach to For s.gov/Form990 for	m 990. r the latest inforn	nation.		Open to Public Inspection
Name of the c	organization KIDZ2LEAD	ERS, INC.		•				Employer identification number $58-2485924$
Part I G	eneral Information on Grants a	nd Assistance						
criteria u	e organization maintain records t used to award the grants or assis e in Part IV the organization's pro	tance?						
Part II G	rants and Other Assistance to I	Domestic Organiz	ations and Domestic	Governments.	Complete if the org	anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
<b>1 (a)</b> Nam	ne and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3 Enter to	ntal number of section 501(c)(3) and the section solution of other organizations of other organizations of the section of the	s listed in the line 1	table					

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

Schedule I (Form 990) 2021

KIDZ2LEADERS, INC.

58-2485924 Page 2

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	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SSISTANCE & SCHOLARSHIPS	27	15,519.	0.		

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

PART I, LINE 2:

IN 2014 THE ELGAR FAMILY STARTED THE ELGAR FAMILY SCHOLARSHIP FUND. A

SCHOLARSHIP COMMITTEE COMPRISED OF KIDZ2LEADERS STAFF AND A MEMBER OF THE

ELGAR FAMIY MEETS AT LEAST SEMI-ANNUALLY TO REVIEW SCHOLARSHIP

APPLICATIONS/REQUESTS TO DETERMINE IF PRE-ESTABLISHED CRITERIA ARE MET.

INDIVIDUAL AWARDS ARE MADE BASED ON NEED. RECIPIENTS REPORT SEMI-ANNUALLY

ON THEIR ACADEMIC ACHIEVEMENT.

OTHER FINANCIAL ASSISTANCE MAY BE PROVIDED TO A FAMILY ON AN AS-NEEDED

### BASIS NOT TO EXCEED \$500 PER YEAR PER FAMILY. THIS ASSISTANCE REQUIRES THE

36

Schedule I (	(Form 990
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Part IV Supplemental Information

APPROVAL OF THE KIDZ2LEADERS EXECUTIVE DIRECTOR.

Schedule I (Form 990)

### SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Part I

Name of the organization

**Types of Property** 

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.

2021
Open to Public

-			

nployer identification number
58-2485924

En KIDZ2LEADERS, INC.

		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of deter		erminin	rmining	
		applicable contr		amounts reported on		contribut		0	i
4	Art Morte of ort		literns contributed	Form 990, Part VIII, line 1g					
1 2	Art - Works of art Art - Historical treasures								
2									
4	Art - Fractional interests Books and publications								
<del>-</del> 5	Clothing and household goods	X		37,882.	<u>האד מא</u> ש	SHOP	VAT.	E	
6	Cars and other vehicles			57,002.		DIIOI	V 1 1 1		
7									
8	Boats and planes 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 organi	zation during	g the tax year for co	ontributions					
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement					
						_	١	/es	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it				
	must hold for at least three years from the date of the initial contribution, and which isn't required to be used for								
	exempt purposes for the entire holding period	?				L	30a		Х
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?								Х
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash									
	contributions?								Х
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.								
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 990	).	Sc	hedule M	(Form	990)	2021

58 - 2485924Page 2

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

132142 11-17-21	Schedule M (Form 990) 202
	39
31024 794202 KIDZ001X	2021.04030 KIDZ2LEADERS, INC. KIDZ

SCHEDULE O (Form 990)

Name of the organization

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.



KIDZ2LEADERS, INC.

58-2485924 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: CHRISTIAN COMMUNITY FOR CHILDREN OF INMATES. WE ACCOMPLISH THIS BY HELPING THEM RISE ABOVE THEIR CIRCUMSTANCES, ENPOWERING THEM TO BECOME LEADERS AND PROVIDING A LIFE OF HOPE THROUGH INTENTIONAL, FAITH-BASED PROGRAMMING IN A LOVING ENVIRONMENT. OUR 10-YEAR PROGRAM CONTINUUM IS DESIGNED TO CULTIVATE LONG-TERM, SUPPORTIVE RELATIONSHIPS, BEGINNING WITH CHILDREN AT AGE EIGHT AND SERVING THEM AND THEIR FAMILIES THROUGH YOUNG ADULTHOOD. WE BELIEVE IT IS ONLY THROUGH THIS LONG-TERM COMMITMENT THAT WE CAN TRULY END GENERATIONAL INCARCERATION. YOUNG ADULTS WHO COMPLETE OUR DECADE OF PROGRAMMING ARE ON A TRAJECTORY TOWARD LIVING THEIR LIVES FREE FROM INCARCERATION AND CONTRIBUTING POSITIVELY TO THEIR COMMUNITIES. PROGRAMS ARE PROVIDED AT NO CHARGE TO OUR PARTICIPANTS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OF HOPE THROUGH INTENTIONAL, FAITH-BASED PROGRAMMING IN A LOVING ENVIRONMENT. OUR 10-YEAR PROGRAM CONTINUUM IS DESIGNED TO CULTIVATE SUPPORTIVE RELATIONSHIPS, BEGINNING WITH CHILDREN AT AGE LONG-TERM, EIGHT AND SERVING THEM AND THEIR FAMILIES THROUGH YOUNG ADULTHOOD. WE BELIEVE IT IS ONLY THROUGH THIS LONG-TERM COMMITMENT THAT WE CAN TRULY END GENERATIONAL INCARCERATION. YOUNG ADULTS WHO COMPLETE OUR DECADE OF PROGRAMMING ARE ON A TRAJECTORY TOWARD LIVING THEIR LIVES FREE FROM INCARCERATION AND CONTRIBUTING POSITIVELY TO THEIR COMMUNITIES. PROGRAMS ARE PROVIDED AT NO CHARGE TO OUR PARTICIPANTS.

Schedule O (Form 990) 2021 Name of the organization KIDZ2LEADERS, INC.	Page 2 Employer identification number 58-2485924						
	•						
WHO SUCCESSFULLY COMPLETE CORNERSTONE AND CONSISTS OF RISING SEVENTH, EIGHTH AND NINTH GRADERS. LTA BUILDS ON THE FOUNDATION SET FORTH IN							
CORNERSTONE. THIS CAMP ENGAGES CORPORATE LEADERS, MOTIVAT							
SPEAKERS, AND PROFESSIONAL ATHLETES TO SPEAK TO, WORK WITH							
ENCOURAGE OUR CAMPERS TO BECOME CHRISTIAN SERVANT LEADERS.							
PARTICIPATE IN TEAM BUILDING EXERCISES TO REINFORCE THE LE	ADERSHIP						
TOPICS OF THE DAY. WHEN CAMPERS GRADUATE FROM LTA, THEY AR	E ELIGIBLE TO						
SERVE AS TEEN COUNSELORS TO CAMPERS. THEY CAN ALSO PROGRE	SS TO CABIN						
LEADERS AND PAID SUMMER CAMP STAFF. THE CAMP AND OTHER PR	OGRAMS ARE						
NO-CHARGE TO CAMPERS AND CAMPER-TURNED-COUNSELORS.							
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:							
BEGINNING IN 2016, KIDZ2LEADERS STARTED HOLDING FAMILY RET	'REAT						
WEEKENDS. THE FAMILIES PLAY, BIKE, COOK, FISH, CLIMB, PAIN	IT AND WORSHIP						
TOGETHER. PARENTS AND CUSTODIANS SPEND TIME IN BIBLE STUDY	AND SHARING						
GROUPS. THESE SEMI-ANNUAL EVENTS PROVIDE MEALS, LODGING,	BUS						
TRANSPORTATION, AND ALL ACTIVITIES AND SUPPLIES TO THE PARTICIPATING							
FAMILIES. CAMPERS ARE REUNITED WITH THEIR FRIENDS IN A FAM	IILIAR						
CAMP-LIKE SETTING AND PARENTS AND CUSTODIANS SHARE FOOD, F							
FUN WITH OTHERS. OTHER KIDZ2LEADERS PROGRAMS INCLUDE HOPE4							
PARTY FOR OUR CAMPERS WHERE THEY ARE REUNITED WITH THEIR C							
CELEBRATE THE SEASON, AND RECEIVE GIFTS AND GROCERY CERTIF							
KIDZ2LEADERS ALSO HOST FIELD TRIPS WITH FUN ACTIVITIES FOR							
THROUGHOUT THE YEAR.							
EXPENSES \$ 15,519. INCLUDING GRANTS OF \$ 15,519. REVENU	<u>'</u> , v.						
FORM 990, PART VI, SECTION A, LINE 2:							

CHRISTINA CUMMINGS, EXECUTIVE DIRECTOR, AND BOB GRAFF, BOARD CHAIR, HAVE A 132212 11-11-21 Schedule O (Form 990) 2021 41

2021.04030 KIDZ2LEADERS, INC.

Name of the organization

KIDZ2LEADERS, INC.

Employer identification number 58 - 2485924

FAMILY RELATIONSHIP.

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

FORM 990 IS DISTRIBUTED TO THE BOARD FOR REVIEW PRIOR TO SUBMISSION TO THE

IRS.

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

EACH PERSON IS REQUIRED TO READ AND SIGN THE CONFLICT OF INTEREST DOCUMENT

AT THE BEGINNING OF EACH YEAR.

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

EACH YEAR, THE TREASURER OF THE CORPORATION DELIVERS TO THE BOARD OF

DIRECTORS A PROPOSED BUDGET FOR THEIR APPROVAL. WITHIN THAT BUDGET IS THE

FULLY DISCLOSED COMPREHENSIVE PACKAGE, INCLUDING COMPENSATION AND

REIMBURSABLES OF THE EXECUTIVE DIRECTOR. WITHIN THOSE MEETINGS THE SALARY

IS DISCUSSED AND APPROVED. NO OUTSIDE AGENCIES ARE INCLUDED IN THIS

DECISION MAKING.

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

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE. OTHER GOVERNING DOCUMENTS ARE PROVIDED FREE BY REQUEST TO WHOMEVER WISHES TO CALL, WRITE OR EMAIL TO REQUEST THE INFORMATION.

132212 11-11-21

(Rev. January 2022)

## Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a	separate	application	for	each	return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	or Name of exempt organization or other filer, see instructions. KIDZ2LEADERS, INC.			Taxpayer identification number (TIN)				
print				58-2485924				
File by the due date for Mumber, street, and room or suite no. If a P.O. box, see instructions.								
	eturn. See       ISOS ISONIAL ROBALLI ROBALI ROBALLI ROBALLI ROBALI ROBALLI ROBALLI ROBALI ROBALLI ROBALLI ROB							
Enter t	ne Return Code for the return that this application is for (file	e a separa	te application for each return)			01		
Application			Application			Return		
ls For		Code	Is For			Code		
Form 9	90 or Form 990-EZ	01	Form 1041-A					
Form 4	720 (individual)	03	Form 4720 (other than individual)			09		
Form 990-PF			Form 5227			10		
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 9	90-T (trust other than above)	06	Form 8870			12		
Form 9	90-T (corporation) SUSAN H. SCALF	07						
<ul> <li>If th</li> <li>If th</li> <li>box </li> <li>1</li> <li>t</li> <li>t</li> <li>J</li> </ul>	request an automatic 6-month extension of time until he organization named above. The extension is for the orgation $\mathbf{X}$ calendar year $2021$ or	Group Exe and atta NOVE1 anization's , an	mption Number (GEN) I ch a list with the names and TINs of <u>MBER 15, 2022</u> , to file return for: d ending	f this is fo all memb	r the whole gro ers the extension npt organization	on is for.		
	f this application is for Forms 990-PF, 990-T, 4720, or 6069 iny nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.		
b l	f this application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and					
e	stimated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.		
сE	Balance due. Subtract line 3b from line 3a. Include your pa	yment witl	h this form, if required, by					
using EFTPS (Electronic Federal Tax Payment System). See			ns.	3c	\$	0.		
Cautio instruc	<b>n:</b> If you are going to make an electronic funds withdrawal tions.	(direct det	bit) with this Form 8868, see Form 84	153-TE and	d Form 8879-TE	for payment		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)