			** PUBLIC DISCLOSURE COPY * Return of Organization Exempt Fron		OMB No. 1545-0047
For	 Q	90			
1 011			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code Do not enter social security numbers on this form as it may		
Depa Interi	rtment o nal Reve	of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the late		Open to Public Inspection
AF	or th	e 2023 calend	ar year, or tax year beginning JUL 1,2023 and ending	JUN 30, 2024	
	Check if applicab	e: C Name or	forganization	D Employer identif	ication number
	Addre		IDS, INC.		
	Name		usiness as	54-14777	99
	Initial return	Number	and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone numb	er
	Final Feturn		POINDEXTER STREET	757-622-	
	termir ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	13,012,002.
	Amen return		APEAKE, VA 23324	H(a) Is this a group	
	Applic tion pendi		nd address of principal officer: THALER MCCORMICK	for subordinate	
		SAME	AS C ABOVE	H(b) Are all subordinates	
		empt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or FORKIDS.ORG		a list. See instructions
	Nebsi			H(c) Group exemption	on number M State of legal domicile: VA
	art I	Summary		rear of formation. 1991	M State of legal dofinicite. VA
	1		e the organization's mission or most significant activities: BREAKING	THE CYCLE OF	
e	'		SNESS AND POVERTY FOR FAMILIES AND CH		
Governance	2	Check this bo			eete
/err	3				25
ğ	4		lependent voting members of the governing body (Part VI, line Ta)		
	1 ·				179
Activities &			of individuals employed in calendar year 2023 (Part V, line 2a)		1162
ti			of volunteers (estimate if necessary)		
Ac			business taxable income from Form 990-T, Part I, line 11		
		Net unrelated		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)	10,683,075.	
Revenue	9			32,303.	
ver		•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)	607,654.	
Be			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	494,363.	-
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,817,395.	
			nilar amounts paid (Part IX, column (A), lines 1-3)	0.	· · · ·
			to or for members (Part IX, column (A), line 4)	0.	
	45		compensation, employee benefits (Part IX, column (A), lines 5-10)	6,790,531.	7,414,090.
Ises	16a		undraising fees (Part IX, column (A), line 11e)	0.	0.
Expenses	b		ing expenses (Part IX, column (D), line 25) 444,591.		
ы	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	4,874,019.	5,949,616.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,664,550.	
			expenses. Subtract line 18 from line 12	152,845.	
or			·	Beginning of Current Year	End of Year
iets lanc	20	Total assets (F	Part X, line 16)	30,028,552.	29,502,603.
ASS	21	Total liabilities	(Part X, line 26)	512,848.	
Net Assets or	22		fund balances. Subtract line 21 from line 20	29,515,704.	
	art II	Signature			
Und	er pena	alties of perjury,	I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	y knowledge and belief, it is
true	, corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	

Sign	Signature of officer		Date
Here	THALER MCCORMICK, CHIEF EXECUTIVE OF	FICER	
	Type or print name and title		
	Print/Type preparer's name Preparer's signature		Date Check X PTIN
Paid	JENNIFER N. FRENCH, CPA JENNIFER N.	FRENCH,	02/04/25 self-employed P00659678
Preparer	Firm's name PBMARES , LLP		Firm's EIN 54-0737372
Use Only	Firm's address 701 TOWN CENTER DRIVE, SUITE	900	
	NEWPORT NEWS, VA 23606		Phone no. 757 - 873 - 1587
May the IF	RS discuss this return with the preparer shown above? See instructions		X Yes No
LHA For	Paperwork Reduction Act Notice, see the separate instructions.	332001 12-21-23	Form 990 (2023)

Form	1990 (2023) FORKIDS, INC. 54-1477799 Page
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE CRISIS RESPONSE, HOUSING, EDUCATION AND OTHER CRITICAL
	SERVICES TO FAMILIES FACING HOMELESSNESS AND POVERTY (WWW.FORKIDS.ORG)
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	
Ĩ	FORKIDS PROVIDES A CONTINUUM OF SHELTER, HOUSING AND ECONOMIC MOBILITY
	SERVICES THAT SUPPORT FAMILIES IN OBTAINING AND MAINTAINING AFFORDABLE
	HOUSING, ESTABLISHING FAMILY STABILITY AND ESTABLISHING A LIVING WAGE
	FOR LONG-TERM SUSTAINABILITY. FOR THE YEAR ENDED JUNE 30, 2024, 704
	HOUSEHOLDS WITH 1,660 CHILDREN OBTAINED HOUSING STABILIZATION AND
	COACHING SERVICES AND ESTABLISHED REALISTIC GOALS FOR THE FUTURE.
4b	(Code:) (Expenses \$ 1,727,540. including grants of \$) (Revenue \$
	THE EDUCATION TEAM AT FORKIDS ENSURES EVERY STUDENT HAS THE BEST CHANCE
	TO NOT JUST SUCCEED IN SCHOOL, BUT TO EXCEL. ACADEMIC PROGRAMS
	MEASURABLY CLOSE ACHIEVEMENT GAPS WHILE ENRICHMENT ACTIVITIES AND
	SUMMER PROGRAM REINFORCE LEARNING, TEACH LIFE SKILLS AND ENHANCE
	SOCIAL-EMOTIONAL COMPETENCIES. FOR THE YEAR ENDED JUNE 30, 2024, 454
	CHILDREN RECEIVED EDUCATION SERVICES.
4c	
	THE HOUSING CRISIS HOTLINE, OPERATED BY FORKIDS, SERVES AS THE CENTRAL
	POINT OF INTAKE FOR HOUSEHOLDS EXPERIENCING A HOUSING CRISIS, ANSWERING
	77,446 CALLS IN FY24. INTAKE SPECIALISTS CONNECT CALLERS TO ANY ONE OF
	HUNDREDS OF PUBLIC AND PRIVATE RESOURCES THROUGHOUT SOUTHEASTERN VIRGINIA. FORKIDS' EXTENDED SERVICES, SPANNING 14 LOCALITIES AND OVER
	3,000 SQUARE MILES, IMPACTED NEARLY 75,000 PEOPLE IN FY24.
	5,000 BOOME MIELD, IMIACIED NEAKET 75,000 FEOTEE IN 1124.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 11,703,509.
10000	Form 990 (202
N32002	² 12-21-23 3
	5

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	t IV Checklist of Required Schedules			aye 👻
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		100	
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	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			
	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			
	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			
	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,			
	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			
	Schedule D, Part III	8		X
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?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	L
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		x
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	- 22	X
13 14a	Did the energy institute an efficiency of the energy of the energy of the last of the destated of the second s	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	140		<u></u>
U	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	х	
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		X
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332003 12-21-23

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Form 990 (2023)

FORKIDS, INC.

Form	990	(2023)
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 Form 990 (2023)
 FORKIDS, 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		X
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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	258		
D	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	200		
20	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,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	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? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
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	Х	
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	Х	L
	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?			v
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		v
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	30	17	I
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 291		103	110
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
-	(gambling) winnings to prize winners?	1c	х	
332004	¥ 12-21-23	Form		(2023)

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	990 (2023) FORKIDS, INC.	54-14777	799	Pa	age 5
Par	t V 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,				
	filed for the calendar year ending with or within the year covered by this return 2a	179			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? \dots		2b	Х	
			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorit	y over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	:)?	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 Accounts	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	·····	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organ	nization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	gifts			
	were not tax deductible?	·····	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services pr	ovided to the payor?	7a	X	
		····· -	7b	X	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requ	ired			
	to file Form 8282?		7c	Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year7d	1			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	?	7e		X
f		·····	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889	· · · · ·	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		•		
•			8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a h	Did the sponsoring organization make any taxable distributions under section 4966?		9a 9b		
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		30		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders 11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	Γ	13a		
	Note: 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				
	organization is licensed to issue qualified health plans				
с	Enter the amount of reserves on hand 13c				
			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	[14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment incom	ie?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	·····	17		
	If "Yes," complete Form 6069.			0000	
332005	i 12-21-23		Form	990	(2023)

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⁶ 2023.05040 FORKIDS, INC.

In a Enter the number of voting members of the governing body at the end of the tax year 1a 25 If there are matrial differences in voting rights among members of the governing body, or if the governing body degreed bread attheres included on line 1a, above, who are independent 24 If any officer, director, trustee, or key employees have a family relationship or a business relationship with any other direct supervision of officers, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management duties customarily performed by or under the direct supervision of officers, directors, trustee, or key employees to a management duties customarily performed by or under the direct supervision of the organization bave members os stockholders? 4 B Ud the organization bave members os stockholders? 6 6 7a Det due organization bave members os stockholders? 6 9 L the organization bave members of the governing body? 8 8 9 L the organization have members of the governing body? 8 8 9 L back committee with authority to act on behalf of the governing body? 8 8	Par			d for a "No"	respoi	ns
Decision A. Governing Body and Management Yet 1a Enter the number of voting members of the governing body at the end of the taxy year Yet 11 The are material differences in voting mights among members of the governing body, or 11 the governing tody, or 11 the governing tody or 12 to 12 tody or 12 tody		to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	. See instructions.			
ia Enter the number of voling members of the governing body at the end of the tax year 1a 25 if there are material differences in voling rights among members of the governing body, of if the governing body. 1a 21 if there are material differences in volting rights among members of the governing body, or if the governing body. 1a 21 if there are material differences in volting rights among members of the governing body. 1a 24 if there are material differences in volting on the 1s, above, who are independent 1b 244 if the organization become away employees to a management company or other person? 3 3 if the organization have members or stockholders? 6 6 if the organization have members or stockholders? 6 6 if the organization have members or stockholders? 6 7a if the organization have members or stockholders? 7a 7b if the organization contemporane or the governing body? 7b 7a if the organization reserved to (or subject to approval by) members, stockholders, or represens of the organization same part of the governing body? 7b if the organization material address? 7b 8b 2a if the organization nave writhin policis and frite governing body?		Check if Schedule O contains a response or note to any line in this Part VI				
In Enter the number of voting members of the governing body, of the sporting body displated inose during rights among members of the governing body, of the sporting body displated inose during the sport and sport of the sporting body. 10 23 If the sear entative of voting members included on line 1a, above, who are independent 10 24 De Dary officer, director, trustee, or key employees to a management domay performed by or under the direct supervision of officers, director, trustee, or key employees to a management domay performed by or under the direct supervision of officers, director, trustees, or key employees to a management domay of the organization's assets? 2 Do the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Do the organization have members or stocholders? 6 7 7 7 7 Do the organization have members, stocholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8	Sect	tion A. Governing Body and Management				_
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State the name, address, and telephone number of the person who possesses the organization's books and records SARAH JOHNSON - 757-622-6400 1001 POINDEXTER STREET, CHESAPEAKE, VA 23324			onflict of interest polic	cy, and finan	cial	
SARAH JOHNSON - 757-622-6400 1001 POINDEXTER STREET, CHESAPEAKE, VA 23324						
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Form 990 (2023) FORKIDS, INC.	54-1477799	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated	
Employees, and Independent Contractors		
Check if Schedule O contains a response or note to any line in this Part VII		
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
 1a Complete this table for all persons required to be listed. Report compensation for the calendar year endir List all of the organization's current officers, directors, trustees (whether individuals or organizations), 	č	

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos	itior	۱ than d	ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	aau	recio	or/trus	lee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	ll trus		/ee	mpen		1099-NEC)	1033-NEO)	and related
	below	dual t	Institutional trustee	-	mplo	st co	Ŀ	,		organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			5
(1) THALER MCCORMICK	40.00									
CORPORATE SECRETARY/CEO		х		х				206,693.	Ο.	22,956.
(2) WILLIAM YOUNG	40.00									
CHIEF INNOVATION OFFICER		1		х				149,405.	Ο.	19,864.
(3) SARAH JOHNSON	40.00									
CHIEF OPERATING OFFICER		1		х				138,846.	Ο.	5,795.
(4) SHARHONDA WOODS	40.00									
CHIEF PEOPLE OFFICER		1		х				118,970.	Ο.	19,240.
(5) BLYTHE ANN SCOTT	5.00									
CHAIRPERSON		X						0.	Ο.	0.
(6) ROBERT FINCH	1.00									
DIRECTOR		Х						0.	0.	0.
(7) JENN PFITZNER	5.00									
TREASURER		Х		Х				0.	0.	0.
(8) MIKE MELO	1.00									
DIRECTOR		Х						0.	0.	0.
(9) TORAE ARTIS	1.00									
DIRECTOR		Х						0.	0.	0.
(10) STUART BIRKEL	1.00									
DIRECTOR		Х						0.	0.	0.
(11) JILL BROOME	1.00									
DIRECTOR		Х						0.	0.	0.
(12) SUSAN BATEMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(13) CLINE REASOR	1.00									
VICE CHAIR		Х						0.	0.	0.
(14) JENNI BIVINS	1.00									
DIRECTOR		Х						0.	0.	0.
(15) ANDREW COHEN	1.00									
DIRECTOR		Х						0.	0.	0.
(16) MICHAEL CUMMINGS	1.00									
DIRECTOR		Х						0.	0.	0.
(17) LAURA CALVERT	1.00								_	
DIRECTOR		Х						0.	0.	0.
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Form 990 (2023) FORKIDS,	INC.								54-1477	799	Page 8
Part VII Section A. Officers, Directors, Trus	stees, Key Emp	ploy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)		
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average	(do		Pos		ר than c	ne	Reportable	Reportable	Estin	nated
	hours per	box	, unles	ss per	rson i	is both	n an	compensation	compensation	amor	unt of
	week		cer an	dad	irecto	or/trus	tee)	from	from related	ot	her
	(list any	rector						the	organizations		ensation
	hours for related	or di	e			ated		organization	(W-2/1099-MISC/		n the
	organizations	ustee	trust		9	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		ization elated
	below	ual tr	tional		ploye	t con		1099-NEC)			zations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			l	Zutionio
(18) ELEY DUKE III	1.00		=	0	\leq	<u> </u>	ш			-	
DIRECTOR		x						0.	0.		0.
(19) DEBORAH POSEY	1.00									+	
DIRECTOR	1.00	х						0.	0.		0.
(20) GYMAMA SLAUGHTER	1.00							0.	0.		0.
DIRECTOR	1.00	x						0.	0.		0.
(21) GEORGE FAATZ	5.00	^						0.	0.		0.
	5.00	v						0	0		0
DIRECTOR	1 00	Х						0.	0.	<u> </u>	0.
(22) CHAD OUTLAW	1.00								0		0
DIRECTOR	1 00	Х						0.	0.	<u> </u>	0.
(23) NITA JAIN	1.00								•		•
DIRECTOR	1	Х						0.	0.	<u> </u>	0.
(24) KYLA SHAWYER	1.00								-		
DIRECTOR		Х						0.	0.		0.
(25) DR. MONIQUE FARRINGTON	1.00										
DIRECTOR		Х						0.	0.		0.
(26) KIM AUSTIN-PETERMAN	1.00										
DIRECTOR		Х						0.	0.		0.
1b Subtotal								613,914.	0.		,855.
c Total from continuation sheets to Part V	II, Section A							0.	0.		0.
d Total (add lines 1b and 1c)								613,914.	0.	67	,855.
2 Total number of individuals (including but r								eceived more than \$100,	000 of reportable		
compensation from the organization											4
·										Y	es No
3 Did the organization list any former officer	, director, truste	ee, k	key e	mpl	ove	e, or	hiq	hest compensated emp	ovee on		
line 1a? If "Yes," complete Schedule J for s				•			Ŭ			3	X
4 For any individual listed on line 1a, is the s											
and related organizations greater than \$15										4 2	x
5 Did any person listed on line 1a receive or	,										
rendered to the organization? If "Yes." con	•									5	x
Section B. Independent Contractors	ipiele Schedule	- 0 10	<u> </u>		5613						
1 Complete this table for your five highest co	mpensated ind	lene	nder	nt co	ontra	actor	rs th	nat received more than \$	100 000 of compense	ation from	1
the organization. Report compensation for	•	•							· ·		
(A)	the balendar ye			ig w		01 001		(B)		(C)	
Name and business	address							Description of s	ervices	Compensa	ation
HEALTHY CHESAPEAKE, 667 B	TNGSBOR		GH								
SQUARE, CHESAPEAKE, VA 23			•					CONSULTING		157	,000.
	5520							0011000111110			,
								· · · · ·			
2 Total number of independent contractors (i	•	ot lin	nited	to	thos 1	se lis 1	ted	above) who received mo	bre than		
\$100,000 of compensation from the organ		T > 7		<u>m -</u>		L ~				- 01	
SEE PART VII, SECTION	N A CONT	τN	UΑ	Τ,Τ	UΝ	IS.	нĽ	ETS		Form 99	90 (2023)

332008 12-21-23

Form 990 FORKIDS,	INC.								54-147	7799			
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours			Pos	C) ition that		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of			
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations			
(27) REV. WILLIAM TYREE DIRECTOR	1.00	x						0.	0.	0.			
(28) CHARLES ED WHITE, III DIRECTOR	1.00	x						0.	0.	0.			
Total to Part VII, Section A, line 1c							<u></u>						

332201 04-01-23

ar	t VIII									Г
		Check if Schedule O	conta	ains a respo	onse	or note to any line	<u>(A)</u> (A) Total revenue	Related or exempt	(C) Unrelated business revenue	Revenue exclu
ş	1 a	Federated campaigns		1a		891,380.				
uno		Membership dues								
and Other Similar Amounts	с	Fundraising events		1c		1,704,401.				
ar /		Related organizations								
Ē	е	Government grants (contr	ibutio	ons) 1e		5,408,920.				
S	f	All other contributions, gifts,	grant	s, and						
the		similar amounts not included	abov			4,073,669.				
p	g	Noncash contributions included in	lines 1	a-1f 1g	\$	651,243.				
an	h	Total. Add lines 1a-1f					12,078,370.			
	2 a					531110	27,740.	27,740.		
P	b									
/eni	c									
Revenue	d									
	e 4	All other program service	rovor							
		Total. Add lines 2a-2f					27,740.			
	3									
	•	Investment income (including dividends, interest, and other similar amounts)				367,009.			367,0	
	4	Income from investment of tax-exempt bond proc				,			,	
	5	Royalties			F					
		,		(i) Rea		(ii) Personal				
	6 a	Gross rents	6a	270,9	972.					
		Less: rental expenses	6b	91,5	506.					
	с	Rental income or (loss)	6c	179,4	466.					
	d	Net rental income or (loss))				179,466.			179,4
	7 a	Gross amount from sales of		(i) Securit	ties	(ii) Other				
		assets other than inventory	7a	127,	729.					
	b	Less: cost or other basis								
		and sales expenses	7b	122,2						
		Gain or (loss)	7c	,	431.		F 421			F 4
		Net gain or (loss)			······		5,431.			5,4
	8 a	Gross income from fundraisin including \$1,	-							
,		contributions reported on								
		Part IV, line 18		•	8a	140,182.				
	b	Less: direct expenses			8b	140,182.				
		Net income or (loss) from					0.			
		Gross income from gamin								
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from			s					
	10 a	Gross sales of inventory, I								
		and allowances			10a					
		Less: cost of goods sold			10b	4				
+	С	Net income or (loss) from	sales	s of invento	ry					
						Business Code				
Revenue	11 a									
ven	b									
Be	C L									
		All other revenue Total. Add lines 11a-11d								

Check if Schedule O contains a response or note to any line in this Part IX						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to domestic organizations					
	and domestic governments. See Part IV, line 21					
2	Grants and other assistance to domestic					
	individuals. See Part IV, line 22					
3	Grants and other assistance to foreign					
	organizations, foreign governments, and foreign					
	individuals. See Part IV, lines 15 and 16					
4	Benefits paid to or for members					
5	Compensation of current officers, directors,					
	trustees, and key employees	705,915.	168,568.	352,958.	184,389.	
6	Compensation not included above to disqualified					
	persons (as defined under section $4958(f)(1)$) and					
	persons described in section 4958(c)(3)(B)	40 - 40 -				
7	Other salaries and wages	5,562,125.	5,328,254.	84,896.	148,975.	
8	Pension plan accruals and contributions (include	148 500	110 546	04 000	0	
	section 401(k) and 403(b) employer contributions)	147,589.	113,746.	24,309.	9,534. 18,903.	
9	Other employee benefits	534,368.		10,035.	18,903.	
10	Payroll taxes	464,093.	408,402.	23,204.	32,487.	
11	Fees for services (nonemployees):					
а	Management					
b	Legal		20.001	27 264		
	Accounting	57,625.	30,261.	27,364.		
	, , , , , , , , , , , , , , , , , , , ,					
	3					
f	Investment management fees					
g		486,201.	291,330.	194,871.		
10	column (A), amount, list line 11g expenses on Sch 0.)	400,201.	291,330.	194,0710		
12 13	Advertising and promotion	442,939.	284,923.	136,644.	21,372.	
13 14	Office expenses Information technology	182,815.	160,878.	12,797.	9,140.	
15	Royalties	102,013.	20070701	2277970	571100	
16	Occupancy	149,007.		149,007.		
17	Travel	49,787.	44,587.	4,743.	457.	
18	Payments of travel or entertainment expenses					
	for any federal, state, or local public officials					
19	Conferences, conventions, and meetings	45,845.	40,324.	3,219.	2,302.	
20	Interest	1,623.	1,084.	461.	78.	
21	Payments to affiliates					
22	Depreciation, depletion, and amortization	774,558.	774,558.			
23	Insurance	68,201.		68,201.		
24	Other expenses. Itemize expenses not covered					
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),					
	amount, list line 24e expenses on Schedule 0.)					
а	HOUSING ASSISTANCE	2,889,571.	2,889,571.			
b	CHILDREN'S SERVICES	362,310.				
с	REPAIRS AND MAINTENANCE	227,007.		110,643.		
d	PROGRAM SERVICES FOR CL	169,367.		10 054		
	All other expenses	42,760.		12,254.	16,954.	
25	Total functional expenses. Add lines 1 through 24e	13,363,706.	11,703,509.	1,215,606.	444,591.	
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 hereif following SOP 98-2 (ASC 958-720)					
	Check here if following SOP 98-2 (ASC 958-720)				000	

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06590204 758849 503662

Form 990 (2023)

Form 990 (2023)

FORKIDS, INC. Part IX Statement of Functional Expenses

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

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

54-1477799 Page 11

Check if Schedule O contains a response or note to any line in this Part X Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11	(A) Beginning of year 2,304,580. 3,498,679. 1,481,771. 663,472. 57,442. 18,667,940.	1 2 3 4 5 5 6 7 8 9 9	(B) End of year 967,894. 3,128,728. 1,354,956. 875,634. 93,603.
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities	Beginning of year 2,304,580. 3,498,679. 1,481,771. 663,472. 57,442. 18,667,940.	2 3 4 5 6 7 8	End of year 967,894. 3,128,728. 1,354,956. 875,634.
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities	3,498,679. 1,481,771. 663,472. 57,442. 18,667,940.	2 3 4 5 6 7 8	3,128,728. 1,354,956. 875,634.
Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities	1,481,771. 663,472. 57,442. 18,667,940.	3 4 5 6 7 8	1,354,956. 875,634.
Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities	663,472. 57,442. 18,667,940.	4 5 6 7 8	875,634.
Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities	57,442.	5 6 7 8	
Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities	18,667,940.	6 7 8	93,603.
controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities	18,667,940.	6 7 8	93,603.
Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities	18,667,940.	6 7 8	93,603.
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities	18,667,940.	7 8	93,603.
Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities	18,667,940.	7 8	93,603.
Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities	18,667,940.	8	93,603.
Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities	18,667,940.		93,603.
Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D10a21,814,985.Less: accumulated depreciation10b3,784,095.Investments - publicly traded securities	18,667,940.	9	93,603.
basis. Complete Part VI of Schedule D10a21,814,985.Less: accumulated depreciation10b3,784,095.Investments - publicly traded securities	18,667,940.		
Less: accumulated depreciation 10b 3,784,095. Investments - publicly traded securities	18,667,940.		
Investments - publicly traded securities	18,667,940.		10 000 000
	2 2 2 2 2 2 2 2 2	10c	18,030,890. 5,017,742.
Investments - other securities. See Part IV. line 11	3,297,006.	11	5,017,742.
		12	
Investments - program-related. See Part IV, line 11		13	
Intangible assets		14	
Other assets. See Part IV, line 11	57,662.	15	33,156.
Total assets. Add lines 1 through 15 (must equal line 33)	30,028,552.	16	29,502,603. 307,334.
Accounts payable and accrued expenses	441,868.	17	307,334.
Grants payable		18	
Deferred revenue		19	
Tax-exempt bond liabilities	267	20	267.
	207.	21	207.
		- 00	
		24	
	70.713.	25	46,650.
	512,848.		354,251.
	. ,		
, <u> </u>			
	25,261,432.	27	25,578,453.
			3,569,899.
and complete lines 29 through 33.			
		29	
		30	
		31	
Retained earnings, endowment, accumulated income, or other funds	29,515,704.	32	29,148,352.
Retained earnings, endowment, accumulated income, or other funds		33	29,502,603.
	Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds	Escrow or custodial account liability. Complete Part IV of Schedule D 267. Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	Escrow or custodial account liability. Complete Part IV of Schedule D 267.21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 70,713.25 Total liabilities. Add lines 17 through 25 512,848.26 Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33. 25,261,432.27 Net assets with donor restrictions 25,261,432.27 Organizations that do not follow FASB ASC 958, check here 2 and complete lines 29 through 33. 25,261,432.27 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 29, 515, 704.32 29

FORKIDS, INC.

Part XI Reconciliation of Net Assets X Check if Schedule O contains a response or note to any line in this Part XI X 1 Total revenue (must equal Part IX, column (A), line 22) 1 12,658,016. 2 Total expenses (must equal Part IX, column (A), line 25) 2 13,363,706. 3 -705,690. 3 -705,690. 4 29,515,704. 5 377,376. 5 Donated services and use of facilities 6 -7 7 7 8 6 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -39,038. 10 Net assets or fund balances at edpring of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B) 29,148,352. Part XII Financial Statements and Reporting Column (B) X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 ft 'res,'' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, or both: 2a X 1 Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, or both: 2b X		<u>1990 (2023)</u> FORKIDS, INC.	54-1	L477799	Pa	_{ge} 12		
1 Total revenue (must equal Part VIII, column (A), line 12) 1 12,658,016. 2 Total expenses (must equal Part IX, column (A), line 25) 2 13,363,706. 3 Revenue less expenses. Subtract line 2 from line 1 3 -705,690. 4 29,515,704. 3 377,376. 5 0 4 29,515,704. 5 377,376. 6 0 4 29,515,704. 6 0 4 29,515,704. 6 7 8 6 7 7 7 8 6 7 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -39,038. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 29,148,352. Part XII Financial Statements and Reporting X X 1 Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash <x accrual<="" td=""> Other </x>	Pa	rt XI Reconciliation of Net Assets						
2 Total expenses (must equal Part IX, column (A), line 25) 2 13,363,706. 3 Revenue less expenses. Subtract line 2 from line 1 3 -705,690. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 29,515,704. 5 377,376. 6 6 -705,690. 4 Net urrealized gains (losses) on investments 6 -705,690. 5 377,376. 5 377,376. 6 0 6 -705,690. 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -39,038. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 29,148,352. Part XII Financial Statements and Reporting X X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 He organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 1 Accounting method used to prepare the Fo		Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			X		
2 Total expenses (must equal Part IX, column (A), line 25) 2 13,363,706. 3 Revenue less expenses. Subtract line 2 from line 1 3 -705,690. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 29,515,704. 5 377,376. 6 6 -705,690. 4 Net urrealized gains (losses) on investments 6 -705,690. 5 377,376. 5 377,376. 6 0 6 -705,690. 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -39,038. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 29,148,352. Part XII Financial Statements and Reporting X X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 He organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 1 Accounting method used to prepare the Fo								
3 Revenue less expenses. Subtract line 2 from line 1 3 -705, 690. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 29, 515, 704. 5 Net unrealized gains (losses) on investments 5 3777, 376. 6 Donated services and use of facilities 6 7 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -39, 038. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 29, 148, 352. Part XIII 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	1	Total revenue (must equal Part VIII, column (A), line 12)	1					
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 29, 515, 704. 5 Net unrealized gains (losses) on investments 5 377, 376. 6 Donated services and use of facilities 6 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -39, 038. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 29, 148, 352. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 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 O. 2a X 1 Accounding method used to prepare the Form 990: Cash S Accrual Other 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, or both: Separate basis Consolidated basis, or both: 2b X	2	Total expenses (must equal Part IX, column (A), line 25)	2					
5 Net unrealized gains (losses) on investments 5 377,376. 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 -39,038. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 29,148,352. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization's financial statements compiled or reviewed by an independent accountant? Yes No 2a X X 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 Soparate basis Consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Soparate basis <td< th=""><th>3</th><th>Revenue less expenses. Subtract line 2 from line 1</th><th>3</th><th></th><th></th><th></th></td<>	3	Revenue less expenses. Subtract line 2 from line 1	3					
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 9 -39,038. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -39,038. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 29,148,352. Part XII Financial Statements and Reporting X X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 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: 2b X X 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: 2b X X 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	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4					
7 Investment expenses 7 8 8 Prior period adjustments 9 -39,038. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -39,038. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 29,148,352. Part XII Financial Statements and Reporting 10 29,148,352. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 1 ft "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: 2a X 16 Were the organization's financial statements audited by an independent accountant? 2b X 17 Consolidated basis, or both: 2b X 2b X 18 "Yes," check a box below to indicate whether the financial statements for the year were audited on	5	Net unrealized gains (losses) on investments	5	37	7,3	76.		
8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 29, 148, 352. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII The organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis Both consolidated	6	Donated services and use of facilities	6					
 9 Other changes in net assets or fund balances (explain on Schedule O) 9 -39,038. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 29,148,352. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	7	Investment expenses	7					
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column (B)) 10 29,148,352. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 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 O. 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: 2a X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2b X 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: 2b X 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: 2b X 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: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis 2b X <th>9</th> <th>Other changes in net assets or fund balances (explain on Schedule O)</th> <th>9</th> <th>- 3 !</th> <th>9,0</th> <th>38.</th>	9	Other changes in net assets or fund balances (explain on Schedule O)	9	- 3 !	9,0	38.		
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Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Ves No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Image: Construction of the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 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 Doth consolidated and separate basis Doth consolidated and separate basis 2b X 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: 2b X 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: 2b X 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: 2b X Separate basis X Consolidated basis		column (B))	10	29,14	8,3	52.		
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 Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII						
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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: Image: Consolidated basis, or both: Image: Consolidated basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basi		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Separate basis X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
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b Were the organization's financial statements audited by an independent accountant? 2b X 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: Image: Consolidated basis I		separate basis, consolidated basis, or both:						
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Consolidated basis Both consolidated and separate basis Consolidated basis		Separate basis Consolidated basis Both consolidated and separate basis						
consolidated basis, or both: Separate basis Separate basis Separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Image: Construction of the audit,	b	Were the organization's financial statements audited by an independent accountant?		2b	X	L		
Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Image: Committee that assumes responsibility for oversight of the audit,		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,						
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,								
		Separate basis X Consolidated basis Both consolidated and separate basis						
review, or compilation of its financial statements and selection of an independent accountant?	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,							
		review, or compilation of its financial statements and selection of an independent accountant?						
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X								
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit					
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2023)

Department of the Treasury

(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.

OMB No. 1545-0047
2023
Open to Public

Interna	nevei	ide Sel vice	Go to www.irs.gov/	Form990 for instructior	ns and the	alatest inf	ormation.		In	spection
Nam	e of t	he organization								cation number
Par	+ 1		IDS, INC.	/all					4-14	77799
		Reason for Public (· •	-		ee instructior	IS.		
г	organi	ization is not a private found			-	-	IV A V:			
1		A church, convention of ch				n 170(a)(1	I)(A)(I).			
2	_	A school described in sect								
3 [A hospital or a cooperative								
4 [A medical research organiz	ation operated in cor	njunction with a nospital	described	in sectio	n 170(b)(1)(A	.)(III). Enter	the nosp	lital's name,
_ [city, and state:								
5 [An organization operated for		liege or university owned	f or operat	ed by a go	ivernmental u	Init describe	a in	
a [section 170(b)(1)(A)(iv). (C					<i>.</i> .			
6 [v	A federal, state, or local gov	-						Is Parada	a sufficient for
7 [X	An organization that norma		ntial part of its support fr	om a gove	ernmentai	unit or from ti	ne general j	oublic de	scribed in
o [section 170(b)(1)(A)(vi). (C								
8		A community trust describe								
9 [An agricultural research org	-			-		-	-	
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or	
10		university: An organization that norma		than 22 1/20/ of its supp	ort from o	ontribution	n momborok	in food on	d arooo r	
		activities related to its exem	•					-	-	-
		income and unrelated busir		-					-	
		See section 509(a)(2). (Con				ses acqui	ieu by the oli	yan ization a		, 50, 1975.
11 [An organization organized a		vely to test for public sat	fety See	section 50)Q(a)(4)			
12		An organization organized a		•	•			arry out the	nurnoses	s of one or
		more publicly supported or	-	•	-			-		
		lines 12a through 12d that								
а		Type I. A supporting orga							aivina	
	-	the supported organization		-	• • • •	-		•••••		1
		organization. You must o			, ,					
b		Type II. A supporting org	-		ion with its	s supporte	ed organizatio	n(s), by hav	ring	
		control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	orted	
		organization(s). You mus	st complete Part IV,	Sections A and C.						
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functiona	lly integrate	d with,	
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection w	ith its suppo	rted organiz	ation(s)	
		that is not functionally int	tegrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	d an attentiv	eness	
		_ requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .			
е		Check this box if the orga					Туре I, Туре	II, Type III		
		functionally integrated, or	r Type III non-functior	nally integrated supporting	ng organiz	ation.				
f		er the number of supported o	•							-
g		vide the following information i) Name of supported	n about the supporte (ii) EIN	d organization(s).	(iv) Is the oro:	anization listed	(v) Amount o	fmonetany	(vi) An	nount of other
	,	organization		(described on lines 1-10	in your governi	ing document?	support (see ii			(see instructions)
				above (see instructions))	Yes	No				
Total										

٦

Schedule A	Form	990	202
Schedule A	FOILIT	990	1202.

FORKIDS, INC.

54-1477799 Page 2

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	1					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	10957883.	<u>14166577.</u>	10060622.	<u>10683075.</u>	<u>12078370.</u>	57946527.
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	10957883.	1 1 1 6 6 5 7 7	10060622	10602075	12070270	57046527
	Total. Add lines 1 through 3	10957665.	141005//.	10000022.	10003075.	120/03/0.	5/94052/.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3177749.
6	Public support. Subtract line 5 from line 4.						54768778.
	ction B. Total Support						54/00//01
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	10957883.	14166577.	10060622	10683075	12078370	
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	170,724.	98,430.	24,305.	165,753.	367,009.	826,221.
9	Net income from unrelated business			ŕ			, , , , , , , , , , , , , , , , , , ,
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	13,026.	18,467.				31,493.
11	Total support. Add lines 7 through 10						58804241.
12	Gross receipts from related activities,	, etc. (see instructio	ons)			12 1	,221,424.
13	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax y	year as a section 5	i01(c)(3)	
_	organization, check this box and sto						
Section C. Computation of Public Support Percentage							
	Public support percentage for 2023 (14	93.14 %
	Public support percentage from 2022						90.32 %
16a	33 1/3% support test - 2023. If the				14 is 33 1/3% or m	ore, check this bo	
_	stop here. The organization qualifies as a publicly supported organization <u>X</u>						
b	b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
4-							
1/a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact		-	•		e e	
1-	meets the facts-and-circumstances te	-	-			17a and lina 1E ia	
a	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						
18	organization meets the facts-and-circ Private foundation. If the organization		-				
10				a, 100, 17a, 01 17L	, oneon this bux a		(Form 990) 2023
						Contractor A	

332022 12-21-23

FORKIDS, INC.

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			-	-	-	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 20	023 (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						
e	o						
	Total. Add lines 1 through 5						
1 d	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support	, 	1				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 20	023 (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						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) org	janization,
0							
	ction C. Computation of Publ					T T	
	Public support percentage for 2023 (15	0
	Public support percentage from 2022 ction D. Computation of Invest					16	0
	•			line 10. eelumen (f)		47	
17 10	Investment income percentage for 20		D 1 1 1 1 1			17	9
18	Investment income percentage from			on line 14 and lin		18	od line 17 is not
198	33 1/3% support tests - 2023. If the more than 33 1/3%, check this box as	-					
h	33 1/3% support tests - 2022. If the	-					∟
Ň	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-21-23						nedule A (Form 990) 202
			4 -	7			

FORKIDS.	INC.

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

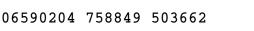
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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")? *If* "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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *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 disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? 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 (Fo	orm 990) 2023	FORKIDS,	, INC
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Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a 11a b A family member of a person described on line 11a above? 11b below? 11b below? c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide 11c below 11c below? Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	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	1	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used	to satisfy the Integral Part	Test during the year	r (see instructions).
-	Onech the box next to the method that the organization used	i to satisfy the integral i art	Tost during the yea	, (

a The organization satisfied the Activities Test. Complete line 2 below.

b		The organization	is the parent of	of each of its	s supported	organizations.	Complete line 3 k	below.
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с] The organization supported a governmental entity.	Describe in Part VI how	you supported a	governmental entity	(see instruction <u>s).</u>
---	--	---	-------------------------	-----------------	---------------------	-----------------------------

- 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.*

Schedule A (Form 990) 2023

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Sche	dule A (Form 990) 2023 FORKIDS, INC.	54-1477799 Page 6		
Par	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on	Nov. 20, 1970 (<i>explain i</i>	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Secti	on 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		
Secti	on 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		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functior	ally integrate	ed Type III supporting or	ganization (see

instructions).

Schedule A (Form 990) 2023

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FORKIDS, INC.

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)				
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exer						
2	Amounts paid to perform activity that directly furthers exemp	Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purpose	s 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 th	e organization is responsive					
	(provide details in Part VI). See instructions.		8				
9	Distributable amount for 2023 from Section C, line 6		9				
10	Line 8 amount divided by line 9 amount		10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023			
_1	Distributable amount for 2023 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2023 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2023						
a	From 2018						
b	From 2019						
C	From 2020						
d	From 2021						
e	From 2022						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2023 distributable amount						
i	Carryover from 2018 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2023 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2023 distributable amount						
c	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2023, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2023. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2024. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2019						
	Excess from 2020						
C	Excess from 2021						
d	Excess from 2022						
е	Excess from 2023						

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	FORKIDS,	INC.		54-1477799 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. Provide (, 2, 3b, 3c, 4b, 4c, lines 2 and 3; Part	the explanations required 5a, 6, 9a, 9b, 9c, 11a, 11b, IV, Section E, lines 1c, 2a,	by Part II, line 10; Part II, line 17a o and 11c; Part IV, Section B, lines 2b, 3a, and 3b; Part V, line 1; Part o complete this part for any additi	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
	-				Schodula & (Fauna 000) 0000
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** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2023

Employer identification number

54-1477799

FORKIDS, INC.

Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	$\fbox{3}$ 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			

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

General Rule

Schedule B

Department of the Treasury

Internal Revenue Service Name of the organization

(Form 990)

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 for an *exclusively* set in the set of the set of the parts unless to the set of the

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

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

Name of o	rganization		Employer Identification number
FORKI	DS, INC.		54-1477799
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$250,10	0. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$334,25	0. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$651,30 	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$1,266,92 	5. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$1,610,42	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$290,54	0. Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2023)

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Page **2**

Employer identificati

Name of o	rganization		Employer identification number
FORKI	DS, INC.		54-1477799
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
7		\$325,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
8_		\$544,8	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
9		\$516,3	35. Person X Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
		\$275,0	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
		\$305,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
	· · ·	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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	B (Form 990) (2023)		Page 3
Name of o	rganization		Employer identification number
FORKI	DS, INC.		54-1477799
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	l.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions)	Data received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	

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27 2023.05040 FORKIDS, INC.

Schedule B (Form 990) (2023)

lame of o	rganization		Employer identification number					
'ORKII	DS, INC.		54-1477799					
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in se	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yea					
	completing Part III, enter the total of exclusively religious, c	haritable, etc., contributions of \$1,000 or	less for the year. (Enter this info. once.)					
(a) No.	Use duplicate copies of Part III if additional s	space is needed.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
		(e) Transfer of gif						
		(c) Handler er gi	-					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
		[
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I		(0) 000 01 9.11						
		(e) Transfer of gif	ft					
	Transferee's name, address, ar	ad 7 ID + 4	Relationship of transferor to transferee					
ŀ								
a) No.								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	(e) Transfer of gift							
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
-) 11-								
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
ŀ								
		(e) Transfer of gif	π					
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					
ļ	· · · · · · · · · · · · · · · · · · ·							
AEA 10.00	2.00							
54 12-26	0-20		Schedule B (Form 990) (20					

SCHEDULE D	Supplemental I
(Form 990)	Complete if the organiza Part IV, line 6, 7, 8, 9, 10, 11
Department of the Treasury Internal Revenue Service	Attac Go to www.irs.gov/Form990 fo

Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. OMB No. 1545-0047

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

Employer identification number

	FORKIDS, INC.		54-1477799
Par		d Funds or Other Similar Funds	
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	-
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?	-	
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Ye
а	Total number of conservation easements		2a
b	- · · · · · · · · · · · · · · · · · · ·		
с	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year	, 3 , , , ,	5 5
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		-
-	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	5, T 5,	5	5,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
		č	5 ,
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.	5	
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items.		- · · · · · · · · · · · · · · · · · · ·
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	·	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 20
	09-28-23		
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	dule D (Form 990) 2023 FORKIDS ,						54-14			age 2
Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or	r Other	r Simila	r Asset	s _{(conti}	inued)	
3	Using the organization's acquisition, accessio	n, and other records	, check any of the f	ollowing that	make si	gnificant ι	use of its			
	collection items (check all that apply).									
а	Public exhibition	d		hange progra						
b	Scholarly research	e	Other							
С	Preservation for future generations									
4	Provide a description of the organization's col	•		•			se in Parl	XIII.		
5	During the year, did the organization solicit or		,	,	er similar	assets	_	_		-
Der	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Par			e if the organizatior	answered "	Yes" on I	Form 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodia						_	\neg	v	٦.,
	on Form 990, Part X?						L	Yes	Δ	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the follo	owing table:					Amour		
	Destantion below of							Amou		67.
	Beginning balance								20	57.
	Additions during the year									
	Distributions during the year								2	67.
	Ending balance Did the organization include an amount on Fo						2	Yes		No
	If "Yes," explain the arrangement in Part XIII.					• • • • • • • • • • • • • • • • • • • •	🗳		X	_
Par										
		(a) Current year	(b) Prior year	(c) Two year		(d) Three y	/ears back	(e) Fou	ır years	back
1a	Beginning of year balance	3,662,732.	3,477,869.	., ,	8,874.	. , ,	12,238.	. ,	661,	
	Contributions	50,000.	, ,		, 1,101.		, 13,984.	-		859.
	Net investment earnings, gains, and losses	399,645.	261,640.	-80),106.		97,652.	-	46,	887.
	Grants or scholarships	,	,		,		,			
	Other expenditures for facilities									
	and programs	127,729.	76,777.							
f	Administrative expenses		· · · ·							
g	End of year balance	3,984,648.	3,662,732.	3,477	7,869.	9	23,874.		712,	238.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a)) held as:				•		
а	Board designated or quasi-endowment	37.3800	%							
b	Permanent endowment 62.6200	%	-							
с	Term endowment9	6								
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.								
3a	Are there endowment funds not in the posses	sion of the organizat	ion that are held ar	nd administer	ed for th	е				
	organization by:								Yes	No
	(i) Unrelated organizations?							3a(i)		<u> </u>
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	d on Schedule R?					. 3b	Х	
4	Describe in Part XIII the intended uses of the		ment funds.							
Par	t VI Land, Buildings, and Equipme									
	Complete if the organization answered									
	Description of property	(a) Cost or ot	• • •	or other	• •	ccumulate		(d) Boo	ok value	Э
		basis (investm	,	(other)	de	preciation			0 7	4.0
	Land			8,740.	2				8,74	
	Buildings			9,892.	3,(052,8	<u>1 - Uc</u>	3,22		
	Leasehold improvements			4,543.		201 21		2,26		
	Equipment			9,963.		<u>291,3</u>			8,58	
	Other			1,847.		439,8		1,63		
Tota	. Add lines 1a through 1e. (Column (d) must eq	<u>ual Form 990, Part X</u>	<u>, line 10c, column</u>	<u>(B))</u>		<u></u>		<u>.8,03</u>		

Schedule D (Form 990) 2023

06590204 758849 503662

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes" 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	of-year market value
(1)			·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part IX Other Assets Complete if the organization answered "Yes" ((a)	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)			
(2)			
(3)			
(4)			
(4)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8)			
(4) (5) (6) (7) (8) (9)			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities			
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" ((h) Rook value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (1. (a) Description of liability			(b) Book value
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) RIGHT OF USE LEASE LIABILI	on Form 990, Part IV, line		25,166
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	on Form 990, Part IV, line		
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) RIGHT OF USE LEASE LIABILI (3) TENANT SECURITY DEPOSITS	on Form 990, Part IV, line		25,166
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) RIGHT OF USE LEASE LIABILI (3) TENANT SECURITY DEPOSITS (4)	on Form 990, Part IV, line		25,166
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) RIGHT OF USE LEASE LIABILI (3) TENANT SECURITY DEPOSITS (4) (5)	on Form 990, Part IV, line		25,166
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" (1. (a) Description of liability (1) Federal income taxes (2) RIGHT OF USE LEASE LIABILI (3) TENANT SECURITY DEPOSITS (4) (5) (6)	on Form 990, Part IV, line		25,166
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) RIGHT OF USE LEASE LIABILI (3) TENANT SECURITY DEPOSITS (4) (5) (6) (7)	on Form 990, Part IV, line		25,166

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

Schedule D (Form 990) 2023

332053 09-28-23

Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With I	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	13,126,898.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	377,376.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	91,506.		
е	Add lines 2a through 2d			2e	468,882.
3	Subtract line 2e from line 1			3	12,658,016.
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			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	12,658,016.
Ра	rt XII Reconciliation of Expenses per Audited Financial Stater		Expenses per H	etur	n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			12 404 050
1	Total expenses and losses per audited financial statements			1	13,494,250.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities				
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)		130,544.		400 - 44
е	Add lines 2a through 2d			2e	130,544.
3					
	Subtract line 2e from line 1			3	13,363,706.
4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			3	13,363,706.
4 a	Subtract line 2e from line 1			3	13,363,706.
-	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a		3	
a	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	4a 4b		4c	0.
a b c 5	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b			

FORKIDS, INC.

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 IV, LINE 2B:

Schedule D (Form 990) 2023

CLIENT ESCROW

PART V, LINE 4:

THE FUNDS ARE HELD BY FORKIDS FOUNDATION LLC FOR THE PURPOSE OF GRANT

MAKING TO FORKIDS INC.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE

INTERNAL REVENUE CODE. MANAGEMENT BELIEVES THAT THE ORGANIZATION CONTINUES

TO SATISFY THE REQUIREMENTS OF A TAX-EXEMPT ORGANIZATION AT JUNE 30, 2024.

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MANAGEMENT HAS EVALUATED ALL OTHER TAX POSITIONS THAT COULD HAVE A

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Schedule D (Form 990) 2023

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SIGNIFICANT EFFECT ON THE CONSOLIDATED FINANCIAL STATEMENTS AND DETERMINED THE ORGANIZATION HAD NO UNCERTAIN INCOME TAX POSITIONS AT JUNE 30, 2024 AND 2023. THE ORGANIZATION'S INCOME TAX RETURNS ARE SUBJECT TO EXAMINATION BY TAXING AUTHORITIES, GENERALLY FOR A PERIOD OF THREE YEARS FROM THE DATE THEY WERE FILED. THE ORGANIZATION'S POLICY IS TO CLASSIFY INCOME TAX RELATED TO INTEREST AND PENALTIES, IF ANY, IN OTHER INTEREST EXPENSE.

FORKIDS FOUNDATION, L.L.C, FORKIDS INVESTMENTS, L.L.C., AND FORKIDS PROPERTIES, L.L.C. ARE VIRGINIA LIMITED LIABILITY COMPANIES. THE MEMBERS' SHARE OF INCOME OR LOSS IS REPORTED DIRECTLY ON THE MEMBERS' INCOME TAX RETURN. THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN REFLECTED IN THESE CONSOLIDATED FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

 RENTAL EXPENSES
 91,506.

 BAD DEBT
 39,038.

 TOTAL TO SCHEDULE D, PART XII, LINE 2D
 130,544.

Schedule D (Form 990) 2023

91,506.

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SCHEDULE G	CHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities						OMB No. 1545-0047		
(Form 990)	OPO) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.								
Department of the Treasury		2023 Open to Public							
Internal Revenue Service		o www.irs.gov/Form990 for instruc	tions	and th	ne latest informatior	າ.		Inspection	
Name of the organization	FORKIDS	TNC					Employer id	er identification number	
Part I Fundrais		Complete if the organization answe	red "Y	es" or	n Form 990. Part IV. li	ine 1			
required to	complete this part	t.							
 a Mail solicitat b Internet and c Phone solici d In-person so 	tions email solicitations tations licitations	f Solicitat g Special	tion of tion of fundra	non-g gover iising (overnment grants nment grants events				
key employees list	ed in Form 990, Pa highest paid indiv	or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursua organization.	ofessi	onal fi	undraising services?		Ye		
(i) Name and addres or entity (fund		(ii) Activity	fùndr have c or cor	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No					
Total				<u></u>					
3 List all states in white or licensing.	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from r	egistration	

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

 Schedule G (Form 990) 2023
 FORKIDS, INC.
 54-1477799
 Part II

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

				(b) Event #2 FIELD DAY	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ч			(event type)	(event type)	(total number)	
	1	Gross receipts	1,739,495.	105,088.		1,844,583
	2	Less: Contributions	1,619,545.	84,856.		1,704,401
	3	Gross income (line 1 minus line 2)	119,950.	20,232.		140,182
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
5	0	Entortainment				
	о 9	Entertainment Other direct expenses		20,232.		140,182
	-	Direct expense summary. Add lines 4 throug				140,182
		Net income summary. Subtract line 10 from				
	11 rt I	II Gaming. Complete if the organization				1 -
				990, Part IV, line 19, or r		1
a		II Gaming. Complete if the organization				(d) Total gaming (add
a		II Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	(d) Total gaming (add
a		II Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	(d) Total gaming (add
a	rt I	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r	eported more than	(d) Total gaming (add
	1 2	II Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r	eported more than	(d) Total gaming (add
aniavau	1 2 3	Gross revenue	answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r	eported more than	(d) Total gaming (add
	1 2 3 4	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r	eported more than	(d) Total gaming (add col. (a) through col. (c
	rt I 2 3 4 5	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r	eported more than	(d) Total gaming (add
aniavan	rt I 1 2 3 4 5 6	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	(a) Bingo (a) Bingo (b) Bingo (c) Bi	990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	(d) Total gaming (add
a	rt I 1 2 3 4 5 6 7	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	(a) Bingo (a) Bingo (b) Bingo (c) Bi	990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	(d) Total gaming (add
	1 2 3 4 5 6 7 8	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Noncash prizes Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line	(a) Bingo (a) Bingo (a) Bingo (b) Bingo (c) Bi	990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	(d) Total gaming (add
	1 2 3 4 5 6 7 8 Ent	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Noncash prizes Other direct expenses Volunteer labor Direct expense summary. Add lines 2 througe	(a) Bingo (a) Bingo (a) Bingo (b) Bingo (c) Bi	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo Yes% No	eported more than (c) Other gaming	(d) Total gaming (add col. (a) through col. (c

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

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Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	FORKIDS,	INC.	54-1477799 Page 3
11	Does the organization conduct ga	aming activities with	nonmembers?	Yes No
12	Is the organization a grantor, bene	eficiary or trustee of	a trust, or a member of a partnership or other entity formed	
				Yes No
13	Indicate the percentage of gaming	g activity conducted	in:	
14	Enter the name and address of th	e person who prepa	es the organization's gaming/special events books and reco	rds:
	Name			
	Address			
15a	Does the organization have a con	tract with a third pa	y from whom the organization receives gaming revenue? \dots	Yes No
b	If "Yes," enter the amount of gam		· · · · · · · · · · · · · · · · · · ·	mount
	of gaming revenue retained by the If "Yes," enter name and address			
C	in fes, entername and address	or the third party.		
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation	\$		
	Description of convisoo provided			
	Description of services provided			
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions:			
а	Is the organization required under	state law to make	naritable distributions from the gaming proceeds to	
	retain the state gaming license?			Yes No
b		•	law to be distributed to other exempt organizations or spent	in the
Da	organization's own exempt activit rt IV Supplemental Infor			
га			e explanations required by Part I, line 2b, columns (iii) and (v	i); and Part III, lines 9, 9b, 10b,
	150, 150, 16, and 170, as	applicable. Also pr	vide any additional information. See instructions.	
33208	33 09-13-23			Schedule G (Form 990) 2023
			26	

Schedule G (Form 99

332084 04-01-23

06590204 758849 503662

SC	HEDULE J	EDULE J Compensation Information		OMB No. 1545-0047				
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			0000					
-	Compensated Employees			2023				
Dopo	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Pub	lic		
	Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.			Inspection				
Nam	Name of the organization Employer ider					mber		
		FORKIDS, INC.	54-1	147779	9			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a	1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,							
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	First-class or charter travel Housing allowance or residence for personal use							
	Travel for companions Payments for business use of personal resi							
	Tax indemnification and gross-up payments							
	Discretionary spending account Personal services (such as maid, chauffeur, chef)							
b	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
•	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain			1b		-		
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>		
2	Indianta which if a	and of the following the exception used to establish the compensation of the exception	'e					
3	3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's							
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.							
	·							
	X Form 990 of o		aammittaa					
			committee					
4	4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
	organization or a related organization:							
а	a Receive a severance payment or change-of-control payment?			4a		X		
b						x		
	c Participate in or receive payment from an equity-based compensation arrangement?					x		
•	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.								
5	5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation							
	contingent on the r							
а	The organization?			5a		X		
		ation?				X		
		r 5b, describe in Part III.						
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensat	ion					
	contingent on the n	et earnings of:						
а	The organization?			6a		X		
		ation?				X		
		or 6b, describe in Part III.						
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed paymen	ts					
	not described on lines 5 and 6? If "Yes," describe in Part III			7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to						
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in						
	Regulations section	1 53.4958-6(c)?	<u></u>	9				
For	For Paperwork Reduction Act Notice, see the Instructions for Form 990.Schedule J (Form 990) 2023							

LHA 332111 11-06-23

06590204 758849 503662

54-1477799

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) THALER MCCORMICK	(i)	206,693.	0.	0.	8,402.	14,554.	229,649.	0.
CORPORATE SECRETARY/CEO	(ii)		0.	0.	0.	0.	0.	0.
(2) WILLIAM YOUNG	(i)	149,405.	0.	0.	12,079.	7,785.	169,269.	0.
CHIEF INNOVATION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

23

Department of the Treasury Internal Revenue Service

Part I

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.

Inspection Employer identification number

54-1477799

20

Name of the organization

FORKIDS,	INC.
Types of Property	

		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de	termini	ina	
		applicable	contributions or	amounts reported on	noncash contribu		•	s
			Items contributed	Form 990, Part VIII, line 1g				
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	x		362,310.				
5	Clothing and household goods			J02,J10.				
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property	x	21	100 022		r.7		
9	Securities - Publicly traded	X	21	200,933.	AVG HIGH LO	W		
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 \ldots							
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 organiz	zation during	the tax vear for co	ontributions				
	for which the organization completed Form 82	-						
		,, _	y				Yes	No
30a	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I, lines 1 throug	h 28. that it			
	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period'	•				30a		х
h	If "Yes," describe the arrangement in Part II.	• • • • • • • • • • • • • • • • • • • •				000		
31	Does the organization have a gift acceptance	oolicy that re	auires the review o	of any nonstandard contribut	ions?	31	x	
	Does the organization hire or use third parties		•	•		51		
52 a			•	· · ·		32a	x	
h						520		
	If "Yes," describe in Part II.	olumn (a) fa	rotupo of propert	for which column (a) is the	lind			
33	If the organization didn't report an amount in c		a type of property	nor which column (a) is chec	neu,			
F a :: 5	describe in Part II.		- F a mar 0000		0-1		. 0001	0000
FOL P	Paperwork Reduction Act Notice, see the Inst	ructions to	Form 990.		Schedule N	i (Forn	1 990)	2023

Schedule M (Form 990) 2023 FORKIDS, INC.

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN COLUMN

(B).

SCHEDULE M, LINE 32B:

THE ORGANIZATION OCCASIONALLY USES A LOCAL AUTO SALES OFFICE TO SELL

DONATED VEHICLES THAT THEY DO NOT USE OR SELL IN AN ART AUCTION. THIS

IS NOT COMMON AND IS RARELY MORE THAN A FEW THOUSAND DOLLARS IN SALES.

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

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.



Employer identification number 54 - 1477799

FORKIDS, INC.

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

THE ORGANIZATION'S TAX RETURN IS SENT TO THE BOARD FOR REVIEW PRIOR TO

FILING.

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

THE ORGANIZATION REQUIRES THE BOARD TO REVIEW THE CONFLICT OF INTEREST

POLICY ANNUALLY. IN THE EVENT OF A CONFLICT DURING THE YEAR, THE BOARD

MEMBER WITH THE POTENTIAL CONFLICT SHOULD RECUSE HIMSELF/HERSELF FROM THE

DISCUSSIONS AND VOTE.

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

COMPENSATION FOR KEY EMPLOYEES AND OFFICERS IS DETERMINED USING INDUSTRY

STANDARDS OF SIMILAR ORGANIZATIONS FOR COMPARISON USING THE NONPROFIT TIME

NONPROFIT ORGANIZATIONS SALARY & BENEFIT REPORT AND THE ECONOMIC RESEARCH

INSTITUTE. THE EXECUTIVE COMMITTEE REVIEW THE INFORMATION ON CEO RANGES

AND APPROVES THE SALARY RANGE AND ANNUALLY REVIEWS AND SETS THE CEO'S

COMPENSATION.

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

GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY

ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

BAD DEBT

-39,038.

Schedule O (Form 990) 2023

FORM 990, PART XII, LINE 2C, FINANCIAL STATEMENTS AND REPORTING

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.LHA332211 11-14-23

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43 2023.05040 FORKIDS, INC.

Schedule O (Form 990) 2023	Page 2
Name of the organization FORKIDS, INC.	Employer identification number 54-1477799
FINANCE COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE	FOR
SELECTING AN INDEPENDENT AUDITOR, REVIEWING THE FINANCIAL	STATEMENTS OF
FORKIDS, REVIEWING THE ANNUAL AUDIT AND DISTRIBUTING IT TO	THE BOARD OF
DIRECTORS. RFP FOR SERVICES ARE CONDUCTED PERIODICALLY, W	ITH AT LEAST
THREE BIDS REVIEWED AND ASSESS BY THE COMMITTEE PRIOR TO R	ECOMMENDATION
OF AUDITOR SELECTION TO BOD.	
332212 11-14-23	Schedule O (Form 990) 2023

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332161 09-28-23 LHA

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 23

Open to Public Inspection

Employer identification number 54 - 1477799

Name of the organization

FORKIDS, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
FORKIDS FOUNDATION, LLC					
1001 POINDEXTER ST	TO HANDLE CONTRIBUTIONS &				
CHESAPEAKE, VA 23324	GRANTS	VIRGINIA	449,645.	3,984,648.	FORKIDS, INC.
FORKIDS INVESTMENTS, LLC					
1001 POINDEXTER ST					
CHESAPEAKE, VA 23324	TO HANDLE INVESTMENTS	VIRGINIA			FORKIDS, INC.
FORKIDS PROPERTIES, LLC					
1001 POINDEXTER ST	7				
CHESAPEAKE, VA 23324	TO HOLD PROPERTY	VIRGINIA			FORKIDS, INC.
	-				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
]						
	1						
	1						
	1						

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

Schedule R (Form 990) 2023

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	, (c)	(d)	(e)	(f)	(g)	0	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate	Code V-UBI		or Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o
	-										
440 MONITCELLO AVE, SUITE 1700	RENTAL REAL										
NORFOLK, VA 23510	ESTATE	VA			13,431.	-2,500.		x	N/A	x	10.00%
RIVERBEND APARTMENTS PHASE II											
GP - 82-3717037, 440]										
MONITCELLO AVE, SUITE 1700,	RENTAL REAL										
NORFOLK, VA 23510	ESTATE	VA			8,805.	-11,709.		x	N/A	X	10.00%
RIVERBEND APARTMENTS PHASE											
III GP - 83-1933991, 440											
MONITCELLO AVE, SUITE 1700,	RENTAL REAL										
NORFOLK, VA 23510	ESTATE	VA			-85.	-177.		x	N/A	X	10.00%
ST PAUL'S DEVELOPERS, LLC -											
82-0854199, 440 MONITCELLO											
AVE, SUITE 1700, NORFOLK, VA	RENTAL REAL										
23510	ESTATE	VA			2,556.	0.		х	N/A	X	9.00%

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr enti	tity?
		country)		0. 4000				Yes	No
								┝──┤	—
								\mid	──

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of-year	(h Disprop ate alloc	ortion-	(i) Code V-UBI amount in box 20 of Schedule	(j) General or managing partner?	(k) Percentage ownership
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes No	
RIVERBEND APARTMENTS PHASE											
III DEVELOPERS, LLC -											
83-3074326, 440 MONITCELLO	RENTAL REAL										
AVE, SUITE 1700, NORFOLK, VA	ESTATE	VA			4,189.	303.		х	N/A	x	9.00%
RIVERBEND DEVELOPERS LLC -											
81-5285744, 440 MONITCELLO											
AVE, SUITE 1700, NORFOLK, VA	RENTAL REAL										
23510	ESTATE	VA			34,182.	170.		х	N/A	x	9.00%
LAKE VIEW APARTMENTS PHASE II											
GP, LLC - 83-2640017, 440											
MONITCELLO AVE, SUITE 1700,	RENTAL REAL										
NORFOLK, VA 23510	ESTATE	VA			-86.	-180.		х	N/A	x	10.00%
LAKE VIEW APARTMENTS GP, LLC											
- 81-4931321, 440 MONITCELLO	1										
AVE, SUITE 1700, NORFOLK, VA	RENTAL REAL										
23510	ESTATE	VA			-87.	-254.		х	N/A	x	10.00%
LAKE VIEW DEVELOPERS, LLC -											
83-3632290, 440 MONITCELLO	1										
AVE, SUITE 1700, NORFOLK, VA	RENTAL REAL										
23510	ESTATE	VA			16,062.	197.		х	N/A	x	9.00%
PABP APARTMENTS GP, LLC -											
83-3145480, 440 MONITCELLO	1										
AVE, SUITE 1700, NORFOLK, VA	RENTAL REAL										
23510	ESTATE	VA			-85.	-114.		х	N/A	x	10.00%
PABP APARTMENTS PHASE II GP,											
LLC - 85-1886678, 440											
MONITCELLO AVE, SUITE 1700,	RENTAL REAL										
NORFOLK, VA 23510	ESTATE	VA			-85.	-111.		х	N/A	x	10.00%
LAKE VIEW APARTMENTS PHASE II											
DEVELOPERS, LLC - 83-3647299,											
440 MONITCELLO AVE, SUITE	RENTAL REAL										
1700, NORFOLK, VA 23510	ESTATE	VA			7,619.	144.		х	N/A	x	9.00%

Schedule R (Form 990) 2023 FORKIDS, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
S	Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2023 FORKIDS, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	6	<u>م</u>	(f)	(g)	(۲	n)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all	Share of	Share of		• , opor-	Code V-UBI	Genera	
of entity	i innary dotivity	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501((c)(3)	total	end-of-year	Dispr tior allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag	ownership
,		country)	sections 512-514)	Yes		income		Yes	No	(Form 1065)	Yes	
				163				163	NU	(************	163	

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 FORKIDS, INC.

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

RIVERBEND APARTMENTS PHASE III DEVELOPERS, LLC

EIN: 83-3074326

440 MONITCELLO AVE, SUITE 1700

NORFOLK, VA 23510

Schedule R (Form 990) 2023

332165 09-28-23

06590204 758849 503662

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

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 up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

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.

must use	Form 7004 to request an extension of time to file incom	e tax retur	ns.								
Part I - Io	lentification			-							
Type or	Name of exempt organization, employer, or other filer	Taxpaye	Taxpayer identification number (TIN)								
Print											
	FORKIDS, INC.		54-1477799								
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. C/O PBMARES – 701 TOWN CENTER #900										
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEWPORT NEWS, VA 23606										
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)								
Application Is For			Application Is For			Return					
		Code				Code					
Form 990 or Form 990-EZ			Form 4720 (other than individual)		09						
Form 4720 (individual)		03	Form 5227			10					
Form 990-PF		04	Form 6069		11						
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 8870			12					
Form 990-T (trust other than above)		06	Form 5330 (individual)		13						
	P-T (corporation)	07	Form 5330 (other than individual)			14					
Form 104		08									
 After yo 	ou enter your Return Code, complete either Part II or Par	t III. Part II	l, including signature, is applicable o	only for an	extension of						
time to fil	e Form 5330.										
 If this a 	pplication is for an extension of time to file Form 5330, y	ou must e	nter the following information.								
Pla	n Name										
Pla	n Number										
Pla	n Year Ending (MM/DD/YYYY)										
	utomatic Extension of Time To File for Exempt Organ	izations (s	ee instructions)								
The bo	boks are in the care of SARAH JOHNSON					-					
		STREET	- CHESAPEAKE, VA	23324	ł						
	none No. 757-622-6400		Fax No								
	organization does not have an office or place of business										
	is for a Group Return, enter the organization's four-digit (•	• •					
box If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.											
1 Ire	quest an automatic 6-month extension of time until M	AY 15	, 20 <u>25</u> , to fil	e the exer	npt organizatio	on return for					
the	organization named above. The extension is for the orga	anization's	return for:								
	calendar year 20 or				-						
X tax year beginning JUL 1 , 20 23, and ending JUN 30 , 20 2											
• • • •											
2 If th	The tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return	Final retu	m						
	Change in accounting period				Γ						
	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less	_		0					
any nonrefundable credits. See instructions.				<u>3a</u>	\$	0.					
	nis application is for Forms 990-PF, 990-T, 4720, or 6069 imated tax payments made. Include any prior year overp	2	¢	0.							
	ance due. Subtract line 3b from line 3a. Include your part	<u>3b</u>	\$								
	ng EFTPS (Electronic Federal Tax Payment System). See	3c	\$	0.							
usi	ng Li Ti O (Lieuliuniu reuerar rax rayment System). See	30	Ψ	••							

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