Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	e 2022 cale	ndar year, or tax year beginning , 20	22, and en	ding		, 20)
В	Check if	applicable:	C Name of organization SONGEA'S KIDS		D Empl	oyer ide	ntification n	umber
	Address	s change	Doing business as			-	649064	
П	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)	Room/sui				
П	Initial re	•	3020 ISSAQUAH PINE LAKE RD SE				256 - 217	7 1
Н	Final ref		City or town, state or province, country, and ZIP or foreign postal cod	 e			100 21	
Ш	termina		SAMMAMISH WA 98075		G Gross recei		F	529,533
П		ed return	F Name and address of principal officer:	H(a) Isthi	is a group retur			Yes X No
Н			SEE ATTACHMENT #1		all subordinates		H	Yes No
Υ.			X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527	. ,	o," attach a list			
	Nebsit		GEASKIDS.ORG		ip exemption nu		uotiono.	
					1: 2007	1	te of legal domi	oilo: Ta7.7\
	art I			or rormation	1. 2007	IVI Stat	te or legal dolli	ciie. WA
Г	$\overline{}$	Summ	,					
	1		cribe the organization's mission or most significant activities:	TNI CON		ID IIC)DE	
٥	3 DU.		NG ORPHANS AND VULNERABLE CHILDREN					
פַּ	<u> </u>		IN TANZANIA BY CREATING A SUSTAINAB					1.0
ā		ALTHCA					AN HOME	15.
Governance	2	Check this				1 1		0
8	3		voting members of the governing body (Part VI, line 1a)			3		8
9	3 4		independent voting members of the governing body (Part VI, line 1b)			4		8
Activities &	5	Total num	per of individuals employed in calendar year 2022 (Part V, line 2a)			5		
7	6		per of volunteers (estimate if necessary)			6		10
	` 7a	Total unre	ated business revenue from Part VIII, column (C), line 12			7a		
	b	Net unrela	ted business taxable income from Form 990-T, Part I, line 11			7b		0
					Prior Year		Curren	
<u>a</u>	8 ر	Contribution	ons and grants (Part VIII, line 1h) · · · · · · · · · · · · · · · · · · ·		101	, 821	4	89,688
2	9	Program s	ervice revenue (Part VIII, line 2g) · · · · · · · · · · · · · · · · · · ·					
Revenue	10	Investmen	t income (Part VIII, column (A), lines 3, 4, and 7d)			9		995
•	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7	,641		27,468
	12	Total reve	nue add lines 8 through 11 (must equal Part VIII, column (A), line 12)		109	,471	5	18,151
	13	Grants and	d similar amounts paid (Part IX, column (A), lines 1-3)		77	,245	1	66,621
	14	Benefits p	aid to or for members (Part IX, column (A), line 4) · · · · · · · · · · · · · · · · · ·					
ų	15	Salaries, c	ther compensation, employee benefits (Part IX, column (A), lines 5-10)					
90	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)					
Fynancac	b		raising expenses (Part IX, column (D), line 25) 26, 3	71				
Ů	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)		19	,041		46,617
	18		nses. Add lines 13-17 (must equal Part IX, column (A), line 25)		96	,286	2	213,238
	19		ess expenses. Subtract line 18 from line 12 · · · · · · · · · · · · · · · · · ·		13	,185	3	304,913
S					inning of Curre		End of	Year
Assets	20	Total asse	s (Part X, line 16)			,265	4	19,178
Ϋ́ū	<u>투</u> 21	Total liabil	ties (Part X, line 26)					
Š	22	Net assets	or fund balances. Subtract line 21 from line 20		114	,265	4	19,178
Pá	art II	Signat	ure Block	I				· · · · · · · · · · · · · · · · · · ·
Und	er penalt	ties of perjury,	I declare that I have examined this return, including accompanying schedules and sta . Declaration of preparer (other than officer) is based on all information of which prep			my knowl	edge and belief	, it is
		· ·						
Sig	ın	Signature	of officer				Date	
He		"		тремп			Dale	
116	16			IDENT				
			rint name and title		1		DTIN	
Pa	id		Type preparer's name Preparer's signature Dat	C	Check	ш	PTIN	566
	iu epare	-	IE HUANG		· ·		P00278	
	e Onl		sname HRB TAX GROUP INC		Firm's EIN	431	871840	<u> </u>
US	e OIII		saddress 468 228TH AVE NE		Phone no.			
			MAMISH WA 98074		(425) 8			
May	the I R	S discuss th	is return with the preparer shown above? See instructions				🔀 Ye	es No

Chock if Schedule O contains a response or note to any line in the Part III. Briefly describe the organization mission: SUPPORTING ORPHANS AND VULNERABLE CHILDREN IN SONGEA AND HOPE VILLAGE IN TANASATIA BY CREATING A SUSTAINABLE VILLAGE INCLIDING HEALTECARE, EDUCATION, INFRASTRUCTURE AND RESIDENTIAL ORPHAN FOMES. District from 300 v90-E27	Par		am Service Accomplishments	rt III	
VILLAGE IN TANZANIA BY CREATING A SUSTAINABLE VILLAGE INCLUDING HEALTHCARE, EDUCATION, INFRASTRUCTURE AND RESIDENTIAL ORPHAN HOMES. 2 Did the organization undertake any significant program services during the year which were not fisted on the prior Form 900 or 980-622. If "Yes," describe these new services on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule 0. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(6)(3) and 501(6)(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 (Caste:) (Expenses \$ 166,621 individing grants of \$ 148,521) (Assenue \$) SEE ATTACHMENT # 2 4b (Caste:) (Expenses \$ individing grants of \$) (Revenue \$) (Figure as a program services (Describe on Schedule C.) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$)	1	Briefly describe the organization's i	mission:		27
### HEALTHCARE, EDUCATION, INFRASTRUCTURE AND RESIDENTIAL ORPHAN HOMES. Did the organization undertake any significant program services during the year which were not listed on the prior form 950 of 96-E27. Yes No. 1"Yes, "describe these new services on Schedule O. Yes The Yes, "describe these changes on Schedule O. Yes The Yes, "describe these changes on Schedule O. The Yes, "describe these changes on Schedule O. Yes The Yes, "describe these changes on Schedule O. Yes The Yes, "describe these changes on Schedule O. Yes The Yes, "describe these changes on Schedule O. Yes, "describe the amount of grants and allocations to others, the total appears, and revenue, I any, for each program service operated. Yes, The Yes Yes, "describe the Association of Schedule O. Yes, The Yes Yes, "describe the Association of Schedule O. Yes, The Yes Yes, "describe the Yes, "describe th					
Dot the organization undertake any significant program services during the year which were not listed on the prior Form 890 or 890–E22					MES.
prior Form 800 or 800 = EZP			, <u> </u>		
H "Yes," describe these new services on Schedule O. 3 Did the organization cesse conducting, or make significant changes in how it conducts, any program services?	2			_	
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 list three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses 1		·		Yes	⊠ No
Services	2	,		conducts, any program	
H "Yes" describe these changes on Schedule Q.	3	_			⊠ Na
4b (Code:) (Expenses \$					57 14
expenses. Section S01(c)(3) and S01(c)(4) organizations are required to report the amount of grants and allocations to others, the total oxpenses, and revenue, if any, for each program services (Describe on Schedule Q.) 48 (Code:) (Expenses \$ 166, 621 including grants of \$ 148, 521.) (Revenue \$) 4b (Code:) (Expenses \$	4	•		ree largest program services, as measured by	
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		, ,	•) (Revenue \$	
	4e			, ()	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	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		
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			3.7
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		Λ
9	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	9		Λ
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			71
••	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
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		Х
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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Χ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
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			3.7
	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			v
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18		10	v	
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
13	If "Yes," complete Schedule G, Part III	19		X
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? \mathbb{N}/\mathbb{A}	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? $\dots \dots N$./A.	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\dots N/A$	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			2 3
	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		Х
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
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			5.7
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			3.7
24	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,"	20		V
22	complete Schedule N, Part II	32		X
33	sections 301.7701–2 and 301.7701–3? If "Yes," complete Schedule R, Part I	22		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		Λ
34	or IV, and Part V, line 1	34		X
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		21
	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	005		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			. \square
	•		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W–2G included on line 1a. Enter –0– if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Part	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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? $\dots N./A$	3a		Х
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 authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? $\cdot N / A$	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions? $\dots \dots N/A$	6a		Χ
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 N/A			
	and services provided to the payor?	7a		Χ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Χ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Χ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
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		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		X
	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			
C	Enter the amount of reserves on hand	4.4		7.7
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b 15	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 or	4-		37
	excess parachute payment(s) during the year?	15		X
4.0	If "Yes," see the instructions and file Form 4720, Schedule N.			7.7
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
4-7	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			7.7
	activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		X
	If "Yes," complete Form 6069.			

Form 9	90 (2022) SONGEA'S KIDS 51-0649064		P	age 6
Part		and for	a "No	,,
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See in			
	Check if Schedule O contains a response or note to any line in this Part VI			. П
Secti	on A. Governing Body and Management			
	on the dotonning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	8		.,,
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	Ť		
-	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			- 21
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	. з		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	-		Х
	Did the organization make any significant changes to its governing documents since the prior rolling 390 was filed:	-		Х
5	Did the organization become aware during the year of a significant diversion of the organizations assets:			X
6 7-		-		Λ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7-		V
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			3.7
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		5.7	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			X
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9	1	1 A
C#	an B. Dellalae (Till Old Brown and Carlot Brown and Carlo		1	1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Voc	'
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	'
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	X	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	10a		No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	X	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	X	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	10a 10b 11a 12a 12b	X	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	10a 10b 11a 12a 12b	X	No X
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy?	10a 10b 11a 12a 12b 12c 13	X X X	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	10a 10b 11a 12a 12b 12c 13	X	No X
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	10a 10b 11a 12a 12b 12c 13	X X X	No X
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10a 10b 11a 12a 12b 12c 13	X X X	No X
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N./ A Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	X X X	X
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10a 10b 11a 12a 12b 12c 13 14	X X X	No X
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N./ A Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	X X X	X
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization.	10a 10b 11a 12a 12b 12c 13 14	X X X	X
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N./ A Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	10a 10b 11a 12a 12b 12c 13 14	X X X	X
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	X X X	X
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10a 10b 11a 12a 12b 12c 13 14	X X X	X
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N./A. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	10a 10b 11a 12a 12b 12c 13 14 15a 15b	X X X	X
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10a 10b 11a 12a 12b 12c 13 14 15a 15b	X X X	X
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? N/A	10a 10b 11a 12a 12b 12c 13 14 15a 15b	X X X	X
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	X X X	X

Section	\sim	D:	

Another's website Other (explain on Schedule O) Own website

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records 20 SEE ATTACHMENT #3

Form 990 (2022)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the org		r any re	ated o	rganiz (C		compens	sated a	any current officer, di	rector, or trustee. (E)	(F)
(A) Name and title	(B) Average hours per week		box, ur	Pos check less pe and a d	ition more th	both an	T	Reportable compensation from the	Reportable compensation from related	Estimated amount of
	(list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) SHERIE VALDERRAM	7.50	Х						0	0	0
PRESIDENT	0.50	Х		x						
(2) MAX GOLDENSOHN BOARD CHAIR	0.50	^		^				0	0	0
(3) DAVID TARDIF-DOU BOARD VICE CHAIR	1.00	Х		х				0	0	0
(4) ERICA MYRICK-THO BOARD TREASURER	3.20	Х		Х				0	0	0
(5) SUSAN FOLLMER SECRETARY	1.00	Х		Х				0	0	0
(6) COLLEEN GREEN BOARD MEMBER	0.50	Х						0	0	0
(7) DONALD PIERCE BOARD MEMBER	0.50	х						0	0	0
(8) CRISPIN SILVANUS BOARD MEMBER	5.00	х						0	0	0
(9) HON. JOSEPH MHAG BOARD MEMBER	0.25	х						0	0	0
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VI Section A. Officers, I	Directors,	Trustee	s, Key	y Emp	loyee	s, and H	ighes	t Compensated Em	ployees (continued)			
	(A) (B) Name and title Average hours per			box, ur	iless pe	tion more tl rson is	han one both an /trustee)		(D) Reportable	(E) Reportable	am	(F) timated ount o	
		week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	comp fro orga and	other pensation the anization relate nizatio	on d
(15)													
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Subtotal												
С	Total from continuation sh												
d 	Total (add lines 1b and 1c) Total number of individuals	·							raceived more than	\$100,000 of			
2	reportable compensation fro	-			to the	se liste	eu above) WHO	received more man	\$100,000 OI			
		0.90		·								Yes	No
3	Did the organization list any	former of	ficer, dir	ector, t	trustee	, key	employee	e, or h	ighest compensated				
	employee on line 1a? If "Yes										3		Χ
4	For any individual listed on I								·		4		57
5	organization and related org Did any person listed on line		-					•			4		X
·	for services rendered to the				•		•		•		5		Χ
Section	n B. Independent Contracto								•				
1	Complete this table for your	_											
	compensation from the orga		eport co	mpen	sation	for the	e calenda	ar year		n the organization's ta			
	Name and	(A) d business	address	3					(B) Description of se	ervices	Compe	C) nsatio	n
2	Total number of independer received more than \$100.00		,	_				e liste	d above) who				

Part VIII Statement of Revenue

		Check if Schedule O co	ntain	s a resp	onse	or r	ote to any line in th	is Part VIII			
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ဟု လ	1a	Federated campaigns			1a				revenue		312 314
nut au		Membership dues			1b						
يق		Fundraising events			1c						
r A's		Related organizations			1d						
ਲੁੰ≅		Government grants (contri									
Contributions, Gifts, Grants, and Other Similar Amounts		All other contributions, gifts		,	1e						
ēĖ	•	. •			4.6		489,688				
<u>ē</u>		similar amounts not include			1f	•	53,100				
g	g				-		<u> </u>	489,688			
Ов	n	Total. Add lines 1a-1f				· · ·		103,000			
	_					-	Business Code				
9	2a					_					
Program Service Revenue	b					_ -					
S E	С					_					
ran	d					_					
ğ.	е					_					
<u>.</u>	f	All other program service r									
	g	Total. Add lines 2a-2f									
	3	Investment income (includ	ing d	lividends	s, inte	erest	, and				
		other similar amounts)						995	995		
	4	Income from investment of	f tax-	exempt	bono	d pro	ceeds				
	5	Royalties									
				(i) Rea	al		(ii) Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	С	Rental income or (loss)	6c								
	d	d Net rental income or (loss)									
	(i) Securities						(ii) Other				
	7a	Gross amount from sales		(-)			(11)				
		of assets other than inventory	7a								
	h	Less: cost or other basis	1								
ž	-	and sales expenses	7b								
š	c	· ·	7c								
her Revenue		Net gain or (loss)	-								
je l		Gross income from fundra				T					
ō	oa	(not including \$	isirig	CVCIIIS							
		of contributions reported o	n line	0.10)							
		See Part IV, line 18				Ba	38,850				
	L	Less: direct expenses			-	Bb	11,382				
					_			27,468			27,468
		Net income or (loss) from to Gross income from gaming		_	vents T	,		27,100			2.,100
	9a	9 (_		۔ ا	_					
		See Part IV, line 19 · · · · ·			-	9a					
		Less: direct expenses				9b					
		Net income or (loss) from	_	ng activi	ties .						
	10a	Gross sales of inventory, le									
		returns and allowances				_					
		Less: cost of goods sold .									
	С	Net income or (loss) from s	sales	of inver	ntory						
<u>o</u>							Business Code				
Miscellaneous Revenue	11a					_					
nue nue	b					_					
Sell	С					_ L					
Mis		All other revenue									
_	_ е	Total. Add lines 11a-11d	<u>.</u>	<u></u>	<u></u>	<u>_</u>					
	12	Total revenue. See instru	ction	S				518,151	995		27,468

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 (A) Total expenses (B) Do not include amounts reported on lines 6b, 7b, Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses 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, 166,621 166,621 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 Payroll taxes 11 Fees for services (nonemployees): а Legal····· b 14,093 14,093 Accounting C d Professional fundraising services. See Part IV, line 17 ... е 1,223 1,223 Other. (If line 11g amount exceeds 10% of line 25, column g (A), amount, list line 11g expenses on Schedule O.) 26,000 26,000 Advertising and promotion 12 2,180 1,809 13 Office expenses 1,681 1,681 14 15 Royalties 16 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 1,440 1,440 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) а b С d е All other expenses 213,238 166,621 20,246 26,371 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) . . . FDA

		Check if Schedule O contains a response or note to any line in this Part X		<u> </u>	
			(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing	114,265	1	419,178
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
ts	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
Ą		Land, buildings, and equipment: cost or		-	
	IVa	other basis. Complete Part VI of Schedule D 10a			
	<u> </u>	Less: accumulated depreciation		10-	
		Investments publicly traded securities		10c	
	11	l -		11	
	12	Investments other securities. See Part IV, line 11		12	
	13	Investments program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	114 065	15	410 170
	16	Total assets. Add lines 1 through 15 (must equal line 33)	114,265	16	419,178
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
jab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow FASB ASC 958, check here			
S		and complete lines 27, 28, 32, and 33.			
ğ	27	Net assets without donor restrictions · · · · · · · · · · · · · · · · · · ·	114,265	27	258,101
ala	28	Net assets with donor restrictions	, , , , ,	28	161,077
Β	-0	Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
şţ		Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE	30			31	
χŢ	31	Retained earnings, endowment, accumulated income, or other funds	114,265	32	419,178
ž	32	<u>F</u>	114,265	33	419,178
ED 4	33	Total liabilities and net assets/fund balances	114,200	33	Form 990 (2022)
FDA	22	99011 BWF 990 Form Software Copyright 1996 - 2023 HRB Tax Group, Inc.			FUIIII 33U (2022)

Par	t XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>							
1	Total revenue (must equal Part VIII, column (A), line 12)		(کا	18,	151				
2	Total expenses (must equal Part IX, column (A), line 25)		2	213,	238				
3	Revenue less expenses. Subtract line 2 from line 1		3	304,	913				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		1	14,	265				
5	Net unrealized gains (losses) on investments								
6	Donated services and use of facilities								
7	Investment expenses								
8	Prior period adjustments								
9	Other changes in net assets or fund balances (explain on Schedule O)								
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	32, column (B))		4	119,	178				
Part	XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
				Yes	No				
1	Accounting method used to prepare the Form 990: X Cash Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on	_							
	Schedule O.								
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or								
	reviewed on a separate basis, consolidated basis, or both:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?	2	2b		Χ				
	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								
С	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?	2	2c		Χ				
	If the organization changed either its oversight process or selection process during the tax year, explain on								
	Schedule O.								
За	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?	a	3a		Χ				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the								
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	./.A. 3	3b						
-DA	22 99012 BWF 990 Form Software Copyright 1996 - 2023 HRB Tax Group, Inc.	For	rm 9	90 (2	2022)				

SCHEDULE A

Department of the Treasury

Name of the organization

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

SONGEA'S KIDS 51-0649064 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than $33\frac{1}{3}\%$ of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iv) Is the organization (vi) Amount of other (ii) EIN (iii) Type of organization (v) Amount of monetary (described on lines 1-10 listed in your governing document? organization support (see instructions) support (see instructions) above (see instructions)) Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990) 2022

Total

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.)

	tion A. Public Support ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Oalci		(a) 2010	(6) 2015	(6) 2020	(a) 2021	(6) 2022	(i) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	171,492	211,186	176,493	111,212	513 , 538	1,183,921
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 · · · ·						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	171,492	211,186	176,493	111,212	513 , 538	1,183,921
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
-	Add lines 7a and 7b						1,183,921
8	Public support. (Subtract line 7c from line 6.)						1,100,321
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	171,492	211,186	176,493	111,212	513,538	1,183,921
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	135	223	22	9	995	1,384
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 11	Add lines 10a and 10b	135	223	22	9	995	1,384
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	171 (27	211 400	17C E1E	111 001	E14 E22	1 105 205
13	Total support. (Add lines 9, 10c, 11, and 12.)	171,627	211,409	176,515	111,221	514,533	1,185,305
14	First 5 years. If the Form 990 is for the organ organization, check this box and stop here	<u></u>		n, or fifth tax year		` ' ' '	
	tion C. Computation of Public Sup						
15	Public support percentage for 2022 (line 8, co					15	99.88%
16	Public support percentage from 2021 Schedu					16	99.95 %
	tion D. Computation of Investment			- 1 (0)		1	0 10 %
17	Investment income percentage for 2022 (line		-		H	17	0.12 %
18	Investment income percentage from 2021 Sc					18	0.05%
19a	33 1 /3% support tests 2022. If the organiz 17 is not more than 33 1 /3%, check this box and	d stop here. The	e organization qu	ualifies as a publi	icly supported or	ganization	
b	33 ¹ /3% support tests 2021. If the organize						
	line 18 is not more than $33^{1/3}$ %, check this bo	x and stop here	 The organization 	on qualifies as a	publicly supporte	ea organization .	L

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.

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

Name of the organization SONGEA'S KIDS Employer identification number 51-0649064

Organization type (check one).								
Filers of:	Section:							
Form 990 or 990-EZ	∑ 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							
, ,	ered by the General Rule or a Special Rule.), or (10) organization can check boxes for both the General Rule and a Special Rule. See							
General Rule								
	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 verty) from any one contributor. Complete Parts I and II. See instructions for determining a tions.							
Special Rules								
regulations under sections 16b, and that received from	bed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½% support test of the 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or m any one contributor, during the year, total contributions of the greater of (1) \$5,000; or) 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.								
contributor, during the year contributions totaled more during the year for an excl General Rule applies to the contributions.	bed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ar, contributions exclusively for religious, charitable, etc., purposes, but no such than \$1,000. If this box is checked, enter here the total contributions that were received usively religious, charitable, etc., purpose. Don't complete any of the parts unless the his organization because it received nonexclusively religious, charitable, etc., contributions ring the year							
totaling \$5,000 or more during the year								

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

Schedule B (Form 990) (2022)

Name of organization SONGEA'S KIDS

Employer identification number 51-0649064

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>201,700</u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$30,024	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
	4.5		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
No.		Total contributions	Person Annual Payroll Noncash Complete Part II for
4 (a)	Name, address, and ZIP + 4	# 5 , 7 9 5 (c)	Person Annual Person Payroll Noncash Complete Part II for noncash contributions.)
(a)	Name, address, and ZIP + 4	\$ 5,795 (c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contribution

Name of organization
SONGEA'S KIDS

Employer identification number

51-0649064

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$6 , 578	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$5,130	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$ 10,792	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_10		\$ <u>58,535</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_11		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_12		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization SONGEA'S KIDS

Employer identification number 51-0649064

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_13		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_14		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	

Name of organization SONGEA'S KIDS

Employer identification number 51-0649064

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
11_	PROFESSIONAL SERVICES FOR WEBSITE DESIGN AND MAINTENANCE VIDEO PRODUCTION OF BUILDING THE VILLAGE	\$\$	12-31-2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
12_	PROFESSIONAL SERVICES ACCOUNTING	s	12-31-2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
13_	PROFESSIONAL SERVICES HYDRO ENGINEERING	\$ 6,000	12-31-2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
14_	PROFESSIONAL SERVICES HYDRO ENGINEERING		12-31-2022
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	

BWF 990

SCHEDULE F

(Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number 51-0649064

SONGEA'S KIDS Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (c) Number of (f) Total (e) If activity listed in (d) is (a) Region (b) Number of (d) Activities conducted in the employees, agents, and independent region (by type) (such as, a program service, offices in the expenditures for fundraising, program services, describe specific type of and investments region investments, grants to service(s) in the region contractors in the region recipients located in the region) in the region SONGEA, TANZAN 0 OPROVISION OF BAS PROGRAM RELATE 0 0 ONEEDS, EDUCATION CHILDRENS EDUC 0 (1) OCONSTRUCTION OF 0 FOOD, MEDICAL 0 1 8RESIDENTIAL HOME 148,521 (2) 0 0 0 0 0 0 (3)0 0 0 0 0 0 (4) 0 0 0 0 (5) 0 0 0 0 0 0 0 (6)О 0 0 0 0 (7) 0 0 0 0 0 0 (8) 0 0 0 0 0 0 (9) 0 0 0 (10)0 0 0 0 0 0 0 0 0 (11)0 0 0 \cap (12)

(12)	Ч	U			
	0	0			0
(13)	0	0			0
	0	0			0
(14)	0	0			0
	0	0			0
(15)	0	0			0
	0	0			0
(16)	0	0			0
	0	0			0
(17)	0	0			0
3a Subtotal	1	8			148,521
b Total from continuation					
sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	8			148,521
For Paperwork Reduction Act N	Notice, see the In	structions for Fo	rm 990	Schedule F	(Form 990) 2022

Page 2
Schedule F (Form 990) 2022

Part III Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line
15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(b) IRS code section	(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
and EIN (if applicable)		grant	cash grant	cash	noncash	of noncash	valuation (book, FMV,
				disbursement	assistance	assistance	appraisal, other)
	SONGEA, TANZAN	PRIMARY SECONDAR	V	VIRE TRAN			
		EDUCATIO	20,274	- - - - - - - - - - - - - - - - - - -			
			V	IRE			
		_	<u> </u>				
		ORPHANS					
		VULNERAB					
		CHILDREN	22,710	Ŭ □		ロロンゴゴのロコン	
		CONSTRUC				ARCHITECT	
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		ADMINIST	3,509				
anizations listed above the IRS, or for which th	that are recognized as cha e grantee or counsel has pr	rities by the foreig	n country, recogniz 501(c)(3) equivalend	ed as a tax cy letter	•		
	and EIN (if applicable) anizations listed above the IRS, or for which th	b) IRS code section and EIN (if applicable) SONGEA, TANZAN Anizations listed above that are recognized as chapted as cha	b) IRS code section nd EIN (if applicable) SONGEA, TANZAN PRIMARY SECONDAR SONGEA, TANZAN PRIMARY SECONDAR SONGEA, TANZAN UNIVERSI BASIC NE EDUCATIO ORPHANS VULNERAB CHILDRENAB CONSTRUCT SONGEA, TANZAN HOPE VIL SALARIES ADMINIST SONGEA, TANZAN HOPE VIL DISPENSO COMMUNIT SONGEA, TANZAN SALARIES ADMINIST SONGEA, TANZAN SALARIES ADMINIST ADMINIST ADMINIST MAILES ADMINIST SONGEA, TANZAN SALARIES ADMINIST MAILES ADMINIST ADMINIST MAILES ADMINIST MAILES ADMINIST MAILES ADMINIST ADMINIST MAILES ADMIN	b) IRS code section and EIN (if applicable) SONGEA, TANZAN PRIMARY SECONDAR SONGEA, TANZAN UNIVERSI 4,4550 PRIMARY SONGEA, TANZAN BASTO NE BASTO N	SONGEA, TANZAN PRIMARY SONGEA, TANZAN PRIMARY SCONDAR SONGEA, TANZAN DATE DUCATIO SONGEA, TANZAN DATE DUCATIO SONGEA, TANZAN BASIC NE EDUCATIO ORPHANS VULNERAB CHILDREN SONGEA, TANZAN HOPE VIL SALARIES SONGEA, TANZAN HOPE VIL SALARIES SONGEA, TANZAN HOPE VIL SONGEA, TANZAN HOPE VIL SALARIES SONGEA, TANZAN HOPE VIL SO	er of (g) Amount of noncash nent assistance QAN QAN QAN 18,100 QAN QAN VAN VAN VAN VAN VAN VAN	AN (a) Amount of noncash of noncash of noncash nent assistance assistance assistance AN (AN (AN (AN (AN (AN (AN (AN (AN (AN (

Schedule F (Form 990) 2022	FDA 22 990F2 BWF 990 Form Software Copyright 1996 - 2023 HRB Tax Group, Inc.	FDA
2	3 Enter total number of other organizations or entities	ω
2	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
	2 Enter total humber of recipient organizations listed above that are recognized as chantles by the foleigh country, recognized as a tax	N

Page 3

Schedule F (Form 990) 2022

Part III Grants and

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

FDA	(18)	(17)	(16)	(15)	(14)	(13)	(12)	(11)	(10)	(9)	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(3)	
22 990F3 BWF 990 Form Software C																			(a) Type of grant or assistance (b) Reg
Form Software Copyright 1996 – 2023 HRB Tax Group, Inc.																			(b) Region
Inc.																			(c) Number of recipients
																			(d) Amount of cash grant
																			(e) Manner of cash disbursement
																			(f) Amount of noncash assistance
Schedule F																			(g) Description of noncash assistance
Schedule F (Form 990) 2022																			(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022

Part IV Foreign Forms

FDA	22 990F4 BWF 990 Form Software Copyright 1996 – 2023 HRB Tax Group, Inc.	Schedule F	(Form 990) 2022
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	⊠ No
6	Foreign Partnerships (see Instructions for Form 8865)	∐ Yes	⊠ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain	Пусс	₩.
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	⊠ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	⊠ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	⊠ No
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	⊠ No

Schedule F (Form 990) 2022 Page 5

Part V Supplemental Information

22 990F5

BWF 990

FDA

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SONGEA'S KIDS SENDS MONTHLY TRANSFERS TO TWO TANZANIAN ORGANIZATIONS WITH EMAILED EXPLICIT INSTRUCTIONS AS TO HOW THE FUNDS MUST BE USED. THE TANZANIAN ORGANIZATIONS SEND MONTHLY REPORTS WITH RECEIPTS ON HOW THE FUNDS WERE SPENT WHICH ARE COMPARED TO APPROVED BUDGETS. SONGEA'S KIDS VOLUNTEER ACCOUNTANT REVIEWS, FOLLOWS UP AS NEEDED. BOARD CHAIR APPROVES

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

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

Open to Pub	ic
Inspection	

lame of the organization				' '	ntification number
SONGEA'S KIDS					649064
Fundraising Activities. Co			nswered "Yes" on Form 9	990, Part IV, line 17.	
Form 990-EZ filers are not require	· · · · · · · · · · · · · · · · · · ·	•	in	II de et escel.	
1 Indicate whether the organization raised f		_			
a X Mail solicitations	e	_	itation of non-governme	=	
b Internet and email solicitations	f	_	itation of government gra	ants	
c X Phone solicitations	g	∣ ∐ Spec	cial fundraising events		
d X In-person solicitations					
2a Did the organization have a written or ora	-	=			
or key employees listed in Form 990, Part	· · ·			-	
b If "Yes," list the 10 highest paid individual	s or entities (fundr	aisers) pui	rsuant to agreements un	der which the fundraiser	is to be
compensated at least \$5,000 by the organ	nization.				
			I	1	ı
(i) Name and address of individual	l have	fundraiser custody	(iv) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (fundraiser) (ii) A	Ctivity	ntrol of	from activity	(or retained by) fund-	(or retained by)
or ormity (remarkation)	contri	butions?	monn douviey	raiser listed in col. (i)	organization
	Yes	No	-		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

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

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

			(a) Event #1 SONGEA'S S	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	38,850			38,850
Ŗ	2	Less: Contributions				
		line 2)	38,850			38,850
	4	Cash prizes				
	5	Noncash prizes				
uses	6	Rent/facility costs	8,404			8,404
Direct Expenses	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses	3,038			3,038
	10 11	Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro				
Pa	rt II					
_		than \$15,000 on Form 990-EZ, line 6	òa. T	 		I
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u> </u>	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 thro	ough 5 in column (d) · · ·			
	8	Net gaming income summary. Subtract lin	ne 7 from line 1, column	(d)		
9 a b	ls t	ter the state(s) in which the organization co the organization licensed to conduct gamin No," explain:				···· Yes No
10a b		ere any of the organization's gaming license 'Yes," explain:	es revoked, suspended,	or terminated during the	tax year?	···· Yes No
b						

BWF 990

SONGEA'S KIDS 51-0649064

Sched	dule G (Form 990) 2022	Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	
	formed to administer charitable gaming?	☐ No
13	Indicate the percentage of gaming activity conducted in:	
а	The organization's facility	%
b	An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	
	records:	
	Name	
	Address	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	∏No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	_
	of gaming revenue retained by the third party \$	
С	If "Yes," enter name and address of the third party:	
	Name	
	Address	
16	Gaming manager information:	
	Name	
	Gaming manager compensation \$	
	Description of services provided	
	☐ Director/officer ☐ Employee ☐ Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	
	spent in the organization's own exempt activities during the tax year\$	
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines	9,
	9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

SCHEDULE 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.

OMB No. 1545-0047
2022
Open to Public
Inspection

Department of the Treasury Internal Revenue Service

Name of the organization SONGEA'S KIDS Employer identification number 51-0649064

PART III LINE 4A - NGO GRANTEES: JIRANI MWEMA \$28,042 TOTAL; HOPE VILLAGE ORGANIZATION \$119,479 TOTAL

PART VI LINE 11B - THE FORM 990 IS RECEIVED BY THE BOARD OF DIRECTORS BY EMAIL AND SUBSEQUENTLY REVIEWED.

PART VI LINE 12C - CONFLICTS OF INTEREST ARE REPORTED TO THE BOARD CHAIR AND SUBSEQUENTLY REVIEWED.

PART VI LINE 19 - THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST AND SUBSEQUENTLY EMAILED TO THEM.

2022 FORM 990 PRINCIPAL OFFICER NAME AND ADDRESS15

ATTACI	HMENT 1: FORM 990 PAGE 1, LINE F	
OPEN TO	O PUBLI¢	
INSPEC	For calendar year 2022, or tax period beginning	, and ending .
Name of O	rganization	Employer Identification Number
SONGE	A'S KIDS	51-0649064
990, Page	1, Line F	
Principal of or Business N	fficer namelame:	SHERIE VALDERRAMA
Street Add	ress	20235 NE 18TH PL
U.S. Addre	ss:	
Zip or	code 98074 City SAMMAMISH	State <u>WA</u>
Foreign Ad	dress	
Cit	y	
Pro	ovince or State	
Co	untry	<u>-</u>
Po	stal code	

2022 FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT	2: FORM	990 PAG	E 2, PAE	RT III	
OPEN TO PUBLIC INSPECTION		londor veer coor	0. or tov	hodinaina	and anding
Name of Organization		llendar year 2022	∠, or tax period	pegiriring	, and ending . Employer Identification Number
SONGEA'S K					51-0649064
Part III - Statemen	t of Program S				
Code:	Expe	enses:	166,621	including Grants of:	•
			MEDICAI		PLIES, ORPHANAGE CONSTRUCTION AIDS AND OTHER CAUSES.

2022 FORM 990 BOOKS ARE IN CARE OF

\overline{A}	ACHMENT 3:	FORM 99	90 PAGE 6,	PART VI,	SECTION C,	LINE 2)
	N TO PUBL I ¢						
INSP	PECTION	For cale	ndar year 2022, or t	tax period beginnin	g	, and ending	
Name of	of Organization					Em	ployer Identification Number
SONO	GEA'S KIDS					51	-0649064
Part VI	l - Line 20						
Individu	ual Name				SHERIE VAL	DERRAMA	
c	or						
Busine	ss Name:						
					00005 1		
Street A	Address				20235 NE 1	8TH PL	
U.S. Ad	ddraaa						
U.S. A	auress.						
	Zin anda OOO	7 /1	C7 N	ANANNAT CII		.	7.7
	-	7 4	City SAM	MAMISH		State <u>I</u>	<u>NA</u>
Famaian	or	7 4	City <u>SAM</u>	MAMISH		State <u>I</u>	<u>NA</u>
Foreigr	-	7 4	City <u>SAM</u>	MAMISH		State <u>I</u>	<u>NA</u>
Foreigr	or n Address		,			-	<u>NA</u>
Foreigr	or n Address		,			-	<u>NA</u>
Foreigr	or Address City						
Foreigr	or Address City						
Foreigr	or Address City Province or State .		······				
Foreigr	or Address City Province or State .		······				
Foreigr	or Address City Province or State . Country		······				
Foreigr	or Address City Province or State . Country		······				
Foreigr	or Address City Province or State Country Postal code						<u> </u>
Foreigr	or Address City Province or State Country Postal code						
Foreigr	or Address City Province or State . Country Postal code Phone Number .						
Foreigr	or Address City Province or State . Country Postal code Phone Number .						

STATEMENT #1 - OTHER REVENUE (990-EO PG 1 LINE 11)	
NET INCOME FROM FUNDRAISING EVENTS	
TOTAL CARRIED TO 990-EO PG 1 LINE 11	7,641
STATEMENT #2 - OTHER EXPENSES (990-EO PG 1 LINE 17)	
PROFESSIONAL FEES AND PAYMENTS TO INDEPENDEN 12,600 PRINTING, POSTAGE	
TOTAL CARRIED TO 990-EO PG 1 LINE 17	19,041
STATEMENT #3 - ALL OTHER CONTRIBUTIONS ETC. (990-E0 PG 9 LINE 1F	')
DONATIONS IN KIND	
DONATIONS IN KIND (HYDRO ENGINEERING 6K + 4K 15,000	
TOTAL CARRIED TO 990-EO PG 9 LINE 1F	489,688
STATEMENT #4 - INC. FROM FUNDRAISING EVENTS (990-EO PG 9 LINE 8A	.)
SONGEA'S SOIREE	
TOTAL CARRIED TO 990-EO PG 9 LINE 8A	38,850
STATEMENT #5 - FUNDR. ADV. AND PROMOTION (990 EO PG 10 LINE 12D)	
DONATED PROFESSIONAL SERVICES WEBSITE AND VI 26,000	
TOTAL CARRIED TO 990 EO PG 10 LINE 12D	26,000
STATEMENT #6 - MNGMT, OFFICE EXPENSES (990 EO PG 10 LINE 13C)	
WIRE/ATM FEES	
TOTAL CARRIED TO 990 EO PG 10 LINE 13C	1,809

FDA

STATEMENT #7 - FUNDRAISING OFFICE EXPENSES (990 EO PG 10 LINE 13	D)
MERCHANT PROCESSING FEES	
TOTAL CARRIED TO 990 EO PG 10 LINE 13D	371
STATEMENT #8 - MANAGEMENT ACCT. SERVICES (990 EO PG 10 LINE 11C(C))
DONATED PROFESSIONAL SERVICES ACCOUNTING 9,000 ACCOUNTING FEES 5,093	
TOTAL CARRIED TO 990 EO PG 10 LINE 11C(C)	14,093
STATEMENT #9 - CONTRIBUTIONS, GIFTS, GRANTS (EZ1 LINE 1)	
GROSS CONTRIBUTIONS FROM SOA LESS DONATIONS FROM FUNDRAISING EVENT ON 6C LESS DEPOSIT IN TRANSIT 2021, ON 2020 FM990	
TOTAL CARRIED TO EZ1 LINE 1	
STATEMENT #10 - OTHER DIRECT EXPENSES (SCH G, PART II LINE A-9)	
PRINTING/COPYING	
TOTAL CARRIED TO SCH G, PART II LINE A-9	3,038