				m Income Tax (except private foundation		
Depa Intern	rtment al Reve	of the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the late	est information.	Inspection	
Form SPU Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do to tenter social security numbers on this form as it may be made public. Go to www.sr.gov/Form90 for instructions and the latest information. PUCL Dent of UpUint Code to www.sr.gov/Form90 for instructions and the latest information. PUCL Dent of UpUint Code to www.sr.gov/Form90 for instructions and the latest information. PUCL Dent of UpUint Code to www.sr.gov/Form90 for instructions and the latest information. PUCL Dent of UpUint Code to www.sr.gov/Form90 for instructions and the latest information. PUCL Dent of UpUint Code to www.sr.gov/Form90 for instructions and the latest information. PUCL Dent of UpUint Code to www.sr.gov/Form90 for instructions and the latest information. Dent of UpUint Code to www.sr.gov/Form90 for instructions and the latest information. Dent of UPUINT Code to upuint Code to www.sr.gov/Form90 for instructions and the latest information. Dent of UPUINT Code to upuint Code to upuint the instructions and the latest information. Dent of UPUINT Code to upuint Code to upuint the instructions and the latest information. Dent of UPUINT Code to upuint Code to upuint the instructions and the latest information. Dent of UPUINT Code to upuint Code to upuint the instruction is code to upuint the instructions and the latest information. Dent of UPUINT Code to upuint the instructions and the latest information. Dent of UPUINT instructions and upuint the instruction is continued to upuint the instructions and upuint the instruction is upuint to upuint the upuint the instruction is upuint the instruct						
B C a	heck if pplicab	le: C Name of	forganization	D Employer identific	cation number	
			DS, INC.			
	chang	e Doing b	usiness as	04-27026	55	
	_return ∃Final					
	ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,343,648.	
	⊿return	DORC		H(a) Is this a group re	turn	
	Applie dion	F Name a	nd address of principal officer: ERIC THOMPSON	for subordinates	? Yes 🗶 No	
		P.0.		H(b) Are all subordinates in	cluded? Yes No	
<u> </u>	ax-ex			527 If "No," attach a	list. See instructions	
				Year of formation: 1980 N	State of legal domicile: MA	
Pa	rt I					
ø	1	Briefly describ	e the organization's mission or most significant activities: TO EMPON	VER UNDERSERVE	D BOSTON	
anc		YOUTH W				
ern	2					
²⁰	3		o o y (c y)			
م						
ies	5					
tivit	6					
Act						
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11		-	
	_					
ue						
ven		•				
Be						
					<u> </u>	
ses						
en			undraising fees (Part IX, column (A), line 11e)	0.	0.	
Ă				183 591	222 798	
				975,744.	1,100,124.	
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	73,455.	-4,037.	
-se	19	Revenue less	expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year	
ance	20	Total acceta (Dart V line 1(2)	1,111,937.	1,123,567.	
Asse Bal	20	Total assets (F		6,887.	15,072.	
Net Assets or Fund Balances	21		fund balances. Subtract line 21 from line 20	1,105,050.	1,108,495.	
- <u> </u>	22 Irt II	Signature		,,,,,,,,,	-,-00,-555.	
		-	I declare that I have examined this return, including accompanying schedules and st	tatements and to the hest of m	knowledge and belief it is	
			. Declaration of preparer (other than officer) is based on all information of which pre		nino mougo ana bollol, it 15	
a u0,	50116					
~ .		Signature of of	ficer	Date		

Sign	Signature of officer	Date
Here	ERIC THOMPSON, EXECUTIVE DIRECTOR	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature Date	Check PTIN
Paid	CHRISTOPHER J. BARRETT, CCHRISTOPHER J. BARRE12/05	/23 ^{tf} _{self-employed} P00634437
Preparer		Firm's EIN 46-0799858
Use Only	Firm's address 8 WINCHESTER PLACE, #301	
	WINCHESTER, MA 01890	Phone no. 781 – 570 – 2273
May the IF	RS discuss this return with the preparer shown above? See instructions	X Yes No
232001 12-1	3-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2022)

1 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022) SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		-2702655	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	EVKIDS CREATES A COMMUNITY OF SUPPORT THROUGH SCHOOL-YEAR	TUTORING,	
	COLLEGE SUCCESS SUPPORT, AND SUMMER CAMP. EVKIDS RECRUITS	AND TRAIN	S
	COLLEGE VOLUNTEERS, PROVIDES ONE ON ONE, MULTI-YEAR ACADEM	IC	
	MENTORING, SUPPORTED BY PROFESSIONAL SCHOOL ADVOCACY AND F.	AMILY	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas	sured by expense	S.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, th		
	revenue, if any, for each program service reported.	e teta: expensee,	
42	(Code:) (Expenses \$ 748,790 • including grants of \$) (Revenue \$	1,133,	996.)
ти	EVKIDS TUTORING MATCHES 110+ UNDERSERVED CHILDREN AND TEEN		
	AFTERSCHOOL SITES IN DORCHESTER & ROXBURY WITH TRAINED AND		
	UNIVERSITY STUDENT VOLUNTEERS FOR WEEKLY ONE ON ONE MEETIN		
		AFF MEET	
	EACH TUTEES' EDUCATORS AND MAINTAIN REGULAR CONTACT WITH F.		
	TUTORS IN ORDER TO MAINTAIN A WELL-ROUNDED COMMUNITY OF SU		HE
			ILLS
	AND ABILITIES TO BECOME COLLEGE GRADUATES.		
	AND ADIDITIED TO DECOME CODDEGE GRADOATED:		
41	(Code:) (Expenses \$ 37,177. including grants of \$) (Revenue \$		
4b	(Code:) (Expenses \$37,177. including grants of \$) (Revenue \$] (Revenue \$) (Revenue \$] (Reven)
	AND A SENSE OF THE WORLD AROUND THEM THROUGH FAMILY-STYLE		-
	PHYSICAL ACTIVITY. YOUTH LEARN NEW SKILLS (ARCHERY, CRAFT		
	ETC.), PLAY TEAM SPORTS, LEARN ABOUT THE ENVIRONMENT, AND	•	
	ANOTHER THROUGH HIKES IN THE GREEN MOUNTAINS OF VERMONT.	SUFFORT O	
	ANOTHER THROUGH HIRES IN THE GREEN MOONTRING OF VERMONT.		
4-			
4C	(Code:) (Expenses \$ including grants of \$) (Revenue \$, т <u>с</u> ч
	SCHOOL JUNIORS AND SENIORS IN THE TUTORING PROGRAM, AND MA		
	GRADUATES WITH ONE-ON-ONE COLLEGE SUCCESS MENTORS THROUGH		
	GRADUATES WITH ONE-ON-ONE COLLEGE SUCCESS MENTORS THROUGH GRADUATION.		
	GRADUATION.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 785,967.		
		Form 9	90 (2022)

Form	990	(2022)
	330	(2022)

Form 990 (2022) EVKIDS, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	x	
2	If "Yes," complete Schedule A	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		
5	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			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u>X</u>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	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			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_ <u> </u>
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	4 4 6	х	
10-		11f	1	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
	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	446		x
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		- 23
15	foreign organization report on Part IX, column (A), line 3, more than \$5,000 or grants or other assistance to or for any	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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 Form 990 (2022)
 EVKIDS, INC.

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III						
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			x			
	Schedule J	23					
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			37			
	Schedule K. If "No," go to line 25a	24a		X			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease						
	any tax-exempt bonds?	24c					
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v			
_	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			v			
~~	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%			v			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,						
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27					
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			v			
	"Yes," complete Schedule L, Part IV	28a		X X			
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b					
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f	00-		x			
~	"Yes," complete Schedule L, Part IV	28c		X			
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x			
~ 1	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					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>			x			
~~	Schedule N, Part II	32					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x			
~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		x			
25 0	Part V, line 1	34		X			
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a					
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	350					
30		36		x			
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30					
57	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?	- 57					
00	Note: All Form 990 filers are required to complete Schedule O	38	x				
Pa	rt 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						
		<u></u>	Yes	No			
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5						
b							
c	S (1) () (
	(gambling) winnings to prize winners?	1c	х				
		-					

	990 (2022) EVKIDS, INC. 04-2702	655	Pa	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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)?	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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
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		
	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 13b			
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No"	respo	nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			X
Sec	Check if Schedule O contains a response or note to any line in this Part VI			<u>_</u>
000	tion A. devenning bedy and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 17		105	
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, 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:			
а	The governing body?	8a	Х	
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 the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	101		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	40-	х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		21	
C		12c		x
13	Did the organization have a written whistleblower policy?	13	Х	
	Did the organization have a written document retention and destruction policy?	14	X	
14 15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ERIC THOMPSON - 617-297-2239			
	P.O. BOX 220502, DORCHESTER, MA 02122			

EVKIDS, INC.

Form 990 (2022)

04-2702655 Page 6

Part VII	Compensation of Officers,	Directors, Trust	ees, Key Employees	, Highest Compensated
	Employees, and Independe	ent Contractors		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

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Form 990 (2022) EVKIDS ,	INC.								04-270	2655) Pa	ge 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hig	ghes	st C	ompensated Employe	es (continued)			
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	below	Individual trustee or	Institutional trustee	Ъ	nplo	est co o yee	ler			org	anizatio	ns
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		ose	iiste	ua	Jove) 101		ceived more than \$100	,000 of reportable			0
compensation from the organization											Yes	No
											Tes	NO
3 Did the organization list any former officer,												37
line 1a? If "Yes," complete Schedule J for s	such individual									3	$ \rightarrow $	Х
4 For any individual listed on line 1a, is the set		· · · · · ·						-	the organization			
and related organizations greater than \$15	0,000? If "Yes,	" coi	mple	ete S	Sche	dule) J f	or such individual		4		X
5 Did any person listed on line 1a receive or	accrue comper	nsati	ion fi	rom	any	unr	elat	ed organization or indivi	dual for services			
rendered to the organization? If "Yes," con	plete Schedule	e J fo	or sı	ich j	perso	on .				5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated ind	depe	ende	nt c	ontra	acto	ors t	hat received more than	\$100,000 of compe	nsation	from	
the organization. Report compensation for												
(A)								(B)		(C)	
Name and business	address	NC	ONE	2				Description of s	ervices		ensation	1
							+					
							+					
							+					
							-+					
2 Total number of independent contractors (ncluding but n	ot lir	nited	d to	thos	se lis	sted	above) who received m	ore than			

	990 (2 t VII	EVKIDS, INC.				04-2702	655 Pag
		Check if Schedule O contains a response or	note to any line	e in this Part VIII			[
					(B) Related or exempt	(C) Unrelated	(D) Revenue exclud
				Total revenue		business revenue	from tax unde
		1 1					sections 512 -
and Other Similar Amounts	1 a	Federated campaigns 1a					
	b	Membership dues 1b					
A	с	Fundraising events 1c					
llar	d	Related organizations 1d					
Ē	е	Government grants (contributions) 1e					
5	f	All other contributions, gifts, grants, and					
Ĩ		similar amounts not included above 1f 8	92,128.				
	g	Noncash contributions included in lines 1a-1f					
an	h	Total. Add lines 1a-1f		892,128.			
			Business Code				
	2 a	PROGRAM SERVICE- CAMP	624110	650.	650.		
e	b						
nu	с						
Kevenue	d						
r	е						
	f	All other program service revenue					
		Total. Add lines 2a-2f		650.			
	3	Investment income (including dividends, interest					
		other similar amounts)		11,997.			11,99
	4	Income from investment of tax-exempt bond pro	Г				
	5	Royalties	Г				
			(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 197,655.					
	b	Less: cost or other basis					
	-	and sales expenses ть 196, 083.					
	c	Gain or (loss)					
		Net gain or (loss)		1,572.	1,572.		
		Gross income from fundraising events (not		_,	_,		
	υu	including \$ of	·				
		contributions reported on line 1c). See					
			41,218.				
	h		51,478.				
		Net income or (loss) from fundraising events		189,740.			189,74
		Gross income from gaming activities. See					
	Ja	Part IV, line 19					
	h	Less: direct expenses					
		Gross sales of inventory, less returns					
	a	and allowances					
	h	Less: cost of goods sold					
		Net income or (loss) from sales of inventory					
╈	U		Business Code				
	11 ~	-					
evenue	11 a						
Ver	b	 					
Я	C d						
		All other revenue					
	6	Total. Add lines 11a-11d		L,096,087.	2,222.		

Form 990 (2022) EVKIDS , INC . Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must com		-		
	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	780,231.	603,349.	92,000.	84,882
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	36,523.	28,173.	4,281.	4,069
10	Payroll taxes	60,572.	48,037.	6,427.	6,108
11	Fees for services (nonemployees):				
а	Management	40,789.	6,281.		34,508
b	Legal				
с	Accounting	18,400.		18,400.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
5	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	16,899.		16,899.	
14	Information technology				
15	Royalties				
16	Occupancy	7,228.		7,228.	
17	Travel	28,623.	17,160.	11,463.	
18	Payments of travel or entertainment expenses		,	,	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	21,839.	21,839.		
22		18,733.	7,119.	11,614.	
23 24	Insurance Other expenses. Itemize expenses not covered	2077001	.,		
24	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	OTHER PROGRAM EXPENSES	24,897.	24,397.	500.	
b	PROFESSIONAL FEES	16,978.	1,200.	15,778.	
c	FOOD - CAMP AND TUTORIN	13,424.	13,424.		
d	CAMP COST	11,735.	11,735.		
	All other expenses	3,253.	3,253.		
25	Total functional expenses. Add lines 1 through 24e	1,100,124.	785,967.	184,590.	129,567
26	Joint costs. Complete this line only if the organization	,,		,	, ,
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Check here [

if following SOP 98-2 (ASC 958-720)

04-2702655 Page 1

EVKIDS, INC.

		Check in Schedule O contains a response of hote to				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		136,563.	1	175,307.
	2	Savings and temporary cash investments		•	2	
	3	Pledges and grants receivable, net		25,000.	3	
	4	Accounts receivable, net	1,250.	4	1,250.	
	5	Loans and other receivables from any current or for		,		,
		trustee, key employee, creator or founder, substanti				
		controlled entity or family member of any of these p			5	
	6	Loans and other receivables from other disqualified		A		
		under section $4958(f)(1)$), and persons described in			6	
s	7	Notes and loans receivable, net	F		7	
Assets	8	Inventories for sale or use			. 8	
As	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or other				
	100	basis. Complete Part VI of Schedule D	a 823,692.			
	ь	Less: accumulated depreciation 10		655,480.	10c	633,641.
	11	Investments - publicly traded securities		282,388.	11	307,423.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11	F		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	11,256.	15	5,946.	
	16	Total assets. Add lines 1 through 15 (must equal lin		1,111,937.	16	1,123,567.
	17	Accounts payable and accrued expenses	6,887.	17	15,072.	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part			21	
S	22	Loans and other payables to any current or former of	officer, director,			
Liabilities		trustee, key employee, creator or founder, substanti	al contributor, or 35%			
iabi		controlled entity or family member of any of these po	ersons		22	
	23	Secured mortgages and notes payable to unrelated	third parties		23	
	24	Unsecured notes and loans payable to unrelated thi	rd parties		24	
	25	Other liabilities (including federal income tax, payabl	es 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		6,887.	26	15,072.
Ś		Organizations that follow FASB ASC 958, check I	nere X			
JCe		and complete lines 27, 28, 32, and 33.		1 000 050		1 000 005
alaı	27	Net assets without donor restrictions		1,080,050.	27	1,090,995. 17,500.
а В	28		·····	25,000.	28	17,500.
ů		Organizations that do not follow FASB ASC 958,	check here			
۲ ۳		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds \dots			29	
sse	30	Paid-in or capital surplus, or land, building, or equipr			30	
∌t A	31	Retained earnings, endowment, accumulated incom			31	
ž	32	Total net assets or fund balances		1,105,050.	32	1,108,495.
	33	Total liabilities and net assets/fund balances		1,111,937.	33	1,123,567.

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

Form 990 (2022) Part X Balance Sheet

Form **990** (2022)

	1990 (2022) EVKIDS, INC.	04-	270265	55	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,()96	,0	87.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,1),1	24.
3	Revenue less expenses. Subtract line 2 from line 1	3		- 4	.,0	37.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,1			50.
5	Net unrealized gains (losses) on investments	5			, 4	82.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1,1	08	3,4	95.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_	`	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule (Э.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			Ba		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			ßb		
			Fc	orm 🤅	990	(2022)

Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Nan	ame of the organization Employer identification number										
		-	DS, INC.						4-2702655		
Pa	rt I	Reason for Public (All organizations must c	omplete th	nis part.) S	ee instructior				
		nization is not a private found			-						
1	[]	A church, convention of ch		•	-						
2	F	A school described in secti					•//~//י)•				
	H					(L)(1)(A)(i	::)				
3	\square	A hospital or a cooperative						Viii) Entor	the beenitel's name		
4		A medical research organiz	alion operated in co	njunction with a nospital	laeschber	in sectio		Juni). Enter	the hospital's hame,		
5		city, and state:	ar the bonefit of a co		d or operat	tod by a a	overnmentel	unit dooorik	and in		
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
~		section 170(b)(1)(A)(iv). (Complete Part II.)									
6 7	X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
'	177			initial part of its support i	rom a gov	ernmental	unit or from t	ne general	public described in		
•		section 170(b)(1)(A)(vi). (C									
8	\square	A community trust describe				al in conti					
9		An agricultural research org									
		or university or a non-land-g	grant college of agric		Enter the	name, city	, and state o	r the colleg			
10		university:	lly receives (1) mere	than 22 1/20/ of its our	nort from	oostributio	no momboro	hin face of	ad areas respires from		
10		An organization that norma									
		activities related to its exen									
		income and unrelated busin		(less section 511 tax) in	om busine	sses acqu	lifed by the o	ganization	alter Julie 30, 1975.		
44		See section 509(a)(2). (Con	•	ively to test for public or	faty Can	nontion E(O(a)(4)				
11	\square	An organization organized a	-		•			orn out the	nurnesses of one or		
12		An organization organized a	-					-			
		more publicly supported or lines 12a through 12d that									
а	Г	Type I. A supporting orga							<i>aivina</i>		
a		the supported organization									
					a majonty (supporting		
b		organization. You must c Type II. A supporting org			tion with it	o ou poort	od organizati	n(c) by be	wing		
D		control or management o					-		-		
		organization(s). You mus			ame perso	nis that co		age the sup	ported		
~	Г	Type III functionally inte			in connec	tion with	and functions	lly integrat	ed with		
U		its supported organization						iny integration	ed with,		
d	Г	Type III non-functionally						rted organi	zation(s)		
u		that is not functionally int		,				-			
		requirement (see instruct			•		-	u an alleni	IVEI IESS		
е	Г	Check this box if the orga									
e		functionally integrated, or					а туре ї, туре	п, туре п			
f	Ent	er the number of supported of		, , , , , , , , , , , , , , , , , , , ,	0 0	Lation.					
		wide the following information		ad organization(s)							
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	fmonetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)		
Tota	al										

EVKIDS, INC.

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

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

Se	ction A. Public Support				-		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	782,724.	604,180.	855,419.	886,218.	892,128.	4,020,669.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	782,724.	604,180.	855,419.	886,218.	892,128.	4,020,669.
5	The portion of total contributions		-	-		-	, ,
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	• • • • • • • • • • • • • • • • • • • •						4,020,669.
	Public support. Subtract line 5 from line 4. ction B. Total Support						4,020,000.
-		(a) 2019	(b) 2010	(a) 2020	(4) 2021	(a) 2022	
	ndar year (or fiscal year beginning in)	(a) 2018 782,724.	(b)2019 604,180.	(c) 2020 855,419.	(d) 2021 886,218.	(e) 2022 892,128.	(f) Total 4,020,669.
-	Amounts from line 4	102,124.	004,100.	000,410.	000,210.	052,120.	4,020,009.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	751.	694.	899.	10,784.	11,997.	25 125
_	and income from similar sources	/51.	094.	099.	10,704.	11,997.	25,125.
9	Net income from unrelated business			*			
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						4,045,794.
12	Gross receipts from related activities	, etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section §	501(c)(3)	
	organization, check this box and stop						
	ction C. Computation of Publ						
	Public support percentage for 2022 (14	99.38 %
15	Public support percentage from 2021	I Schedule A, Part	II, line 14			15	99.65 %
16 a	33 1/3% support test - 2022. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the	organization did no	ot check a box on l	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	ts-and-circumstanc	es test, check this	box and stop he	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported of	organization	-	
b	0 10% -facts-and-circumstances tes	t - 2021. If the org	anization did not o	heck a box on line			
	more, and if the organization meets the						
	organization meets the facts-and-circ						
18							

Schedule A (Form 990) 2022

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf			4			
5	The value of services or facilities						
Ũ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
74	3 received from disgualified 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			$\mathbf{\nabla}$			
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third	fourth, or fifth tax	year as a section	501(c)(3) org	ganization,
0	check this box and stop here						
	tion C. Computation of Publ						
	Public support percentage for 2022 (column (f))		15	%
	Public support percentage from 202					16	%
Sec	tion D. Computation of Inve	stment Incom	e Percentage				
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the	organization did n	not check the box	on line 14, and lin	ie 15 is more than (33 1/3%, ar	Id line 17 is not
	more than 33 $1/3\%,$ check this box a	and stop here. The	organization qual	ifies as a publicly	supported organiza	ation	
b	33 1/3% support tests - 2021. If the	organization did n	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33	1/3%, and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	anization qualifies	as a publicly supp	orted organi	zation
20	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t	this box and see in	structions .	L

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
See	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised or controlled the supporting organization	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c _____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI**.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

	-	

d	Total (add lines 1a, 1b, and 1c)	1d	
е	Discount claimed for blockage or other factors		
	(explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,		
	see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
-			
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Minimum Asset Amount (add line 7 to line 6) ion C - Distributable Amount	8	Current Year
		8	Current Year
	ion C - Distributable Amount	8	Current Year
Sect	ion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A)	1	Current Year
Sect 1 2	ion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1.	1 2	Current Year
Sect 1 2 3	ion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A)	1 2 3	Current Year
Sect 1 2 3 4	ion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, column A) Enter 0.85 of line 1. Minimum asset amount for prior year (from Section B, line 8, column A) Enter greater of line 2 or line 3.	1 2 3 4	Current Year

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

Schedule A (Form 990) 2022

(B) Current Year

(optional)

(B) Current Year

(optional)

(A) Prior Year

(A) Prior Year

1

2

3

4

5

6

7

8

1a

1b

1c

Portion of operating expenses paid or incurred for production or

collection of gross income or for management, conservation, or

Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):

c Fair market value of other non-exempt-use assets

maintenance of property held for production of income (see instructions)

Section A - Adjusted Net Income

Add lines 1 through 3.

Net short-term capital gain

Depreciation and depletion

Section B - Minimum Asset Amount

Recoveries of prior-year distributions

Other gross income (see instructions)

Other expenses (see instructions)

a Average monthly value of securities

b Average monthly cash balances

1

2 3

4

5

6

7

8

<u>Schedule A (Form 990) 2022</u> Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

|--|

EVKIDS,	INC.
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Par	tV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(contin}	ued)		
Secti	tion D - Distributions Current Year						
1	Amou	nts paid to supported organizations to accomplish exe		1			
2	Amou	nts paid to perform activity that directly furthers exemp					
	organ	izations, in excess of income from activity			2		
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3		
4	Amou	nts paid to acquire exempt-use assets			4		
5	Qualif	ied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other	distributions (describe in Part VI). See instructions.			6		
7	Total	annual distributions. Add lines 1 through 6.			7		
8	Distrik	outions to attentive supported organizations to which the	he organization is responsiv	e			
	(provi	de details in Part VI). See instructions.			8		
9	Distrik	outable amount for 2022 from Section C, line 6			9		
10	Line 8	amount divided by line 9 amount			10		
Secti	ion E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022	
1	Distrik	outable amount for 2022 from Section C, line 6					
2	Unde	distributions, if any, for years prior to 2022 (reason-					
	able c	ause required - explain in Part VI). See instructions.					
3	Exces	s distributions carryover, if any, to 2022					
а	From	2017					
b	> From 2018						
c	: From 2019						
d	From	2020					
e	From	2021					
f	Total	of lines 3a through 3e					
g	Applie	ed to underdistributions of prior years					
h		ed to 2022 distributable amount					
i		over from 2017 not applied (see instructions)					
j	Rema	inder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distrik	outions for 2022 from Section D,					
	line 7:	\$					
a	Applie	ed to underdistributions of prior years					
b	Applie	ed to 2022 distributable amount					
		inder. Subtract lines 4a and 4b from line 4.					
5		ining underdistributions for years prior to 2022, if					
	any. S	Subtract lines 3g and 4a from line 2. For result greater					
		ero, explain in Part VI. See instructions.					
6	Rema	ining underdistributions for 2022. Subtract lines 3h					
	and 4	b from line 1. For result greater than zero, explain in					
		I. See instructions.					
7	Exces and 4	ss distributions carryover to 2023. Add lines 3j c.					
8	Break	down of line 7:					
а	Exces	s from 2018					
b	Exces	s from 2019					
с	Exces	s from 2020					
d	Exces	s from 2021					
е	Exces	s from 2022					

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	EVKIDS,	INC.	04-2702655 Page 8
Part VI	Part IV, Section A, lines 1, line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4d lines 2 and 3; Pa	te the explanations required by Part II, line 10; Part II, line 17a o c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines rt IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V ection E, lines 2, 5, and 6. Also complete this part for any additio	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
	(

Schedule B	
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(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2022

Employer identification number

	EVKIDS, INC.	04-2702655
Organization type (chec	sk one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

General Rule

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

Special Rules

- X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
 - For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

SCHEDULE D	Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,	
(Form 990)	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	
Department of the Treasury	Attach to Form 990.	
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization		
	EVKIDS, INC.	
Part I Organization	ons Maintaining Donor Advised Funds or Other Similar Funds or	

a Total number of conservation easements

1 2

3 4

5

6

art I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	is or Accounts. Complete if the
organization answered "Yes" on Form 990, Part IV, lin	e 6.	
	(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year		
Aggregate value of contributions to (during year)		
Aggregate value of grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	/ised funds
are the organization's property, subject to the organization's	exclusive legal control?	Yes
Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used only
for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpos	e conferring
impermissible private benefit?		Yes
art II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990	, Part IV, line 7.
	and (also also all theat an ark)	

Pa	IT II Conservation Easements. Complete if the organization answere	ed "Yes" on Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that a	apply).
	Preservation of land for public use (for example, recreation or education)	Preservation of a historically important land area
	Protection of natural habitat	Preservation of a certified historic structure
	Preservation of open space	

2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	onserv	ation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	2a	

b	Total acreage restricted by conservation easements	2b		
с	Number of conservation easements on a certified historic structure included in (a)	2c		
d	Number of conservation easements included in (c) acquired after July 25,2006, and not on a			
	historic structure listed in the National Register	2d		
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organi	zation o	during the tax	
	year			
4	Number of states where property subject to conservation easement is located			
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it holds?		Yes	No No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	n easei	ments during the	/ear
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation east	sement	s during the year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?		Yes	L No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	nent and	b	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	at desc	ribes the	
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Simila	r Assets.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bala	ance sh	eet works	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherar	ice of p	ublic	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.			

b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance shee	et works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	ublic service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990 Part VIII line 1	\$

НΔ	For Panorwork Poduction Act Natica, see the Instructions for Form 990	Schodulo D (Form 990) 2022
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	de
	(ii) Assets included in Form 990, Part X	\$
	(I) Revenue included on Form 990, Part VIII, line 1	\$

OMB No. 1545-0047

Open to Public Inspection

___ No

No

l

Employer identification number 04 - 2702655

Sche	dule D (Form 990) 2022 EVKIDS ,					702655 Page 2	
Par	t III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or Oth	ner Similar Ass	ets (continued)	
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that make	significant use of it	S	
	collection items (check all that apply):						
а	Public exhibition	d	Loan or exc	hange program			
b	Scholarly research	е	Other				
с	Preservation for future generations						
4	Provide a description of the organization's c	ollections and explair	n how they further t	ne organization's ex	empt purpose in Pa	art XIII.	
5	During the year, did the organization solicit of	or receive donations of	of art, historical trea	sures, or other simil	ar assets		
	to be sold to raise funds rather than to be maintained as part of the organization's collection?						
Par	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Yes" o	n Form 990, Part IV	/, line 9, or	
	reported an amount on Form 990, Pa						
1a	Is the organization an agent, trustee, custod						
	on Form 990, Part X?				L	Yes No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:			A	
						Amount	
	Beginning balance						
	Additions during the year						
e	Distributions during the year						
T	Ending balance						
	Did the organization include an amount on F				• • • • • • • • • • • • • • • • • • • •	Yes No	
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete						
Fai	Endowment Funds. Complete	(a) Current year	(b) Prior year			k (e) Four years back	
4		9,958.	9,958.	9,958.			
	Beginning of year balance	9,950.	5,550.	5,550.	5,550	· <u> </u>	
u o	Contributions						
ى لە	Net investment earnings, gains, and losses						
	Grants or scholarships						
e	Other expenditures for facilities						
f	and programs						
	Administrative expenses End of year balance	9,958.	9,958.	9,958.	9,958	9,958.	
g 2	Provide the estimated percentage of the cur		, ,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· ,,,,,,	
2	Board designated or quasi-endowment						
a h	Permanent endowment	%					
Č		%					
Ŭ	The percentages on lines 2a, 2b, and 2c sho						
3a	Are there endowment funds not in the posse		ation that are held a	nd administered for	the		
ou	organization by:					Yes No	
	(i) Unrelated organizations					3a(i) X	
	(ii) Related organizations						
b	If "Yes" on line 3a(ii), are the related organization					•••(,	
4	Describe in Part XIII the intended uses of the						
Par	t VI Land, Buildings, and Equipn						
	Complete if the organization answere		, Part IV, line 11a. S	ee Form 990, Part)	K, line 10.		
	Description of property	(a) Cost or ot			Accumulated	(d) Book value	
	b. c. b. chord	basis (investm	• •		epreciation		
1a	Land		,	0,000.		20,000.	
	Buildings			2,482.	159,843.	592,639.	
	Leasehold improvements					-	
	Equipment		3	1,592.	10,590.	21,002.	
	Other			9,618.	19,618.	0.	
	Add lines 1a through 1e. (Column (d) must e					633,641.	

Schedule D (Form 990) 2022

Lincorintion of cooligity or cotogory () is the second seco		11b. See Form 990, Part X, line 12.
a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely held equity interests		
Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G) (H)		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
art VIII Investments - Program Related.		
Complete if the organization answered "Yes" of	on Form 990 Part IV line	a 11c, See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
. , .	(1) 20011 14100	
(1) (2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Yart IX Other Assets. Complete if the organization answered "Yes" of the organization answere of the organization answered "Yes" of the organization answere of the organization and the organization and the organization answere of the organization and the organizatio	on Form 990, Part IV, line Description	e 11d. See Form 990, Part X, line 15.
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) [
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1)		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2)		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Yart IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3)		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Yart IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4)		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5)		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6)		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" ((a) (1) (2) (3) (4) (5) (6) (7)		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8)		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Yart IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Yart IX Other Assets. Complete if the organization answered "Yes" of (a) [(1) (2) (3) (4) (5) (6) (7) (8)	Description	
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) (2) (Column (b) must equal Form 990, Part X, col. (B) line	Description	(b) Book value
art IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" ((a) ((1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes	Description	(b) Book value
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)	Description	(b) Book value
atl. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [1] (1) (a) [2] (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) (1) (1) (2) (3)	Description	(b) Book value
art IX Other Assets. Complete if the organization answered "Yes" of (a) [2] (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) (3) (4) (5) (5) (6) (7) (8) (9) (2) (1) (2) (3) (4)	Description	(b) Book value
art IX Other Assets. Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description	(b) Book value
atl. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) [1 (1) (a) [2 (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) [2] (1) (2) (3) (4) (5) (6) (1) (2) (3) (4) (4) (5) (6) (3) (4) (5) (6) (4)	Description	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) (art IX Other Assets. Complete if the organization answered "Yes" (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Description	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) (art IX Other Assets. Complete if the organization answered "Yes" (a) (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Description	(b) Book value

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

Sche	dule D (Form 990) 2022 EVKIDS, INC.			04-	2702655 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per R	eturr	ı.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,155,047.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	7,482.		
b	Donated services and use of facilities	. 2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	51,478.		
е	Add lines 2a through 2d			2e	58,960.
3	Subtract line 2e from line 1			3	1,096,087.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		A		
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			_
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,096,087.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten		h Expenses per	Retu	irn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	1,151,602.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a			
b	Prior year adjustments				
С	Other losses		<u> </u>		
d	Other (Describe in Part XIII.)		51,478.		F4 480
е	Add lines 2a through 2d			2e	51,478.
3	Subtract line 2e from line 1	,		3	1,100,124.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			•
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,100,124.
Pa	rt XIII Supplemental Information.				

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES AS PROVIDED UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3), AND IS NOT CLASSIFIED AS A PRIVATE FOUNDATION. CONTRIBUTIONS MADE TO THE ORGANIZATION ARE DEDUCTIBLE BY DONORS AS PROVIDED IN IRC SECTION 170.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA

PRESCRIBE THE THRESHOLD A TAX POSITION IS REQUIRED TO MEET BEFORE BEING

RECOGNIZED IN THE FINANCIAL STATEMENTS. A LIABILITY FOR UNCERTAIN TAX

POSITIONS IS RECOGNIZED AND RECORDED AS A COMPONENT OF CURRENT INCOME TAX

EXPENSE FOR DIFFERENCES BETWEEN FINANCIAL AND INCOME TAX REPORTING

POSITIONS WHICH DO NOT MEET THIS THRESHOLD. ANY INTEREST AND PENALTIES

RELATED TO UNCERTAIN TAX POSITIONS ARE RECORDED AS A COMPONENT OF INCOME TAX EXPENSE. THE ORGANIZATION HAS REVIEWED ITS TAX POSITIONS THAT REMAIN SUBJECT TO EXAMINATION BY TAX AUTHORITIES AND HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS AND THUS HAS NOT RECORDED ANY LIABILITY AT JUNE 30, 2022.

THE ORGANIZATION'S FEDERAL AND STATE TAX RETURNS ARE SUBJECT TO POSSIBLE EXAMINATION BY TAXING AUTHORITIES UNTIL THE EXPIRATION OF THE RELATED RETURNS STATUTES. IN GENERAL, THE FEDERAL AND STATE TAX RETURNS HAVE A THREE-YEAR STATUTE OF LIMITATION FROM THE DATE THE TAX RETURNS WERE DUE OR FILED, WHICHEVER IS LATER. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATIONS BY TAX AUTHORITIES FOR YEARS PRIOR TO 2019, AND HAS NO OPEN EXAMINATIONS AS OF THE DATE OF THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

GROSS SPECIAL EVENT INCOME

51,478.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

51,478.

SCHEDULE G	Suppleme	vities	OMB No. 1545-0047					
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or i organization entered more than \$15,000 on Form 990-EZ, line 6a. Department of the Treasury Attach to Form 990 or Form 990-EZ.							or if the 2022	
Department of the Treasury			Attach to Form 990 or Form 990-EZ.					Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instru	ictions	and t	he latest informatio	n.	Employer ide	Inspection entification number
Hame of the organizate	EVKIDS,	INC.					04-2702	
	sing Activities	Complete if the organization answ	ered "\	∕es" o	n Form 990, Part IV, I	line 1	7. Form 990-E2	Z filers are not
 Indicate whether the a X Mail solicita Mail solicita X Internet and X Phone solicita X In-person set 2 a Did the organization key employees listic key employees listic b If "Yes," list the 10 monotonic distribution of the set of t	he organization rais titions d email solicitations titations olicitations on have a written o ted in Form 990, F	sed funds through any of the follow e X Solicita s f X Solicita g X Specia or oral agreement with any individua Part VII) or entity in connection with viduals or entities (fundraisers) pure	ation of ation of I fundra al (inclu profess	non-g gover aising ding c	overnment grants rnment grants events officers, directors, trus fundraising services?	stees	X Yes	
(i) Name and addres or entity (fun	ss of individual	(ii) Activity	fund have c or cor	Did raiser custody ntrol of outions?	(iv) Gross receipts from activity	tò (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
PHYLLIS HILL - 16			Yes	No	040 502		F 102	0.05 500
RD, WELLESLEY, MA MICHELLE MITCHELL		GALA CONSULTANT		X	240,703.		5,123.	235,580
HOOD RD APT 10, BE		GRANT WRITING		x	120,609.		6,348.	114,261
Total					361,312.		11,471.	349,841
3 List all states in whor licensing.	nich the organizatio	on is registered or licensed to solicit	contrib	oution	s or has been notified	d it is	exempt from r	egistration
MA								

232081 10-27-22

04-2702655 Page 2

 Schedule G (Form 990) 2022
 EVKIDS, INC.
 04-2702655
 Pag

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

			(a) Event #1	(b) Event #2 SPRING AUCTION	(c) Other events NONE	(d) Total events (add col. (a) through
ъ			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	240,703.	515.		241,218
2	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	240,703.	515.		241,218
4	4	Cash prizes				
	5	Noncash prizes				
senses e	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
		Other direct expenses				51,478
1		Direct expense summary. Add lines 4 throug				51,478
		Direct expense summary. Add lines 4 throug				
1		Net income summary. Subtract line 10 from				
	1	Net income summary. Subtract line 10 from II Gaming. Complete if the organization	line 3, column (d)			
Parl	11	Net income summary. Subtract line 10 from	line 3, column (d)			189 ,740
Parl	11	Net income summary. Subtract line 10 from II Gaming. Complete if the organization	ine 3, column (d)answered "Yes" on Forr	n 990, Part IV, line 19, or r	reported more than	189 ,740
Part	11 1	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	ine 3, column (d)answered "Yes" on Forr	n 990, Part IV, line 19, or r	reported more than	189 , 740
Parl	1 1 2	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	ine 3, column (d) answered "Yes" on Forr (a) Bingo	n 990, Part IV, line 19, or r	reported more than	189 ,740
Parl	1 1 2 3	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	ine 3, column (d) answered "Yes" on Forr (a) Bingo	n 990, Part IV, line 19, or r	reported more than	189 ,740
	1 1 2 3 4	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	ine 3, column (d) answered "Yes" on Forr (a) Bingo	n 990, Part IV, line 19, or r	reported more than	(d) Total gaming (add col. (a) through col. (c)
	1 1 2 3 4 5	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	ine 3, column (d) answered "Yes" on Forr (a) Bingo	n 990, Part IV, line 19, or r	reported more than	189 , 740

9 Enter the state(s) in which the organization conducts gaming activities:

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

a Is the organization licensed to conduct gaming activities in each of these states?	?	Ves	No
b If "No," explain:			

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

232082 10-27-22

___ No

Scł	nedule G (Form 990) 2022	EVKIDS,	INC.		04-27	702655	D Page 3
11	Does the organization conduct ga	ming activities w	rith nonmember	s?		Yes	No
12				member of a partnership or other entity formed	ļ	Yes	No
13	Indicate the percentage of gaming				I	165	
					1	13a	%
						13b	%
				nization's gaming/special events books and reco		I	
	Name						
	Address						
15	a Does the organization have a con	tract with a third	party from who	m the organization receives gaming revenue? \ldots		Yes	🗌 No
I	o If "Yes," enter the amount of gam	ing revenue rece	ived by the org	anization \$ and the ar	nount		
	of gaming revenue retained by the						
	c If "Yes," enter name and address	of the third party	r:				
	Name						
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation	\$					
	Description of services provided						
				1			
	Director/officer	Employee		Independent contractor			
	Mandatory distributions:						
i				stributions from the gaming proceeds to	,		<u> </u>
						Yes	└── No
				istributed to other exempt organizations or spen	t in the		
D	organization's own exempt activit art IV Supplemental Infor			ons required by Part I, line 2b, columns (iii) and (v	Ar and Davit		06 106
ГС				ditional information. See instructions.); and Part	III, lines 9	, 90, 100,
	130, 130, 10, and 170, as	applicable. Also	provide any ad				
SC	CHEDULE G, PART I,	LINE 2B	, LIST O	F TEN HIGHEST PAID FUNDR.	AISERS	5:	
(]) NAME OF FUNDRAI	SER: MICH	HELLE MI	TCHELL			
(]) ADDRESS OF FUND	RAISER: 2	25 MOUNT	HOOD RD APT 10, BRIGHTO	N, MA	0213	35
_							

Schedule G	G (Form 990)	EVKIDS,	INC.
Part IV	Supplementa	I Information (contin	iued)

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. EZ 2022 Open to Public Inspection Employer identification number

04-2702655

OMB No 1545-0047

EVKIDS, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

POTENTIAL.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ENGAGEMENT.

FORM 990, PART VI, SECTION A, LINE 2:

THREE BOARD OF DIRECTORS MEMBERS ARE RELATIVES.

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

THE BOARD OF DIRECTORS AND MANAGEMENT REVIEW THE IRS FORM 990, AND THE

BOARD OF DIRECTORS FORMALLY APPROVES THE IRS FORM 990 PRIOR TO FILING.

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

THE ORGANIZATION'S PRESIDENT, SECRETARY, TREASURER AND OTHER DIRECTORS ARE NON-COMPENSATED MEMBERS OF THE BOARD.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS, TAX RETURNS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON

REQUEST.

FORM 990, PART XII, LINE 2C:

REVIEWED BY THE BOARD OF DIRECTORS.

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

0101 93	O PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
11	CAMP RENOVATIONS	06/01/15	SL	39.00	MM	17	84,224.				84,224.	15,210.		2,160.	17,370.
12	CAMP RENOVATIONS	06/01/15	SL	39.00	MM	17	423,635.				423,635.	76,487.		10,862.	87,349.
13	CAMP RENOVATIONS	07/14/15	SL	39.00	MM	17	16,424.				16,424.	2,930.		421.	3,351.
14	CAMP RENOVATIONS	08/12/15	SL	39.00	MM	17	16,424.				16,424.	2,895.		421.	3,316.
15	CAMP RENOVATIONS	09/14/15	SL	39.00	MM	17	16,424.				16,424.	2,860.		421.	3,281.
16	CAMP RENOVATIONS	10/13/15	SL	39.00	MM	17	16,424.				16,424.	2,825.		421.	3,246.
18	CAMP RENOVATIONS-WATER PUMP	09/13/16	SL	5.00	-	16	660.				660.	660.		0.	660.
	* 990 PAGE 10 TOTAL BUILDINGS						574,215.				574,215.	103,867.		14,706.	118,573.
	MACHINERY & EQUIPMENT														
9	CAMP EQUIPMENT	07/14/14	200DB	5.00	HY	17	996.			498.	498.	498.		٥.	498.
10	TENT PLATFORMS	10/28/14	200DB	10.00	HY	17	10,423.			5,212.	5,211.	4,505.		282.	4,787.
17	CAMP EQUIPMENT	06/01/15	SL	5.00	-	16	3,025.				3,025.	3,025.		٥.	3,025.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						14,444.			5,710.	8,734.	8,028.		282.	8,310.
	TRANSPORTATION EQUIPMENT														
7	VEHICLE	06/06/13	200DB	5.00	HY	17	19,618.				19,618.	19,618.		0.	19,618.
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						19,618.				19,618.	19,618.		٥.	19,618.
	LAND														

228111 04-01-22

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990		9	0	
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FORM 990 PAGE 10								990							
Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
6	LAND	01/01/85	5 L				20,000.				20,000.			٥.	
	* 990 PAGE 10 TOTAL LAND						20,000.				20,000.	0.		0.	0.
	OTHER														
4	EQUIPMENT	07/01/03	200DB	5.00	нү	17	2,130.				2,130.	2,130.		0.	2,130.
5	EQUIPMENT	02/20/07	200DB	5.00	нү	17	3,616.				3,616.	3,616.		0.	3,616.
19	BARN RENOVATIONS	05/20/17	/ SL	39.00	MM	17	46,562.				46,562.	6,069.		1,194.	7,263.
20	BARN RENOVATIONS	05/20/17	SL	39.00	MM	17	33,795.				33,795.	4,407.		867.	5,274.
21	BARN RENOVATIONS	05/20/17	/ SL	39.00	MM	17	65,388.				65,388.	8,525.		1,677.	10,202.
22	BARN RENOVATIONS	05/20/17	SL	39.00	MM	17	20,597.				20,597.	2,684.		528.	3,212.
23	BARN RENOVATIONS	05/20/17	/ SL	39.00	MM	17	4,501.				4,501.	585.		115.	700.
24	BARN RENOVATIONS	06/27/18	SL	39.00	MM	17	7,424.				7,424.	760.		190.	950.
25	COMPUTER EQUIPMENT	09/23/21	SL	5.00	1	16	11,402.				11,402.	1,710.		2,280.	3,990.
	* 990 PAGE 10 TOTAL OTHER						195,415.				195,415.	30,486.		6,851.	37,337.
	* GRAND TOTAL 990 PAGE 10 DEPR						823,692.			5,710.	817,982.	161,999.		21,839.	183,838.

228111 04-01-22

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form 4562									
Department of the Treasury Internal Revenue Service									
Name(s) shown on return									

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No. 1545-0172

Attachment Sequence No. **179**

ZU2

Identifying number

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.
Business or activity to which this form relates

EVKIDS	, INC.			FOF	RM 99	90 E	PAGE 10		04-2702655
Part I E	ection To Expense Certain Prop	erty Under Section 17	'9 Note: If yo	u have any li	isted pro	perty,	complete Part	V before y	ou complete Part I.
1 Maximur	n amount (see instructions)							1	1,080,000.
2 Total cos	st of section 179 property pla	ced in service (see	instructions)					2	
3 Threshol	d cost of section 179 propert	y before reduction	in limitation					3	2,700,000.
4 Reductio	on in limitation. Subtract line 3	from line 2. If zero	or less, ente	r -0-				4	
5 Dollar limita	tion for tax year. Subtract line 4 from lir	ne 1. If zero or less, enter -	0 If married fili	ng separately, se	e instructio	ons		5	
6	(a) Description of p	property		(b) Cost (busi	ness use o	nly)	(c) Elected of	cost	
	roperty. Enter the amount fror					7			
	cted cost of section 179 prop								
	e deduction. Enter the smalle								
	er of disallowed deduction fro								
	s income limitation. Enter the								
12 Section	179 expense deduction. Add	lines 9 and 10, but	don't enter r	nore than lin	ie 11	<u> </u>		12	
	er of disallowed deduction to		,			13			
	use Part II or Part III below fo								
	Special Depreciation Allow		-						
14 Special of	depreciation allowance for qu	alified property (oth	er than listed	l property) p	laced in	servic	e during		
the tax y									
15 Property	subject to section 168(f)(1) e	lection							2 200
	preciation (including ACRS)							16	2,280.
Part III	MACRS Depreciation (Don'	t include listed prop							
				ction A					19,559.
	deductions for assets placed			•				17	19,559.
18 If you are el	ecting to group any assets placed in se Section B - Asset								~ <u>~</u>
	Section D - Asset	(b) Month and		depreciation	1				
(8	a) Classification of property	year placed in service	(business/in	vestment use instructions)		ecovery eriod	(e) Convention	(f) Method	(g) Depreciation deduction
10a 3 vo	ar proporty								
	ar property ar property								
	ar property								
	ear property								
	ear property				+				
	ear property				+				
	ear property				25	yrs.		S/L	
<u> </u>		/				5 yrs.	MM	S/L	
h Resi	dential rental property	/				5 yrs.	MM	S/L	
		/				yrs.	MM	S/L	
i Noni	residential real property	/				y13.	MM	S/L	
	Section C - Assets	Placed in Service	During 2022	2 Tax Year U	Jsing the	e Altei			stem
20a Clas					1			S/L	
b 12-ye					12	vrs.		S/L	
c 30-ye		/							
d 40-ye		/				yrs.	MM	S/L S/L	
Part IV	Summary (See instructions.)	, ,				,			
	roperty. Enter amount from lin	e 28						21	
=	dd amounts from line 12, lines					ne 21		····	
	re and on the appropriate line	-						22	21,839.
	ts shown above and placed in				Γ				
	of the basis attributable to sec	-	-			23			

For	rm 4562 (2022)	EVK	IDS, IN	iC.								04-	2702	655	Page 2
Pa	art V Listed Propert				her vehic	cles, cer	tain aircı	raft, ar	nd propert	y used f	or				
	entertainment, Note: For any v	,		,	e standai	rd milea	ae rate c	or dedi	ucting leas	e exper	nse, com	nolete or	ulv 24a.		
	24b, columns (a	a) through (c	c) of Śection A	, all of S	Section B	8, and S	ection C	if app	licable.	•	·	•	•		
			on and Other						1			-			
24a	a Do you have evidence to s			ent use cl	aimed?	<u> </u>	<u>′es ∟</u>	_ No	24b If "Y	r Ó		nce writ	ten?	∐ Yes ∟	<u>No</u>
	(a) (b) (c) Type of property (list vehicles first) (list vehicles first)				(d) Cost or ther basis	(bu	(e) sis for depre isiness/inve use only	stment					(h) eciation uction	(i) Elected section 179 cost	
25	Special depreciation allo	wance for a	ualified listed	property	v placed	in servi	ce durin	a the t	ax vear an	d					
	used more than 50% in										25				
26	Property used more that														
		: :	ç	%											
		: :	ç	6											
		: :	ç	6											
27	Property used 50% or le	ess in a quali	fied business	use:											
		: :		6						S/L -	-				
		: :		6						S/L -					
		: :		6						S/L -					
	Add amounts in column												00		
29	Add amounts in column	(I), IINE 26. E					on Use				<u></u>		. 29		
Co	mplete this section for ve	hicles used I					-			or relate	d nersor	h lf vou	nrovideo	lvehicles	
	your employees, first answ		,								•	•			,
.0)					000 11 90	amoot			o completi	ing this i	500000111				
	(a) (b) (c) (d) (e)												(f)	
30	Total business/investment miles driven during the			Ve	hicle	Ve	hicle	V	/ehicle	le Vehicle			hicle	Vehicle	
	year (don't include commut														
31	Total commuting miles c	lriven during	the year												
32	Total other personal (nor	ncommuting) miles												
	driven														
33	Total miles driven during	the year.													
	Add lines 30 through 32				1										
34	Was the vehicle availabl			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
25	during off-duty hours?														
35	Was the vehicle used pr than 5% owner or relate														
36	Is another vehicle availal								-				1		
00	use?	•													
			- Questions I	or Emp	lovers V	Vho Pro	vide Vel	nicles	for Use b	v Their	Employ	ees			
Ans	swer these questions to c				-					-			ren't		
	re than 5% owners or rela														
37	Do you maintain a writte	n policy stat	ement that pr	ohibits a	all perso	nal use	of vehicl	es, inc	luding cor	nmuting	j, by you	ır		Yes	No
	employees?														
38	Do you maintain a writte	n policy stat	tement that pr	ohibits	personal	use of	vehicles,	excep	ot commut	ing, by	your				
	employees? See the inst														
	Do you treat all use of ve														
40	Do you provide more that														
	the use of the vehicles, a														
41	Do you meet the require													·	
D	Note: If your answer to 3 art VI Amortization	37, 38, 39, 4	U, OF 4 I IS "YE	es," don	t comple	ete Seci		the c	overed vei	licies.					
				(b)	1	(c)			(d)		(e)			(f)	
	(a) Description of	costs	Date	amortization begins		Amortiza amoun			Code section		Amortiza period or per	ation		nortization r this year	
42	Amortization of costs that	at begins du	ring your 202		ar:					1	Poriod of her	Joonayo			
		<u> </u>		;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;											
43	Amortization of costs the	at began bef	fore your 2022	2 tax yea	ar							43			
	Total. Add amounts in c											44			