Form **8879-TF**

IRS e-file Signature Authorization for a Tax Exempt Entity

		•	•	
For calendar year 20	023, or fiscal year beginr	ning ,	2023, and ending	, 20

OMB No. 1545-0047

Do not send to the IRS. Keep for your records. Department of the Treasury Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer SONGEA'S KIDS 51-0649064 Name and title of officer or person subject to tax SHERIE VALDERRAMA PRESIDENT Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990-EZ check here Form 1120-POL check here **b Tax based on investment income** (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here. Form 990-T check here b FMV of assets at end of tax year (Form 5227, Item D)......8b Form 5227 check here..... Form 5330 check here....... 10a Form 8038-CP check here **b Amount of credit payment requested** (Form 8038-CP, Part III, line 22) 10b Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that I I am an officer of the above entity or I I am a person subject to tax with respect to (name of , (EIN) and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only to enter my PIN 49064 as my signature lauthorize HRB TAX GROUP INC **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax Date **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 24735 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2023

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For th	e 2023 cale	endar year, or tax year beginni	ing	, 2023, ar	nd ending		, 20
В	Check if	applicable:	C Name of organization SON	IGEA'S KIDS		D Empl	oyer iden	tification number
Ш	Addres	s change	Doing business as			ļ	<u>51-06</u>	49064
	Name c	hange	Number and street (or P.O. box if	mail is not delivered to street address)	Ro	om/suite E Telep	hone num	nber
	Initial re	eturn	3020 ISSAQUAH P	INE LAKE RD SE			<u> 202-2</u>	56-2171
	Final re	turn/	City or town, state or provinc	ce, country, and ZIP or foreign posta	al code	G Gross	3	
	termina	ited	SAMMAMISH WA 98	075		recei		312,016
	Amende	ed return	F Name and address of prin	ncipal officer:	H(a)	Is this a group retur	n for suborc	dinates? Yes X No
	Applica	ition pending	SEE ATTACHMENT :	#1	H(b)	Are all subordinates	included?	Yes No
<u> 1 1</u>	Гах-ех	empt status:	: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or	527	If "No," attach a list	. See instru	ctions.
J١	Vebsit	te: SON	IGEASKIDS.ORG		H(c)	Group exemption nu	ımber	
K	orm of o	organization:	Corporation Trust A	Association Other	L Year of for	mation: 2007	M State	of legal domicile: WA
P	art I	Summ	nary					
	1	Briefly des	scribe the organization's mission	or most significant activities:				
٥	, SU	PPORTI	NG ORPHANS AND	VULNERABLE CHILDRE	EN IN	SONGEA AN	1D HOI	PE
Governance	VI	LLAGE	IN TANZANIA BY	CREATING A SUSTAIN	NABLE	VILLAGE 1	NCLUI	DING
ű	HE.	ALTHCA	RE,_EDUCATION, :	INFRASTRUCTURE ANI	D RESI	DENTIAL C	<u>)RPHAI</u>	N HOMES.
Š	2	Check this	s box if the organization dis	continued its operations or dispose	d of more t	han 25% of its net	assets.	
		Number o	f voting members of the govern	ing body (Part VI, line 1a)			3	7
ď	3 4	Number o	f independent voting members	of the governing body (Part VI, line	1b)		4	7
į	5	Total num	ber of individuals employed in c	calendar year 2023 (Part V, line 2a)			5	
Activities &	6	Total num	ber of volunteers (estimate if ne	cessary) · · · · · · · · · · · · · · · · · · ·			6	10
⋖	`	Total unre	lated business revenue from Pa	rt VIII, column (C), line 12			7a	
	b	Net unrela	ated business taxable income fro	om Form 990-T, Part I, line 11 · · · ·			7b	0
						Prior Year		Current Year
a	, 8	Contribution	ons and grants (Part VIII, line 1h	1)		489	,688	242,081
Revenue	9			d)				
	10	Investmen	nt income (Part VIII, column (A),	lines 3, 4, and 7d)			995	18,480
ď	11		, , , , , , , , , , , , , , , , , , , ,	5, 6d, 8c, 9c, 10c, and 11e)		27	,468	35,054
	12			must equal Part VIII, column (A), line		518	,151	295,615
	13			column (A), lines 1-3)		166	,621	305,713
	14		• • •	column (A), line 4)				· · · · · · · · · · · · · · · · · · ·
u	15	•	•	penefits (Part IX, column (A), lines 5-				
Fxnenses	2 16a			umn (A), line 11e)	,			
ğ	5 b		Iraising expenses (Part IX, colum		16,048			
ц	17		• , , ,	11a-11d, 11f-24e)		46	,617	68,200
	18			qual Part IX, column (A), line 25)		213	,238	373,913
	19	•	,	from line 12 · · · · · · · · · · · · · · · · · ·		304	,913	- 78 , 298
Ŋ			•			Beginning of Curre	nt Year	End of Year
Assets	20	Total asse	ets (Part X, line 16)				,178	347,757
AS	21						_	<u> </u>
ξē	58 22			21 from line 20		419	,178	347,757
Pá	art II		ture Block				·	· · · · · · · · · · · · · · · · · · ·
				eturn, including accompanying schedules a	and statemen	ts. and to the best of	mv knowled	lge and belief, it is
				officer) is based on all information of whic			,	go and zonor, rero
Sig	ın	Signature	e of officer				D;	ate
He		1 0	IERIE VALDERRAMA	PF	RESIDE	NT:		
	. •		orint name and title			111 1		
			/Type preparer's name	Preparer's signature	Date	Check	i if	PTIN
Pai	id		IE HUANG				· 🗀 "	200278566
	epare		's name HRB TAX GRO	UP INC	1	Firm's EIN		371840
	e Onl			ST STE 103D		Phone no.		<u> </u>
			ISAS CITY MO 641			(800) 4	172-50	525
Mar	the ID			wn above? See instructions			1/2)(· · · X Yes No
ivias	, ale In	io diacuaa li	no return with the preparer show	THE ADDVO: OUT HOUNDING				kā ies 140

Par	Statement of Program Service Accomplishments	₽.
	Check if Schedule O contains a response or note to any line in this Part III	<u>X</u>
1	Briefly describe the organization's mission:	
	SUPPORTING ORPHANS AND VULNERABLE CHILDREN IN SONGEA AND HOPE	
	VILLAGE IN TANZANIA BY CREATING A SUSTAINABLE VILLAGE INCLUDING	
	HEALTHCARE, EDUCATION, INFRASTRUCTURE AND RESIDENTIAL ORPHAN HOM	ES.
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990–EZ?	X No
	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	
Ŭ	services?	X No
	If "Yes," describe these changes on Schedule O.	<u> </u>
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 305,923 including grants of \$ 305,713) (Revenue \$)
	SEE ATTACHMENT #2	
4h	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
710	/ (Labelises a linearing grants of a linearing grant grants of a linearing grants of a l	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
//	Other program services (Describe on Schedule O.)	
4u	, -	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 305, 923	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
_	assessments, or similar amounts as defined in Rev. Proc. 98–19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			Λ
Ü	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		71
Ŭ	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			21
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	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		Χ
С	Did the organization report an amount for investments program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	46.		3.7
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
D				
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	145	21	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Χ	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		21	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		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	Χ	
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? \mathbb{N}/\mathbb{A}	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		Χ

BWF 990

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J · · · · · · · · · · · · · · · · · ·	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? $\dots \dots \mathbb{N} / \mathbb{A}$.	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \mathbb{N}/\mathbb{A}	24d		
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes,"			
	complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701–2 and 301.7701–3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	, , , , , , , , , , , , , , , , , , , ,	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			5.7
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			3.7
	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			
D-	19? Note: All Form 990 filers are required to complete Schedule O	38	Χ	<u> </u>
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			\sqcup
4	Establish was because and discharge of Farm 4000 Establish 2 March 1991		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		X

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 $\dots N./A$	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? $\dots \dots \mathbb{N}$.	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098–C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Х
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		Х
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
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 \cdots \mathbb{N}/\mathbb{A} .	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		Х
	If "Yes," complete Form 6069.			

Form 9	90 (2023) SONGEA'S KIDS 51-0649064			age
Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, a	nd for	a "No	,
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See ins	tructio	าร.	_
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			1
		,	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year · · · · · · la 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	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			3.7
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			V
4	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
5	Did the organization make any significant changes to its governing documents since the phot rorm 990 was filed:	5		X
6	Did the organization become aware during the year of a significant diversion of the organization sassets:	6		X
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	-		Λ
<i>1</i> a	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,	74		21
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			23
•	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		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	of Di Tollors (This Section B requests information about policies not required by the internal nevenue code.)			
	On D. I Onores (mis section b requests information about policies not required by the internal nevertide code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
10a b		10a	Yes	
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	Х
	Did the organization have local chapters, branches, or affiliates?		Yes	
b	Did the organization have local chapters, branches, or affiliates?	10b		Х
b 11a	Did the organization have local chapters, branches, or affiliates?	10b	Yes	Х
b 11a b	Did the organization have local chapters, branches, or affiliates?	10b 11a		Х
b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10b 11a		Х
b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10b 11a 12a 12b	X	Х
b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10b 11a 12a 12b	X	X
b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	X	Х
b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	10b 11a 12a 12b	X	X
b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N-/A Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	10b 11a 12a 12b 12c 13	X	X
b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10b 11a 12a 12b 12c 13	X	X
b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N./A Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	X	X
b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a 12a 12b 12c 13	X	X
b 11a b 12a c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N./A Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	10b 11a 12a 12b 12c 13 14	X	X
b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N./A has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	10b 11a 12a 12b 12c 13 14	X	X
b 11a b 12a c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14	X	X
b 11a b 12a c 13 14 15	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	10b 11a 12a 12b 12c 13 14	X	X
b 11a b 12a c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10b 11a 12a 12b 12c 13 14	X	X
b 11a b 12a c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	10b 11a 12a 12b 12c 13 14 15a 15b	X	X
b 11a b 12a c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? N/A.	10b 11a 12a 12b 12c 13 14 15a 15b	X	X
11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? N/A has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? N./.A.	10b 11a 12a 12b 12c 13 14 15a 15b 16a	X	X

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website

Another's website

Upon request

Other (explain on Schedule Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

SEE ATTACHMENT #3

Form 990 (2023)

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

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

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

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

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

(A)	(B)			_ ((;)			(D)	(E)	(F)
Name and title	Average hours per week		(do not box, un officer a	less pe and a d	more th	both an trustee)	г	Reportable compensation from the	Reportable compensation from related	Estimated amount of
	(list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) SHERIE VALDERRAM	7.50	Х						0	0	C
PRESIDENT										
(2) MAX GOLDENSOHN BOARD MEMBER	0.50	Х						0	0	C
(3) DAVID TARDIF-DOU BOARD CHAIR	1.00	Х		Х				0	0	C
(4) ERICA MYRICK-THO BOARD TREASURER	3.20	х		Х				0	0	C
(5) SUSAN FOLLMER SECRETARY	1.00	Х		х				0	0	C
(6) COLLEEN GREEN BOARD MEMBER	0.50	Х						0	0	C
(7) DONALD PIERCE BOARD MEMBER	0.50	х						0	0	C
(8) CRISPIN SILVANUS BOARD VICE CHAIR	5.00	Х		Х				0	0	C
(9) HON. JOSEPH MHAG BOARD MEMBER	0.25	Х						0	0	C
(10)LISA PARKINSON BOARD MEMBER	1.00	Х						0	0	С
(11)										
(12)										
(13)										
(14)										

		A'S K	IDS	51	-06	490	64					Pa	age 8
Par	Section A. Officers, I	Directors,	Trustee	es, Ke	y Emp	loyee	s, and H	ighes	t Compensated Em	ployees (continued)			
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Individual trustee or director	box, ur	Posit t check hless pe and a d Officer	tion more th rson is	e mployee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	am comp fro orga and	(F) timated ount co other pensat om the anization relate nizatio	of ion on ed
(15)							<u> </u>						
(16)													
(17)													
(18)													
(19)													
(20)													
(21)													
(22)													
(23)													
(24)													
(25)													
1b	Subtotal												
С	Total from continuation sh	eets to Pa	art VII, S	Section	n A· · ·								
d	Total (add lines 1b and 1c)												
2	Total number of individuals (-			to thos	se liste	ed above) who	received more than	\$100,000 of			
	reportable compensation fro	m the orga	anization	1									
3	Did the organization list any	former off	ioor dire	ootor t	ruotoo	kovo	mplovoc	or bi	about componented			Yes	No
3	employee on line 1a? If "Yes					-			•		3		Х
4	For any individual listed on li	•											2.5
	organization and related org	anizations	greater	than \$	150,00	0? I f "	Yes," co	mplete	Schedule J for such	n individual	4		Х
5	Did any person listed on line	1a receive	e or acc	rue coi	mpens	ation 1	rom any	unrela	ated organization or i	ndividual			
	for services rendered to the		n? If "Y	es," co	mplete	e Sche	edule J fo	or suc	h person		5		X
-	on B. Independent Contracto									0.00.000 1			
1	Complete this table for your compensation from the orga	_									v voor		
	compensation from the orga	(A)	eport co	преп	Salion	וטו נוופ	calenda	ai yeai	(B)	ir the organizations ta		C)	
	Name and	• •	address	3					Description of se	ervices	۰۰ Compe		n
2	Total number of independen	it contracto	ors (incl	ıdina h	out not	limite	d to thos	e liste	d above) who				
-	received more than \$100,000			_				J					

Part VIII Statement of Revenue

		Check if Schedule O co	ontains a r	esponse	e or i	note to any line in th	nis Part VIII			
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ώs	1a	Federated campaigns		. 1a				revenue		312 314
Contributions, Giffs, Grants and Other Similar Amounts		Membership dues					-			
عَ ق	l	Fundraising events					-			
r ffs		Related organizations					-			
ਭੂੰਾਂ		Government grants (contr					-			
Sir		σ ,	,				-			
e isi	T	All other contributions, gift	_			242,081				
έĘ		similar amounts not include			_	53,000				
g	_	Noncash contributions include				<u> </u>	242,081			
<u> </u>	h	Total. Add lines 1a-1f					242,001			
					L	Business Code				
S	2a				_					
Ξ	b				_					
S P	С				_					
e.	d				_					
Program Service Revenue	е				_ [
<u>~</u>	f	All other program service	revenue .							
	g	Total. Add lines 2a-2f								
	3	Investment income (include	ding divide	ends, int	eres	t, and				
		other similar amounts)					18,480	18,480		
	4	Income from investment of	of tax-exer	mpt bon	d pro	oceeds				
	5	Royalties								
			(i)	Real		(ii) Personal				
	6a	Gross rents	 ``			(,	-			
		Less: rental expenses	6b				-			
			6c				-			
		Net rental income or (loss								
	l u	Net rental moonie or (1033		ecurities	Т	(ii) Other				
	7a	Gross amount from sales	(1) 3	ecuniies	,	(II) Other	-			
		of assets other than								
		inventory	7a		-		-			
ne	D	Less: cost or other basis								
Ver		and sales expenses	_		-		-			
Re		Gain or (loss)								
her Revenue		Net gain or (loss)								
₹	8a	Gross income from fundra	aising eve	nts						
		(not including \$								
		of contributions reported				54 455				
		See Part IV, line 18			8a	51,455				
	b	Less: direct expenses			8b	16,401				
		Net income or (loss) from		~ ,	s · ·		35,054			35,054
	9a	Gross income from gamin	ng activitie	3.						
		See Part IV, line 19 · · · ·			9a					
	b	Less: direct expenses			9b					
	С	Net income or (loss) from	gaming a	ctivities						
	10a	Gross sales of inventory, I	ess							
		returns and allowances			10a					
	b	Less: cost of goods sold .			10b					
	С	Net income or (loss) from	sales of ir	ventory						
		. ,				Business Code				
Miscellaneous Revenue	11a				İ					
ane	b									
elle	c				_					
isc Re	_	All other revenue			_					
Σ	l	Total. Add lines 11a-11d								
	12	Total revenue. See instru					295,615	18,480		35,054

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Do not include amounts reported on lines 6b, 7b, Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, 305,713 305,713 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 Payroll taxes 11 Fees for services (nonemployees): Management а Legal····· b 15,648 15,648 Accounting C d Professional fundraising services. See Part IV, line 17 ... е 832 Other. (If line 11g amount exceeds 10% of line 25, column g (A), amount, list line 11g expenses on Schedule O.) 44,000 44,000 Advertising and promotion 12 5,561 3,513 2,048 13 Office expenses 484 484 14 15 Royalties 16 Occupancy 210 210 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 1,465 1,465 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) а b С d е All other expenses 373**,**913 305,923 21,942 46,048 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) . . .

		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash non-interest-bearing	419,178	1	136,706
	2	Savings and temporary cash investments	·	2	·
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
sts	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
⋖	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments publicly traded securities		11	211,051
	12	Investments other securities. See Part IV, line 11		12	
	13	Investments program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	419,178	16	347,757
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
-jab		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	_
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	258,101	27	245,794
Ba	28	Net assets with donor restrictions	161,077	28	101,963
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
ış o	29	Capital stock or trust principal, or current funds		29	
se	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds	410 100	31	045 555
Se	32	Total net assets or fund balances	419,178	32	347,757
	33	Total liabilities and net assets/fund balances	419,178	33	347,757

Par	t XI Reconciliation of Net Assets			_						
	Check if Schedule O contains a response or note to any line in this Part XI			. <u> </u>						
1	Total revenue (must equal Part VIII, column (A), line 12)		295,							
2	Total expenses (must equal Part IX, column (A), line 25)		373 ,							
3	Revenue less expenses. Subtract line 2 from line 1		-78 ,	298						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))									
5	Net unrealized gains (losses) on investments		6,	877						
6	Donated services and use of facilities									
7	Investment expenses									
8	Prior period adjustments									
9	Other changes in net assets or fund balances (explain on Schedule O)									
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line									
	32, column (B))		347,	757						
Par	t XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII			П						
			Yes	No						
1	Accounting method used to prepare the Form 990: 🛛 Cash 📗 Accrual 📗 Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain on									
	Schedule O.									
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Χ							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or									
	reviewed on a separate basis, consolidated basis, or both:									
b	Were the organization's financial statements audited by an independent accountant?	2b		Χ						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a									
	separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight									
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		Χ						
	If the organization changed either its oversight process or selection process during the tax year, explain on									
	Schedule O.									
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the									
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		Χ						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the									
_	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b								
FDA	23 99012 RWF 990 Form Software Convright 1996 – 2024 HRB Tax Group Inc.	Form	990 (3U33)						

SCHEDULE A

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

2023

Open to Public Inspection

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

Total

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e)	2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	211,186	176,493	111,212	517,156		277,135	1,293,182
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513 · · · ·							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	211,186	176,493	111,212	517,156		277,135	1,293,182
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
	Add lines 7a and 7b							1,293,182
8	Public support. (Subtract line 7c from line 6.) etion B. Total Support							1,230,202
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022		2023	(f) Total
9	Amounts from line 6	211,186	176,493	111,212	517,156		277,135	1,293,182
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	223	22	9	995		18,480	19,729
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
с 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	223	22	9	995		18,480	19,729
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	211,409	176,515	111,221	518,151		295,615	1,312,911
14	First 5 years. If the Form 990 is for the organ organization, check this box and stop here							
Sec	tion C. Computation of Public Sup				1			
15	Public support percentage for 2023 (line 8, co				t t	15		98.50 %
16	Public support percentage from 2022 Schedu					16		99.95%
	tion D. Computation of Investment				Т			1 [0.4:
17	Investment income percentage for 2023 (line				t t	17		1.50 %
18	Investment income percentage from 2022 Sc				L	18		0.05%
19a	$33^{1}/3\%$ support tests 2023. If the organiz 17 is not more than $33^{1/3}\%$, check this box an							x
b	331/3% support tests 2022. If the organiz							
	line 18 is not more than $33^{1/3}$ %, check this bo	-	_			_		
20	Private foundation. If the organization did no	ot check a box on	line 14, 19a, or	19b, check this	box and see inst	ructior	ıs	

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

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

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

Name of the organization
SONGEA'S KIDS

Employer identification number
51-0649064

Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ 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 | For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% 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).

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

Schedule B (Form 990) (2023)

Name of organization SONGEA'S KIDS

Employer identification number 51-0649064

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_1		\$ <u>33,799</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>5,280</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,040	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		(c) Total contributions \$ 40,745	(d) Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
No.		Total contributions	Person X Payroll Noncash (Complete Part II for
No. 4	Name, address, and ZIP + 4	* 40,745	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	\$ 40,745 (c) Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Noncash (Complete Part II for

Name of organization SONGEA'S KIDS

Schedule B (Form 990) (2023)

Employer identification number 51-0649064

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,650	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_10		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_11		\$16,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization SONGEA'S KIDS

Employer identification number 51-0649064

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

(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
7	PROFESSIONAL SERVICES ACCOUNTING	\$_	9,000	12-31-2023
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
8	PROFESSIONAL SERVICES FOR WEBSITE DESIGN AND MAINTENANCE VIDEO PRODUCTION OF EDUCATION IS KEY VIDEO	\$_	44,000	12-31-2023
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$_		

SCHEDULE F

(Form 990)

Statement of Activities Outside the United States

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

yer identification number 649064

Name of the organization	Emplo
SONGEA'S KIDS	51 - 0

Pa	General Inform Form 990, Part IV,		ivities Outside	e the United States. Comp	plete if the organization answ	ered "Yes" on
1				bstantiate the amount of its gran		
						Yes X No
2	For grantmakers. Describ assistance outside the Unit		anization's procedu	ures for monitoring the use of its	grants and other	
3	Activities per Region. (The	following Part I, line	e 3 table can be d	uplicated if additional space is ne	eded.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
	SONGEA, TANZAN	0	0	PROVISION OF BAS	PROGRAM RELATE	0
(1)		0		NEEDS, EDUCATION	CHILDRENS EDUC	0
		0	0	CONSTRUCTION OF	FOOD, MEDICAL	0
(2)		1	10	RESIDENTIAL HOME		305,713
(3)		0	0			0
		0	0			0
(4)		0	0			0
		0	0			0
(5)		0	0			0
		0	0			0
(6)		0	0			0
		0	0			0
(7)		0	0			0
		0	0			0
(8)		0	0			0
		0	0			0
(9)		0	0			0
		0	0			0
10)		0	0			0
		0	0			0
11)		0	0			0
		0	0			0
12)		0	0			0
		0	0			0
13)		0	0			0
		0	0			0
14)		0	0			0
		0	0			0
15)		0	0			0
			0			0
16)		0	0			0
4 - \			0			0
17)	0.1	0	0			205 712
	Subtotal	<u> </u>	10			305,713
Ø	Total from continuation sheets to Part I	0	0			0
	SINCEIS IU FAIL I	1 9	٠ -			

c Totals (add lines 3a and 3b)

10

1

Page

Schedule F (Form 990) 2023

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

(a) Name of organization	(b) IRS code section	(c) Region	(d) Purpose of	(e) Amount of	(f) Manner of	(g) Amount of	(h) Description	(i) Method of
	and EIN (if applicable)		grant	cash grant	cash disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
(3)		SONGEA, TANZAN	PRIMARY SECONDAR	-	WIRE TRAN			
(2)		SONGEA, TANZAN	EDUCATIO BASIC NE	6,622	WIRE TRAN			
(3)			EDUCATIO ORPHANS					
(4)			VULNERAB CHILDREN	96,853				
(5)		SONGEA, TANZAN	HOPE VIL CONSTRUC	100,975	WIRE TRAN			
(6)		SONGEA, TANZAN	HOPE VIL SALARIES		WIRE TRAN			
(7)		SONGEA, TANZAN	ADMINIST HOPE VIL	47,203	WIRE TRAN			
(8)			DISPENSO COMMUNIT	19,000				
(9)		SONGEA, TANZAN	JIRANI M SALARIES		WIRE TRAN			
(10)			ADMINIST	35,060				
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	organizations listed above by the IRS, or for which th	that are recognized as cha e grantee or counsel has p	rities by the foreig	n country, recogniz 501(c)(3) equivalen	zed as a tax cy letter			
3 Enter total number of other organizations or entities	anizations or entities					· · ·		<u> </u>

Schedule F (Form 990)	FDA 23 990F2 BWF 990 Form Software Copyright 1996 – 2024 HRB Tax Group, Inc.	BWF 990	23 990F2	FDA
· · · · · · · · · · · · · · · · · · ·	3 Enter total number of other organizations or entities	ımber of ot	Enter total n	ဒ
letter ▶	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	c)(3) organi	exempt 501(
a tax	2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax	ımber of re	Enter total n	N

FDA

Schedule F (Form 990) 2023

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(18) (17) (13) (16) (15) **(14)** (12) (11) <u>(10)</u> (9) (7) (5) 4 3 Ξ 8 6 <u>(2</u> (a) Type of grant or assistance Part III can be duplicated if additional space is needed. (b) Region (c) Number of recipients (d) Amount of cash grant (e) Manner of disbursement cash (f) Amount of noncash assistance of noncash assistance (g) Description (h) Method of valuation (book, FMV, appraisal, other)

FDA

23 990F3

BWF 990

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Schedule F (Form 990) 2023

Schedule F (Form 990) 2023

Part IV Foreign F Foreign Forms

2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Form Software Copyright 1996 – 2024 HRB Tax Group, Inc. Schedule F (Form 990) 2023
the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	may be required to separately file Form 5713, International Boycott Report (see
the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520–A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520–A; don't file with Form 990) Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471) Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing	be required to file Form 8865, Return of U.S. Persons With Respect to Certain see the Instructions for Form 8865)
the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926) 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520–A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520–A; don't file with Form 990) 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to	during the tax year? If "Yes," the organization may be required to file Form 8621, a Shareholder of a Passive Foreign Investment Company or Qualified Electing
the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520–A, Annual Information Return of Foreign	ne required to file Form 5471, Information Return of U.S. Persons With Respect to
the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign	parately file Form 3520, Annual Return To Report Transactions With Foreign Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign
	ne required to file Form 926, Return by a U.S. Transferor of Property to a Foreign

Schedule F (Form 990) 2023 Page 5

Part V Supplemental Information

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

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

Schedule F (Form 990) 2023

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Employer identification number
51-0649064

Name of the organization						Employer iden	tification number
SONGEA'S KIDS						51-0	649064
Form 990-EZ filers are no				nswered "Yes" on Form	990, Part	IV, line 17.	
1 Indicate whether the organization				wing activities. Check a	ll that app	oly.	
a 🛛 Mail solicitations		е	X Solici	itation of non-governme	nt grants		
b $\overline{\mathbb{X}}$ Internet and email solicitations	;	f	Solici	itation of government gr	ants		
$f c$ $oxed{X}$ Phone solicitations		g	X Spec	ial fundraising events			
d X In-person solicitations			_				
2a Did the organization have a writte	en or oral agreem	nent with a	ny individi	ual (including officers, di	irectors, t	rustees,	
or key employees listed in Form 9	990, Part VII) or e	entity in cor	nnection v	vith professional fundrai	sing servi	ces?	···· Yes 🛚 Yo
b If "Yes," list the 10 highest paid in	ndividuals or entit	ties (fundra	isers) pur	suant to agreements un	der which	n the fundraiser i	s to be
compensated at least \$5,000 by t	he organization.						
		(iii) Did	fundraiser		(v) Ar	mount paid to	(vi) Amount paid to
(i) Name and address of individual	(ii) Activity		ustody ntrol of	(iv) Gross receipts		ained by) fund-	(or retained by)
or entity (fundraiser)			outions?	from activity	raiser I	isted in col. (i)	organization
		Yes	No				
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

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

			(a) Event #1 SONGEA'S S	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through		
			(event type)	(event type)	(total number)	col. (c))		
Revenue	1	Gross receipts	51,455			51,455		
Re	2	Less: Contributions						
	3	line 2)	51,455			51,455		
	4	Cash prizes						
	5	Noncash prizes						
ses	6	Rent/facility costs	9,850			9,850		
Direct Expenses	7	Food and beverages · · · · · · · · · · · ·						
Direct	8	Entertainment						
	9	Other direct expenses	6 , 551			6,551		
	10 11	Direct expense summary. Add lines 4 thro Net income summary. Subtract line 10 fro						
Pa						,		
		than \$15,000 on Form 990-EZ, line 6		, , ,				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)		
Re	1	Gross revenue · · · · · · · · · · · · · · · · · · ·						
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs · · · · · · · · · · · · · · · · · ·						
	5	Other direct expenses						
	6	Volunteer labor	Yes %	Yes %	Yes %			
	7 Direct expense summary. Add lines 2 through 5 in column (d)							
	8	Net gaming income summary. Subtract lin	ne 7 from line 1, column	(d)				
9 a b	ls	nter the state(s) in which the organization or the organization licensed to conduct gamin "No," explain:		ese states?				
	_					П, П.		
10a b		ere any of the organization's gaming license "Yes," explain:	es revoked, suspended, o	_	tax year?	····· Yes No		
	_							

SONGEA'S KIDS 51-0649064

Sched	ule G (Form 990) 2023	Page 3
11	Does the organization conduct gaming activities with nonmembers? Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	_
	formed to administer charitable gaming?	No
13	Indicate the percentage of gaming activity conducted in:	_
а	The organization's facility	%
b	An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	
	records:	
	Name	
	Address	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	
	of gaming revenue retained by the third party \$	
С	If "Yes," enter name and address of the third party:	
	NameAddress	
	Address	
16	Gaming manager information:	
	Name	
	Gaming manager compensation \$	
	Description of services provided	
	☐ Director/officer ☐ Employee ☐ Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	_
	spent in the organization's own exempt activities during the tax year\$	
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line	s 9,
	9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

FDA

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public
Inspection

Department of the Treasury Internal Revenue Service

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

PART III LINE 4A - NGO GRANTEES: JIRANI MWEMA \$35,060 TOTAL; HOPE VILLAGE ORGANIZATION \$270,653 TOTAL

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

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

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

2023 FORM 990 PRINCIPAL OFFICER NAME AND ADDRESS15

	ORM 990 PAGE 1, LINE F		
OPEN TO PUBLIC			
INSPECTION For calend	lar year 2023, or tax period beginning	, and ending .	
Name of Organization		Employer Identification Number	
SONGEA'S KIDS		51-0649064	
990, Page 1, Line F			
Principal officer name or Business Name:		. SHERIE VALDERRAMA	
Street Address		· <u>20235 NE 18TH PL</u>	
U.S. Address:			
Zip code 98074 or	City <u>SAMMAMISH</u>	State <u>WA</u>	
Foreign Address			
City			
Province or State	· · · · · · · · · · · · · · · · · · ·		
Country			
Postal code			

2023 FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

TTACHMENT PEN TO PUBL I C	.: ∠ :	f ORM	990	PAGE	<u> </u>	PAR	<u>. T. /u>							
ISPECTION		For cale	ndar <u>y</u> e	ar 2023,	or tax pe	eriod b	eginning		, ;	and endir	ng			<u> </u>
ame of Organization											1			ion Number
ONGEA'S K Part III - Stateme		gram Ser	vice Ac	compli	shmente						<u> 51</u> -	<u>-064</u>	9064	
Code:	01110	Exper			305,9		including (Grants of	:	305	713	Rever	nue:	
		-			•	Exem	npt Purpose	Achieven	nents					
RANT FOR ND TRANSF														

2023 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 3:	FORM 990 PAGE 6, PART VI	, SECTION C, LINE 20	
OPEN TO PUBLIC			
INSPECTION	For calendar year 2023, or tax period beginn	ing , and ending	•
Name of Organization		'	oyer Identification Number
SONGEA'S KIDS		51-	0649064
Part VI - Line 20			
Individual Name		SHERIE VALDERRAMA	
or			
Business Name:			
Street Address		20235 NF 18TH DI	
Street Address		ZUZJJ NE IUIN FE	
U.S. Address:			
Zip code 9807	4 City SAMMAMISH	State W	A
Zip code 9807	4 City SAMMAMISH	State <u>W</u>	<u>A</u>
	4 City SAMMAMISH	State <u>W</u>	<u>A</u>
or Foreign Address			<u>A</u>
or Foreign Address	4 City SAMMAMISH		<u>A</u>
or Foreign Address City	······		
or Foreign Address City			
or Foreign Address City Province or State	······		
or Foreign Address City Province or State	······		
or Foreign Address City Province or State Country	······		
or Foreign Address City Province or State Country	······		
or Foreign Address City Province or State Country Postal code	······································		
or Foreign Address City Province or State Country Postal code	······		
or Foreign Address City Province or State Country Postal code Phone Number			
or Foreign Address City Province or State Country Postal code Phone Number	······································		

STATEMENT #1 - ALL OTHER CONTRIBUTIONS ETC. (990-EO PG 9 LINE 1F)
DONATIONS IN KIND	
TOTAL CARRIED TO 990-EO PG 9 LINE 1F	242,081
STATEMENT #2 - INC. FROM FUNDRAISING EVENTS (990-EO PG 9 LINE 8A)
SONGEA'S SOIREE	
TOTAL CARRIED TO 990-EO PG 9 LINE 8A	51,455
STATEMENT #3 - FUNDR. ADV. AND PROMOTION (990 EO PG 10 LINE 12D)	
DONATED PROFESSIONAL SERVICES WEBSITE AND VI 44,000	
TOTAL CARRIED TO 990 EO PG 10 LINE 12D	44,000
STATEMENT #4 - MNGMT, OFFICE EXPENSES (990 EO PG 10 LINE 13C)	
WIRE/ATM FEES	
TOTAL CARRIED TO 990 EO PG 10 LINE 13C	3,513
STATEMENT #5 - FUNDRAISING OFFICE EXPENSES (990 EO PG 10 LINE 13	D)
MERCHANT PROCESSING FEES	
TOTAL CARRIED TO 990 EO PG 10 LINE 13D	2,048
STATEMENT #6 - MANAGEMENT ACCT. SERVICES (990 EO PG 10 LINE 11C(C))
DONATED PROFESSIONAL SERVICES ACCOUNTING 9,000 ACCOUNTING FEES	
TOTAL CARRIED TO 990 EO PG 10 LINE 11C(C)	15,648

STATEMENT #7 - NON-INTEREST BEARING BEG YR (990-EO PG 11 BEGINNING CASH	ENDING 136,706
STATEMENT #8 - UNRESTRICTED BEGINNING YEAR (990-EO PG 11 BEGINNING NA WITHOUT RESTRICTION	ENDING 245,794
STATEMENT #9 - OTHER DIRECT EXPENSES (SCH G, PART II LINE PRINTING/COPYING	A-9) 251 114 6,186
TOTAL CARRIED TO SCH G, PART II LINE A-9	6,551