2022 Filing Instructions HEALTHY KIDS RUNNING SERIES Tax year ending 12-31-2022

Form filed:

Form 990 and supplemental forms and schedules

Filing method:

The return has been e-filed, do not mail.

Due date:

05-15-2023

The return reflects neither a refund nor a balance due.

Please note:

The Taxpayer First Act requires tax-exempt organizations to electronically file all information returns in the 990 series and related forms for tax years beginning after July 1, 2019. Mailing these returns is no longer allowed.

Form C	990
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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Depar	tment of	the Treasury	Do not ente	er social security numbers on this for	m as it may b	e made	public.		Open to Public
		ue Service	Go to w	ww.irs.gov/Form990 for instructions	and the lates	t inform	ation.		Inspection
A I	For the	e 2022 calend	ar year, or tax year begi	nning	, 2022, a	and end	ing		, 20
B	Check if a	applicable:	D Emplo	oyer identification number					
X,	Address o	change		80-0779739					
1	lame cha	ange	Number and street (or P.O. b	Room/su	ite	E Telepl	hone number		
<u> </u>	nitial retu	ırn							
E F	inal retu	rn/terminated	City or town, state or province	e, country, and ZIP or foreign postal code				G Gross	s receipts
A	Amended	d return	Chadds Ford,	PA 19317				\$	2,765,350
A	Applicatio	on pending	F Name and address of principa	al officer:			H(a) Is this a	group return f	for subordinates? Yes X No
							H(b) Are all	subordinate	es included? Yes No
1 1	ax-exem	npt status: X	501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527		If "No,"	attach a lis	st. See instructions
٦ /	Vebsite:		LTHYKIDSRUNNINGS	ERIES.ORG			H(c) Group	exemption	number
ĸ	Form of o	organization: X	Corporation Trust As	sociation Other	L Year of format	tion: 201	L2 M 3	State of leg	al domicile: PA
Ра	rt I	Summar	y						
-	1	Briefly descr	ibe the organization's miss	sion or most significant activities: HE.	ALTHY KIDS	S RUNN	ING SER	IES(H	KRS) MISSIONG IS
		TO ENGAG	E COMMUNITIES ANI	D FAMILIES BY PROVIDING A	N INCLUSIV	ZE YOU	TH RUNN	ING E	XPERIENCE
JCe		INSPIRIN	G KIDS TO BELIEV	E IN THEMSELVES AND LEAD	AN ACTIVE	HEALT	HY LIFE	STYLE	•
& Governance									
vel	2	Check this b	ox 🗌 if the organization of	discontinued its operations or disposed	of more than 25	5% of its	net assets		
ő	3	Number of v	oting members of the gove	erning body (Part VI, line 1a)				3	3
کہ م	4	Number of ir	ndependent voting membe	rs of the governing body (Part VI, line 1	b)			4	3
Activities	5	Total numbe	r of individuals employed i	n calendar year 2022 (Part V, line 2a)				5	0
ctiv	6	Total numbe	6	1,000					
Ă	7a	Total unrelat	ed business revenue from	Part VIII, column (C), line 12				7a	0
	b			e from Form 990-T, Part I, line 11				7b	0
							Prior Year		Current Year
	8	Contributions	s and grants (Part VIII, line	91h)			261	,116	77,433
e	9	Program ser	vice revenue (Part VIII, lin	2,189	,636	2,650,828			
Revenue	10	-		A), lines 3, 4, and 7d)				190	37
Rev	11			nes 5, 6d, 8c, 9c, 10c, and 11e)			20	,604	37,052
_	12			(must equal Part VIII, column (A), line 12			2,471		2,765,350
	13			IX, column (A), lines 1-3)	,				0
	14		d to or for members (Part I			0			
	15		er compensation, employe	613	3,637	593,328			
es	16a			column (A), line 11e)					0
xpenses			sing expenses (Part IX, co		13,689				
Бр	17	Other expen	ses (Part IX, column (A), li	nes 11a-11d, 11f-24e)	-		1,867	,771	1,572,667
_	18			t equal Part IX, column (A), line 25)			2,481		2,165,995
	19	Revenue les	s expenses. Subtract line	18 from line 12				,862)	599,355
_ %	2		•			Begi	nning of Curr		End of Year
ots o	20	Total assets	(Part X, line 16)				-	3,048	580,515
Net Assets or Fund Ralances	21	Total liabilitie	es (Part X, line 26)				386	5,703	130,286
Net	22		. ,	t line 21 from line 20				5,345	450,229
_	rt II		re Block					-	· · · ·
				urn, including accompanying schedules and stateme		t of my kno	wledge and be	lief, it is	
true,	correct, a	and complete. De	claration of preparer (other than of	ficer) is based on all information of which preparer h	has any knowledge.				
		KENN	ETH LONG						5-29-2024
Sig	n	Signature of offic	cer					Dat	te
Her	е	KENN	ETH LONG, PRESIDE	INT					
		Type or print nar							
		Print/Type pre	eparer's name	Preparer's signature	Date		Check	X if	PTIN
Pai	d	Earl Je	eter	er Earl Jeter 05-28-20)24	self-em	_	P00844822
Pre	parer			Company, LLC			Firm's EIN		
	Only			ladelphia Pike Suite C		F	hone no.		
	•	-		ton DE 19809				302-	510-4642
May	the IRS	S discuss this	return with the preparer sl	hown above? See instructions					Yes X No

	n 990 (2022) HEALTHY KIDS RUNNING SERIES	80-0779739	Page 2
Pa	Int III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission:		
	HEALTHY KIDS RUNNING SERIES(HKRS) MISSIONG IS TO ENGAGE COMMUNITIES AND FAM		
	INCLUSIVE YOUTH RUNNING EXPERIENCE INSPIRING KIDS TO BELIEVE IN THEMSELVES	AND LEAD AN AG	CTIVE
	HEALTHY LIFESTYLE.		
2	Did the exercite tion undertake any configurat program convises during the year which were not listed on the		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	No
	If "Yes," describe these new services on Schedule O.	[] les <u>2</u>	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
5	services?	🗌 Yes 👂	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as meas	ured by	
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,955,326 including grants of \$) (Revenue	e \$)
	HKRS IS A NATIONAL, INCLUSIVE AND FUN YOUTH RUNNING PROGRAM LED BY DEDICATI	ED, LOCAL COOR	DINATORS,
	WHERE ALL KIDS CELEBRATE THEIR SUCCESS AND DEVELOP AN ACTIVE HEALTHY LIFES	TYLE. IT'S A	
	COMMUNITY-BASED, FIVE-WEEK RUNNING SERIES SELF-ESTEEM FOR AGES 2-14 DESIGN	ED FOR CHILDRE	N TO GET
	ACTIVE, BUILD SELF-ESTEEM AND LAY THE FOUNDATION FOR A HEALTHY LIFESTYLE.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	e \$)
	HRKS RAISES FUND TO OFFER PROGRAMMING IN UNDERSERVED COMMUNITIES AND TO FAM	AILIES IN ECON	OMIC
	NEED. THIS FUND'S GOAL IS TO OFFER FREE PROGRAMMING TO COMMUNITIES AND IND		
	URBAN AND RACIAL OR ETHNIC MINORITIES, WHO HAVE HISTORICALLY BEEN OUTSIDE :		
	PROGRAMMING DUE TO FACTORS SUCH AS HICH INCIDENCE OF INCOME BELOW THE POVEN		
	ISOLATION. HKRS IS COMMITTED TO OFFERING AN INCLUSIVE PROGRAM, AVAILABLE TO) TODAY'S YOUT	H NOT
	MATTER THEIR BACKGROUND, RACE, OR ECONOMIC SITUATION. ADDITIONALLY, HKRS HA		
	PARTNERSHIPS WITH LIKES OF CHILDREN'S HOPITAL OF PHILADELPHIA TO SUPPORT AN		
	WEST PHILADEPHIA AND ALSO OFFERED PROGRAMMING IN CAMDEN, NJ AND CHESTER, PA	A. ITS IS HKRS	PLAN TO
	CONTINUE AND EXPAND UPON THIS INITIATIVE IN 2022 AND BEYOND.		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	e \$)
40		γ ψ)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,955,326	<u> </u>	
EEA		Form	990 (2022)

_	m 990 (2022) HEALTHY KIDS RUNNING SERIES 80-077	9739	F	Page 3
Pa	art IV Checklist of Required Schedules			
4	In the experimentation described in section $EO((c)/2)$ or $40.47(c)/4)$ (other than a private foundation)? If "Vec "		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	_ <u>^</u>	x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		~
Ũ	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	5		~
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
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.			
i	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	x	
I	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
	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		х
0	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x	
1	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		v
12a			-	х
120	Schedule D, Parts XI and XII	12a		x
k				
	"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
14a		14a		х
k	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
47	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		х
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 1102 if "Yes," complete Schedule C. Part I. See instructions	47		v
18	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	17		x
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
	If "Yes," complete Schedule G, Part III	19		x
20 :	a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
	b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
				. –

Form 990 (2022)

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Pa	rt IV Checklist of Required Schedules (continued)			Y	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	Γ		Yes	No
22	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	••••	~~		
20	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J.		23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	-			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	• • • • [24b		
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?	F	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	• • • • •	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	••••	25a		х
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%				
07	controlled entity or family member or 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? <i>If "Yes," complete Schedule L, Part III</i>		27		v
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,		21		x
20	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				
u	"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	F	28b		x
c	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 non-cash contributions? If "Yes," complete Schedule M	F	29		x
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		х
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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	• • • • •	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1	H	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	••••	35a		х
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)? <i>If "Yes," complete Schedule R, Part V, line</i> 2	• • • •	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
07	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		27		
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	• • • •	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O		38	v	
Par		••••	50	x	L
rai	Check if Schedule O contains a response or note to any line in this Part V				
		•••••	•••	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	o			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c		
			F		(0000)

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Par			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 returm 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	L
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
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		x
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	7-		
	and services provided to the payor?	7a 7h		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		v
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		x
u e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		x
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x
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		x
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		x
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		x
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans	-		
C 14a	Enter the amount of reserves on hand	14-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	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		v
	excess parachute payment(s) during the year?	13		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.	10		A
17	Section 501(c)(21) organizations. Did the trust, or any 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	x	
	If "Yes," complete Form 6069.			

For	m 990 (2022) HEALTHY KIDS RUNNING SERIES 80-0	77973	39	P	Page 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a	nd for a	a "No"	,	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See ins				
	Check if Schedule O contains a response or note to any line in this Part VI		•••		Х
Se	ction A. Governing Body and Management				T
		Г		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3			
	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 in line 1a, above, who are independent	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		•		
~	any other officer, director, trustee, or key employee?	•••	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct		_		
	supervision of officers, directors, trustees, or key employees to a management company or other person?	H	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	••	5		x
6 70	Did the organization have members or stockholders?	••	6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		70		v
h		••	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		v
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	•••	10		X
0	the year by the following:				
а			8a	х	
b	Each committee with authority to act on behalf of the governing body?	-	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	•••	0.0		
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		-		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	[10a		х
b	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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .		11a	х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	х	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				
	describe on Schedule O how this was done	-	12c	х	
13	Did the organization have a written whistleblower policy?	-	13	х	L
14	Did the organization have a written document retention and destruction policy?		14	х	
15	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?				
а	The organization's CEO, Executive Director, or top management official		15a	х	
b	Other officers or key employees of the organization	•••	15b	х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?	•••	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		104		
<u> </u>	organization's exempt status with respect to such arrangements?	••	16b		x
	List the states with which a copy of this Form 900 is required to be filed				
17 18	List the states with which a copy of this Form 990 is required to be filed Statement #17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)				
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
	Image: Solution of public inspection. Indicate now you made these available. Check all that apply. Image: Solution of Schedule Of Solution of Schedule Of Solution. Image: Solution. Image:				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,				
	and 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.				
	THE ORGANIZATION (484)356-1024, 602 CHADDS FORD DRIVE, Chadds Ford, PA 19317				

Form 990 (2022) HEALTHY KIDS RUNNING SERIES	80-0779739	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest C	compensated Employe	es, 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 E	Employees	
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with	n or within the	
organization's tax year.		
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regard compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	less of amount of	

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

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

	liou organizat		npon			ily buil	- or n								
					C)										
(A)	(B)	(-1-			sition			(D)	(E)	(F)					
Name and title	Average					nan one s both ar	n	Reportable	Reportable	Estimated amount					
	hours	p				officer and a director/trustee)									
	per week							from the	from related	compensation					
	(list any	0 =	-	o	х	ΦТ	П	organization (W-2/	organizations (W-2/	from the					
	hours for	r dir	nstit	Officer	ey e	mpl	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations					
	related	ecto	utio	۳	dute	est o	er	1099-INEC)	1099-INEC)	Telated organizations					
	organizations	or I tru	nal t		Key employee	e om									
	below	Individual trustee or director	Institutional trustee		ě	pen									
	dotted line)	U U	ee			Highest compensated employee									
						٩									
(1) DAN BOAL	40.00			_											
EXECUTIVE DIRECTOR					x			39,200	o	0					
	2.00							337200	,	Ŭ					
(2) TIM BROKOPP BOARD TREASURER & SECRETARY				x				0	o	0					
(3) KENNETH LONG	2.00									-					
PRESIDENT				x				0	o	0					
										•					
<u>(4)</u>															
(5)															
<u>(6)</u>															
(7)															
(8)	·														
(9)				_											
12															
(10)															
(11)															
<u>(12)</u>															
(13)															
(14)	·														
										Earm 000 (2022					

	90 (2022) HEALTHY KIDS RUNN										0-0779			9age 8
Part	VII Section A. Officers, Directors, T	rustees,	Key E	Emp	oloy	yee	s, ar	nd I	Highest Comp	ensated	I Emplo	oyees	(cont	tinued
	(A) Name and title	(B) Average hours per week	box,	unles	Pos eck m ss per	rson is	han one s both ai /trustee)	n	(D) Reportable compensation from the	(E) Reporta compensa from rela	able ation ated	cor	(F) ated am of other npensati	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizatior 1099-MI 1099-NI	ISC/	orgai	rom the nization I organiz	
(15)			-											
(16)	·		-											
<u>(17)</u>	·		-											
<u>(18)</u>			-											
<u>(</u> 19)			-											
(20)			-											
(21)			-											
(22)			-											
(23)			-											
(24)			-											
(25)			-											
1b c d	Subtotal			•••	 	 	· · ·	•	39,200		0			0
2	Total number of individuals (including but not limiter reportable compensation from the organization									of	- 1			C
3	Did the organization list any former officer, direct employee on line 1a? <i>If "Yes," complete Schedul</i>		-				-					3	Yes	No X
4	For any individual listed on line 1a, is the sum of re- organization and related organizations greater the individual	an \$150,00	0? If "Y	′es,"	con	nplei	te Sch	edu	le J for such			4		x
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes			-			-					5		x
	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Report comp										ay year			
	(A)	ensationno	the cal	enua	ai ye		inuing		(B)			(C)		
	Name and business address	s							Description of servic	es		Compens	ation	
2	Total number of independent contractors (including received more than \$100,000 of compensation from	-		thos	se lis	ted a	above) wh	10					

Form 99	<u>`</u>	,		KIDS RUN	NIN	G SERIES			80-07797	39 Page 9
Part V	VIII	Statement of Rev								
		Check if Schedule O co	ontair	is a response	or n	ote to any line in this		 (В)		
							(A) Total revenue	(ם) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
s ts	b	Membership dues			1b					
iran	C	Fundraising events		F	1c					
Amo Amo	d	Related organizations .		F	1d					
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contr		· · ·	1e					
ons, Sim	f	 f All other contributions, gifts, grants, and similar amounts not included above 1f 				77 422				
her	q	Noncash contributions inc		-		77,433				
g	9	lines 1a-1f			1g	\$				
aŭ C	h						77,433			
						Business Code				
	2a	REGISTRATION FEES	;			900099	2,228,318	2,228,318		
vice	b	SPONSORSHIP				900099	422,510	422,510		
Program Service Revenue	с									
evel (d									
S S S	e									
Ţ.		All other program service								
	g	Total. Add lines 2a-2f .	••		• •		2,650,828			
	3	Investment income (includi								
		other similar amounts)				F	37	37		
	4	Income from investment of		•	•	F				
	5	Royalties		(i) Real	••					
	62	Gross rents	6a	(I) Real		(ii) Personal				
		Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss)								
		Gross amount from		(i) Securities		(ii) Other				
	1.0	sales of assets								
		other than inventory	7a							
	b	Less: cost or other basis								
ne		and sales expenses								
ven		Gain or (loss)								
Other Revenue		Net gain or (loss)								
ther	8a	Gross income from fundra	ising							
ò		events (not including \$								
		of contributions reported o 1c). See Part IV, line 18			0.0					
	h	Less: direct expenses			8a 8b					
		Net income or (loss) from t								
		Gross income from gaming		3 - 10.10						
		activities, See Part IV, line	-		9a					
	b	Less: direct expenses .			9b					
	c	Net income or (loss) from	gami	ng activities						
	10a	Gross sales of inventory, l	ess							
		returns and allowances .			10a					
		Less: cost of goods sold			10k					
	C	Net income or (loss) from	sales	of inventory	••		37,052	37,052		
						Business Code				
e e	11a									
lan. enu	b							<u> </u>		
Miscellanous Revenue	C C									
Mis		All other revenue Total. Add lines 11a-11d								
		Total revenue. See instru					2 765 350	2 687 017	0	0

Part IX Statement of Functional Expenses

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

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Doı	Check if Schedule O contains a response or note to a not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•					
2	and domestic governments. See Part IV, line 21 Grants and other assistance to domestic				
2					
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	39,200	30,184	8,232	78
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	483,758	372,816	101,295	9,64
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	26,878	20,696	5,644	53
0	Payroll taxes	43,492	33,489	9,133	87
1	Fees for services (nonemployees):				
а	Management				
b	Legal	8,970	7,176	1,794	
с		13,406	10,725	2,681	
d	Lobbying	-		-	
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	1,165	932	233	
12	Advertising and promotion	72,820	56,800	14,564	1,45
13	Office expenses	32,471	16,236	16,235	1,15
14		15,753	15,438	315	
15	Royalties	15,755	15,430	515	
	_ · · F	56 614	45 001	11 202	
16		56,614	45,291	11,323	
17		2,837	2,837		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,205		2,205	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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	EVENT COSTS	1,269,505	1,256,785	12,720	
b	MUSSELMANS REBATE	543	543		
С	PAYROLL SERVICE	3,660	2,818	769	7
d	WORKERS COMP INSURANCE	16,048	12,357	3,370	32
е	All other expenses	76,670	70,203	6,467	
25	Total functional expenses. Add lines 1 through 24e.	2,165,995	1,955,326	196,980	13,68
26	Joint costs. Complete this line only if the	2,203,333	1,555,520		10,00
	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)				

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or note	to ar	ny line in this Part X			
					(A)		(B)
	1				Beginning of year		End of year
	1	Cash - non-interest-bearing		F	9,781	1	99,399
	2	Savings and temporary cash investments		F	215,808	2	100,000
	3	Pledges and grants receivable, net		F		3	
	4	Accounts receivable, net			44,126	4	12,515
	5	Loans and other receivables from any current or former of	,	· · · · · · · · · · · · · · · · · · ·			
		trustee, key employee, creator or founder, substantial con				_	
		controlled entity or family member of any of these person				5	
	6	Loans and other receivables from other disqualified pers					
	_	under section $4958(f)(1)$), and persons described in sect		· · · · · · · ·		6	
ts	7	Notes and loans receivable, net		F		7	
Assets	8	Inventories for sale or use		F		8	
ä	9	Prepaid expenses and deferred charges	· · ·	•••••	218,095	9	283,382
	10a	Land, buildings, and equipment: cost or other	40-				
		basis. Complete Part VI of Schedule D	10a	153,156		10-	04 510
	b		10b	68,637	75,238	10c	84,519
	11	Investments - publicly traded securities		F		11	
	12 13	Investments - other securities. See Part IV, line 11		F		12 13	
	13	Investments - program-related. See Part IV, line 11 .		F		13	
		Intangible assets	F		14	500	
	15 16	Other assets. See Part IV, line 11		F	EC2 049	15	700
	17	Total assets. Add lines 1 through 15 (must equal line 3 Accounts payable and accrued expenses			<u>563,048</u> 134,866	17	580,515
	18	Grants payable		F	134,000	17	19,407
	19	Deferred revenue		F		19	
	20	Tax-exempt bond liabilities		F		20	
	20	Escrow or custodial account liability. Complete Part IV o				20	
	22	Loans and other payables to any current or former office				21	
Liabilities	~~~	trustee, key employee, creator or founder, substantial con					
ilidi		controlled entity or family member of any of these person				22	
Lia	23	Secured mortgages and notes payable to unrelated thir		F		23	
	24	Unsecured notes and loans payable to unrelated third p		F	251,837	24	150,000
	25	Other liabilities (including federal income tax, payables t			2317037		150,000
		parties, and other liabilities not included on lines 17-24).					
		of Schedule D				25	(39,121)
	26	Total liabilities. Add lines 17 through 25			386,703	26	130,286
		Organizations that follow FASB ASC 958, check here	_				
		and complete lines 27, 28, 32, and 33.					
Ces	27	Net assets without donor restrictions			176,345	27	391,433
alan	28	Net assets with donor restrictions				28	58,796
Ä		Organizations that do not follow FASB ASC 958, che	ck he	re 🗌			
ņ		and complete lines 29 through 33.					
or F	29	Capital stock or trust principal, or current funds				29	
ets (30	Paid-in or capital surplus, or land, building, or equipment				30	
SSE	31	Retained earnings, endowment, accumulated income, or		funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		[176,345	32	450,229
z	33	Total liabilities and net assets/fund balances	<u></u>	<u></u>	563,048	33	580,515

EEA

Form 990 (2022)

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Form	990 (2022) HEALTHY KIDS RUNNING SERIES	80-0779739		Pa	age 12
Par	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	765,	,350
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	165,	,995
3	Revenue less expenses. Subtract line 2 from line 1	3		599,	,355
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		176,	,345
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	(325,	,471)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		450,	,229
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
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	<u></u>	3b		
EEA			Form	990	(2022)

SCHE	DULE	Α
(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.

2022
Open to Public

OMB No. 1545-0047

							Open to Public		
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspect					Inspection				
Name	of th	he organization						Employer identification	on number
HEAI	TH	Y KIDS RUN	NING SERIES					80-077973	39
Par	t I	Reason	for Public Cha	rity Status. (Al	I organizations mus	t comple	ete this p	art.) See instruct	ions.
The o	rgar	nization is not a	private foundation b	ecause it is: (For lin	nes 1 through 12, check c	only one bo	ox.)		
1		A church, conv	vention of churches,	or association of cl	hurches described in se	ction 170	(b)(1)(A)(i)		
2	Π	A school desc	ribed in section 170	(b)(1)(A)(ii). (Attac	h Schedule E (Form 990)).)			
3	Π				ion described in section		(A)(iii).		
4	_	•	· ·	•	tion with a hospital desci			(b)(1)(A)(iii). Enter the	9
-			e, city, and state:						-
5		•		enefit of a college o	r university owned or ope	erated by a	aovernm	ental unit described in	
Ũ		-)(1)(A)(iv). (Comple	-		Sidlod by t	governin		
6		•		,	l unit described in sectio	n 170(b)(1)(A)(v)		
7			•	•				rom the general public	
'		-	-		art of its support from a g	overnmen		iom the general public	
•			ection 170(b)(1)(A)						
8	Н	-			(vi). (Complete Part II.)				
9		-	-		ction 170(b)(1)(A)(ix) or		-	-	llege
			r a non-land-grant co	ollege of agriculture	(see instructions). Enter	the name,	city, and s	tate of the college or	
	_	university:							
10	X	An organizatio	n that normally recei	ves: (1) more than :	33 1/3% of its support from subject to certain except	om contribu	utions, mer	nbership fees, and gro	SS
					business taxable income				
	_				e section 509(a)(2). (Co			,	
11		An organizatio	n organized and op	erated exclusively t	o test for public safety.	See sectio	on 509(a)(4	4).	
12		An organizatio	n organized and ope	rated exclusively fo	r the benefit of, to perform	n the func	tions of, or	to carry out the purpo	ses of
		one or more p	ublicly supported or	ganizations describ	ed in section 509(a)(1)	or section	509(a)(2)	. See section 509(a)	(3). Check
		the box on line	s 12a through 12d th	nat describes the typ	pe of supporting organization	ation and c	omplete lir	nes 12e, 12f, and 12g.	
а		Type I. A	supporting organization	tion operated, supe	rvised, or controlled by i	ts support	ed organiz	ation(s), typically by g	jiving
		the support	rted organization(s) t	he power to regula	rly appoint or elect a ma	ority of the	e directors	or trustees of the	
		supporting	organization. You	must complete Pa	rt IV, Sections A and B				
b		Type II. A	supporting organiza	tion supervised or	controlled in connection	with its su	pported or	ganization(s), by havi	ng
				•	tion vested in the same				•
			on(s). You must co					0 11	
с				-	ganization operated in c	onnection	with. and	functionally integrated	d with.
					ou must complete Par				,
d			• • • •		ng organization operate				ation(s)
ŭ			-	•	generally must satisfy a				.,
			, ,	0	ete Part IV, Sections A		•		33
		_ ·	,	•	en determination from the	•			
е			-					і, туре ії, туре ії	
	-			-	integrated supporting of	ganization	1.		
t			r of supported orgar		•••••		• • • • •		•••
g			wing information abo						
	(i) Na	lame of supported or	ganization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	-	(v) Amount of monetary	(vi) Amount of
					above (see instructions))	listed in you docum		support (see instructions)	other support (see instructions)
							1		
						Yes	No		
(A)									
(B)									
(2)									
(\mathbf{C})									
(C)									
(D)									
(D)									

(E)

Schedu	e A (Form 990) 2022 HEALTHY KII					80-077973	
Part	II Support Schedule for Organiza	ations Desci	ibed in Sect	ions 170(b)([•]	1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked th	e box on line	5, 7, or 8 of	Part I or if the	e organizatior	failed to qua	lify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, pl	ease complet	te Part III.)	-
Secti	on A. Public Support			· •	•	,	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and			(-)		(-,	(1) 1 2 10.
-	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
4 5	The portion of total contributions by						
5	•						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
-	on B. Total Support	()	(1) 22/2	()	(1) (()	(0) = 1 1
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the or						c)(3)
	organization, check this box and stop her	е					[]
Secti	on C. Computation of Public Support						
14	Public support percentage for 2022 (line 6	3, column (f), d	ivided by line 1	1, column (f))		14	%
15	Public support percentage from 2021 Sch	edule A, Part I	I, line 14			15	%
16a	33 1/3% support test - 2022. If the organ	ization did not	check the box	on line 13, an	d line 14 is 33	1/3% or more,	check this
	box and stop here. The organization qua	lifies as a publ	icly supported	organization.			🗌
b	33 1/3% support test - 2021. If the organ	ization did not	check a box o	n line 13 or 16	a, and line 15 i	s 33 1/3% or n	nore, check
	this box and stop here. The organization	qualifies as a	publicly suppor	ted organization	on		🗌
17a	10%-facts-and-circumstances test - 202	22. If the organ	nization did not	check a box o	n line 13, 16a,	or 16b, and lin	e 14 is
	10% or more, and if the organization mee	-					
	Part VI how the organization meets the fa						
	organization			-	-		_
b	10%-facts-and-circumstances test - 202						
~	15 is 10% or more, and if the organization	•					
	in Part VI how the organization meets the					-	
	organization			-	-		·· _
18	Private foundation. If the organization di						
	instructions						_
							<u>· · · · · · </u>

	le A (Form 990) 2022 HEALTHY KI					80-07797	39 Page 3
Part							
	(Complete only if you checked the			•			nder Part II.
	If the organization fails to qualify	v under the te	sts listed belo	ow, please co	mplete Part I	l.)	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	392,452	662,633	318,945	548,076	502,080	2,424,186
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	fumished in any activity that is related to the organization's tax-exempt purpose	1,489,007	1 796 143	774 852	1,902,676	2 684 233	8,646,911
3	Gross receipts from activities that are not an	1,100,000	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	//1/052	2,302,010	2,001,200	0,010,011
•	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						
J	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	1 991 450	2 459 776	1,093,797	2 450 752	2 196 212	11 071 005
-	Amounts included on lines 1, 2, and 3	1,001,459	2,450,770	1,093,191	2,450,752	3,100,313	11,071,097
1a	received from disqualified persons .	35 000	20.000				FF 00/
h	Amounts included on lines 2 and 3	35,000	20,000				55,000
U	received from other than disgualified						
	•						
	persons that exceed the greater of \$5,000						
•	or 1% of the amount on line 13 for the year Add lines 7a and 7b	25.000					
c	Public support. (Subtract line 7c from	35,000	20,000				55,000
8							11 01 0 00
Conti							11,016,097
	on B. Total Support	(-) 0040	(1-) 0040	(-) 0000	(-1) 0004	(-) 0000	
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	1,881,459	2,458,776	1,093,797	2,450,752	3,186,313	11,071,097
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .	201	777	597	190	37	1,802
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975			1,402	17,506	37,052	
С	Add lines 10a and 10b	201	777	1,999	17,696	37,089	57,762
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	1,881,660	2,459,553	1,095,796	2,468,448	3,223,402	11,128,859
14	First 5 years. If the Form 990 is for the o	rganization's fi	rst, second, th	ird, fourth, or fi	fth tax year as	a section 501	(c)(3)
	organization, check this box and stop he	re					[
Secti	on C. Computation of Public Suppo	rt Percentag	e				
15	Public support percentage for 2022 (line	8, column (f), d	livided by line	13, column (f))		15	98.99 %
16	Public support percentage from 2021 Sch	nedule A, Part	III, line 15 .			16	0.00 %
Secti	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2022 (oy line 13, colu	ımn (f))	17	1.00 %
18	Investment income percentage from 202					18	0.00 %
19a	33 1/3% support tests - 2022. If the orga						
	17 is not more than 33 1/3%, check this b						
b	33 1/3% support tests - 2021. If the organization		-	-			-
	line 18 is not more than 33 1/3%, check this be						
20	Private foundation If the organization d	-	•	•		•	_

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . .

 \square

Page 4

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

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

Schedule A (Form 990) 2022

ιαιι				
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	_		
•	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations	5		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e inst	ructio	nrs)
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>	,	aoac	,
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru-	otional		
2	Activities Test. Answer lines 2a and 2b below.	Suons)	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NU
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Supporting Organizations (continued)

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

3b

Schedule A (Form 990) 2022

Part IV

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	aoni		9/39 Page
			ain in Part VI) See
			2
n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
nstructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
air market value of other non-exempt-use assets	1c		
Fotal (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Inimum Asset Amount (add line 7 to line 6)	8		
n C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
noome tex impeged in prior year	5		
	3		
Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	5		
	Type III Non-Functionally Integrated 509(a)(3) Supporting Or Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ n A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Data of the system of	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization n A - Adjusted Net Income Net short-term capital gain 1 Recoveries of prior-year distributions 2 Dther gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 n B - Minimum Asset Amount 8 Average monthly value of securities 1a Average monthly value of securities 1b Fair market value of other non-exempt-use assets (see instructions) 1 Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Vet value of non-exempt-use assets (subtract li	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explinatructions. All other Type III non-functionally integrated supporting organizations must complete Section and A-Adjusted Net Income (A) Prior Year Vet short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 Orotion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of oroperty held for production of income (see instructions) 6 Dther expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 nn B - Minimum Asset Amount (A) Prior Year Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Average monthly value of securities 1a Verage monthly value of belances 1b Tair market value of other non-exempt-use assets 1c Ortal (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors 2 <

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

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

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	e A (Form 990) 2022 HEALTHY KIDS RUNNING SERI		80-077	9739 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	s) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes	1	
2	Amounts paid to perform activity that directly furthers exer		ed	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	<i>VI</i>) 5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount	1	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
			Pre-2022	Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2022 distributable amount			
	Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
	Distributions for 2022 from			
4	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
a	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
•	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
-	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
C	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			
EEA				Schedule A (Form 990) 2022

	France Representation Provide the explorections required by Part II, line 40, Part II, line 47, or 47, Part
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D	
(Form 990)	

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach 40 5 OMB No. 1545-0047 2022

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

Open to Public Inspection

Name of the organization
Internal Revenue Service
Department of the Treasury

Name o	f the organization			Employer identification number
HEALT	HY KIDS RUNNING SERIES			80-0779739
Pa	t I Organizations Maintaining Donor Advised	Funds or Other Si	milar Funds or Ac	counts.
	Complete if the organization answered "Yes" of			
		(a) Donor	advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets	held in donor advised	1
	funds are the organization's property, subject to the organization	ation's exclusive legal	control?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that	grant funds can be us	sed
	only for charitable purposes and not for the benefit of the do	nor or donor advisor, o	or for any other purpos	e
	conferring impermissible private benefit?			Yes 🗌 No
Part				
	Complete if the organization answered "Yes" of	on Form 990, Part I	V, line 7.	
1	Purpose(s) of conservation easements held by the organiza	tion (check all that app	oly).	
	Preservation of land for public use (for example, recreation	on or education)	Preservation of a	historically important land area
	Protection of natural habitat		Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation cont	ribution in the form of	a conservation
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic sta	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	l after July 25, 2006, a	nd not on a	
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished,	or terminated by the o	organization during the
	tax year			
4	Number of states where property subject to conservation ea	asement is located		
5	Does the organization have a written policy regarding the pe	eriodic monitoring, insp	ection, handling of	
	violations, and enforcement of the conservation easements i	it holds?		Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	and enforcing conserv	vation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and	enforcing conservatio	n easements during the year
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the require	ments of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)? \ldots			Yes 🗌 No
9	In Part XIII, describe how the organization reports conserva	tion easements in its i	evenue and expense s	statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's financial statements	s that describes the
	organization's accounting for conservation easements.			
Part	III Organizations Maintaining Collections	of Art, Historica	I Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" of	on Form 990, Part I	V, line 8.	
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its	revenue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for pu	iblic exhibition, educat	ion, or research in furt	herance of public
	service, provide in Part XIII the text of the footnote to its final	ancial statements that	describes these items.	
b	If the organization elected, as permitted under FASB ASC 9	58, to report in its rev	enue statement and ba	alance sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, educatior	, or research in furthe	rance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1 \ldots			
	(ii) Assets included in Form 990, Part X			\$
2	If the organization received or held works of art, historical tre	easures, or other simil	ar assets for financial	gain, provide the
	following amounts required to be reported under FASB ASC	C 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1 \ldots			
b	Assets included in Form 990, Part X			\$

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	e D (Form 990) 2022 HEALTHY KIDS RUN						80-077			Page 2
Part	0 0							ssets (a	contin	nued)
3	Using the organization's acquisition, accessio	n, and other record	ds, check	any of the fo	ollowing that n	nake się	pnificant use of its			
	collection items (check all that apply):									
а	Public exhibition		d	🗌 Loan o	r exchange p	rogram				
b	Scholarly research		е	Other						_
С	Preservation for future generations									
4	Provide a description of the organization's col	lections and explai	in how th	ey further the	e organizatior	n's exen	npt purpose in Par	t		
	XIII.									
5	During the year, did the organization solicit or	receive donations	of art, his	torical treas	ures, or other	similar				
	assets to be sold to raise funds rather than to							. 🗌 Ye	es 🗌	No
Part										_
	Complete if the organization a	nswered "Yes'	" on Fo	rm 990, P	art IV, line	9, or	reported an an	nount or	n Forr	m
	990, Part X, line 21.			,			·			
1a	Is the organization an agent, trustee, custodia	n or other intermed	liarv for c	ontributions	or other asse	ts not				
	included on Form 990, Part X?							🗆 Ye	es 🗌	No
b	If "Yes," explain the arrangement in Part XIII a									
-			ene mig t				Ar	nount		
с	Beginning balance					. 10		noun		
	Additions during the year									
d	Distributions during the year									
e	Ending balance									
f	0									
2a	Did the organization include an amount on Fo						•			No
b Dori	If "Yes," explain the arrangement in Part XIII. Endowment Funds.	Check here if the e	explanatio	n nas been	provided on F		• • • • • • • • •		•	
Part		nowarad "Vaa	" on Fo		ort IV line	10				
	Complete if the organization a									
		(a) Current year	(b) F	Prior year	(c) Two years	back	(d) Three years back	(e) Fo	ur years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	nt year end baland	ce (line 1g	, column (a))) held as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment %									
с	Term endowment %									
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.								
3a	Are there endowment funds not in the posses		zation that	t are held ar	nd administere	ed for th	е			
	organization by:	0							Yes	No
	(i) Unrelated organizations							. 3a(i)		
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organiza								<u> </u>	
4	Describe in Part XIII the intended uses of the	•				•••		. 50		
Part			owment	unus.						
Fai	Complete if the organization a		" on Eoi	m 000 D	ort IV line	110	Soo Form 000	Dort V	ling	10
	Description of property	(a) Cost or oth			or other basis	• • •	Accumulated	(d) Bo	ok value	
	1	(investm	ony	(other)	C	epreciation			
1a										
b	Buildings									
C	Leasehold improvements									
d	Equipment	·								
e	Other STMD1E				153,156		68,637			519
Total.	Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Pa	rt X, colu	mn (B), line	10c.)	• • •			84,	519

EEA

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.).		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990. Part X. col. (B) line 13.).		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) ECURITY DEPOSIT	700
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	700

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal incor	ne taxes	
(2)CURRENT L	IABILITIES	(39,121)
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) m	ust equal Form 990, Part X, col. (B) line 25.) .	(39,121)

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants 2d 2d 2d 2d 2d 2d 2d 2e 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4d 4d and the sa and 4b c Add lines 4a and 4b d Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Image: Sign and 4c. (This must equal Form 990, Part I, line 12.). Solver colspan= addited financial statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 <td colspa<="" th=""><th>739 Page 4</th></td>	<th>739 Page 4</th>	739 Page 4
1 Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a a Net unrealized gains (losses) on investments. 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b 4c c Add lines 4a and 4b 4c 5 c Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 Total expenses and losses per audited financial statements 2a a Donated services and use of facilities 2a a Donated services and use of facilities 2a	•	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a a Net unrealized gains (losses) on investments. 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2d 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4c c Add lines 3 and 4b 4c f Total evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2a a Donated services and use of facilities 2b c Other losses 2a b Prior year adjustments 2a c Other losses		
a Net unrealized gains (losses) on investments. 2a 2b b Donated services and use of facilities 2b 2c c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII.) 2d 2e 3 Subtract line 2e from line 1 3a 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b 4c c Add lines 4a and 4b 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.). 5 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 1 Total expenses and use of facilities 2a 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 1 2 Donated services and use of facilities 2b 2c 2a a Other (Describe in Part XIII.) 2d 2a 2a<		
b Donated services and use of facilities 2b 2c c Recoveries of prior year grants 2c 2d d Other (Describe in Part XIII.) 2d 2e 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b 4c c Add lines 4a and 4b 4b 4c c Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a a Donated services and use of facilities 2a b Prior year adjustments 2b 2c c Other (Describe in Part XIII.) 2d 2a a Donated services and use of facilities		
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e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3		
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Part XIII Supplemental Information.		

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

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

Open to Public

Internal Revenue Service

Department of the Treasury

HEALTHY KIDS RUNNING SERIES

Employer identification number 80-0779739

01. Form 990 governing body review (Part VI, line 11)

FORM 990 IS REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO FILING

02. Conflict of interest policy compliance (Part VI, line 12c)

ALL INTERESTED PERSONS INCLUDING OFFICERS AND BOARD MEMBERS AER REQUIRED TO DISCLOSE ANY

ACTUAL OR POSSIBLE CONFLICT OF INTEREST TO THE BOARD OF DIRECTORS. IF A CONFLICT EXISTS,

THE INTERESTED PERSON SHALL LEAVE THE MEETING AND ABSTAIN FROM VOTING ON OR DISCUSSING THE

MATTER IN WHICH THE CONFLICT EXISTS. ADDITIONALLY, THE BOARD MAY EXERCISE DUE DILEGENCE

AND DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE

ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE

TO A CONFLICT OF INTEREST.

03. CEO, executive director, top management comp (Part VI, line 15a)

THE EXECUTIVE DIRECTOR'S COMPENSATION IS REVIEWED ANNUALY BY THE BOARD

04. Other officer or key employee compensation (Part VI, line 15b

THE OTHER COMPENSATION IS REVIEWED BUT EXECUTIVE DIRECTOR OR BOARD OF DIRECTOR IF

NECESSARY.

05. Governing documents, etc, available to public (Part VI, line 19)

AVAILABLE UPON REQUEST

06. Explanation of other changes in net assets or fund balances (Part XI, line 9)

POST AUDIT ADJUSTMENT

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

	Federal Supporting S	Statements	2022 PG01
Name(s) as shown on return HEALTHY KIDS RUNNING			Tax ID Number 80-0779739
	0, Part VI, Sectio	on C, line 17	Statement #017
States where a copy of is required to be fil			
Arkansas California Connecticut Florida Georgia Hawaii Illinois Kansas Kentucky Louisiana Maryland			
	FOR YOUR RECORI	DS ONLY	PG01
Form 99	0 - Schedule D - I Investments - (
Description of Investment PROPERTY & EQUIPMENT	Cost/basis (Investment)	Cost/basis (Other) 153,156	_
Total	0	153,156 68	8,637 84,519