Form	9	9	0
Departn	nent o	f the	Treasury
Internal	Rever	ue S	ervice

# Return of Organization Exempt From Income Tax

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

► Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

0MB No. 1545-0047 2023 Open to Public Inspection

A F	or th	e 202	3 cale	ndar year, or	tax vear	, peainning	1			an	d en	dina					
			r	ne of organization			,						D Employe	er id	entifica	ation number	
Вс	neck if ap	plicable:		EALTHY KII	תאוזס פר	NINC SFI	DIEC										
	Addre			Ig Business As										٥٨.	_077	9739	
	chang			nber and street (o	r P.O. box i	f mail is not de	elivered to	street add	ess)	Roor	m/suit	e	E Telepho			9139	
	+	change		02 CHADDS					,			300					
	Initial			or town, state or			P or foreia	n nostal c	nde			300		(4)	04)3	550-1024	
	Termi Amen				-		i or loroig	in poolar o					G Gross re	ocoin	te ¢	2 E1 C 24 C	
	return Applio			HADDS FORI ne and address of	· ·		KENNET						H(a) Is this			2,516,246.	
	pendi	ng						-	-	100	1 7		subordi	nates	?		
	Tax av	omnt of		02 CHADDS								507	H(b) Are all s			luded? Yes No (see instructions)	
		empt st		X 501(c)(3)		.,.,	(inse	ert no.)	4947(a)(1	) or		527	1				
				LTHYKIDSRU				0.1	<u> </u>		• • •		H(c) Group	<u> </u>			
			ization:		n Trus	st Asso	ciation	Other			L Yea	ar of format	tion: $2012$	IVI	State	of legal domicile: PA	
Pa	art l		mmar														
	1			ibe the organiza			-						RIES_IN	SP.	TRTV	IG	
nce		KID:	5 10	_BELIEVE_I	N THEM	ISELVES	AND_L	EAD A	N ACTIVE	<u>111</u>	FES.	LATE.					
rna																	
& Governance				ox ▶ 🔄 if th	-			•	•						1 1	<i>.</i>	
ي م				oting members											3	6	
es				ndependent voti											4	6	
Activities				r of individuals				23 (Part V	, line 2a)					•	5	11	
<b>cti</b>				r of volunteers (		.,								•	6	1,000	
۹				ed business rev										•	7a		
	b	Net u	nrelate	d business taxa	ble incom	e from Form	990-T, li	ne 34 🔒						•	7b		
													Prior Yea			Current Year	
ē				s and grants (Pa						PY FO	D	ר		,43		491,777.	
enu				vice revenue (Pa									2,650	,82	28.	2,007,312.	
Revenue				ncome (Part VII						-					37.	11,189	
_	11	Other	revenu	ue (Part VIII, co	lumn (A), l	lines 5, 6d, 8	3c, 9c, 10	c, and 11	e)			•		, 05		3,164	
				e - add lines 8	-								2,765	,35	50.	2,513,442.	
				similar amounts										N	ONE	NON	
	14	Benef	its paid	d to or for memb	oers (Part I	X, column (	A), line 4)	)							ONE	NON	
s				er compensatio									593	, 32	28.	665,727.	
Expenses	16a	Profes	ssional	fundraising fees	s (Part IX,	column (A),	line 11e)							N	ONE	NON	
ăX.				ising expenses (													
ш	17	Other	expen	ses (Part IX, col	lumn (A), li	ines 11a-11	d, 11f-24e	e)					1,572	,66	57.	1,917,471.	
	18	Total	expens	ses. Add lines 1	3-17 (mus	t equal Part	IX, colum	nn (A), lir	e 25)				2,165	,99	95.	2,583,198.	
	19	Rever	nue les	s expenses. Su	btract line	18 from line	12						599	, 35	55.	-69,756	
s or												Begin	ning of Curr	ent \	/ear	End of Year	
Net Assets or Fund Balances	20	Total	assets	(Part X, line 16)									580	,51	L5.	523,404	
dB	21	Total	liabilitie	es (Part X, line 2	6)								130	,28	36.	601,644.	
Fun	22			r fund balances									450	, 22	29.	-78,240	
Ра	rt II	Sig	gnatur	e Block													
Und	der per	alties of	of perju	ry, I declare that I te. Declaration of	have exam	nined this return	urn, includ	ling accor	npanying sche	dules a	ind sta	atements, a	and to the be	est of	f my k	nowledge and belief, it is	
true	, cone		comple		preparer (or		er) is base		iormation of w	nich pr	eparei	nas any k	nowieuge.				
<u>.</u> .													1	1/3	15/2	024	
Sig			Signatu	ure of officer									Date				
Hei	e			LONG					PRESI	DENT	Г						
			Туре ог	r print name and ti	tle												
		Print/	Type pr	eparer's name		Pre	oarer's sigr	nature			Date		Check		if P	TIN	
Paid		RICI	HARD	RUVELSON	1	RIC	CHARD	RUVE	LSON		11/	15/202	4 self-em	ploy	ed I	200234075	
•	oarer	Firm's	s name	► WITHUM		BROWN,	PC						Firm's EIN			2-2027092	
use	Only		addres					PHILADEI	PHIA, PA 19	9103-2	945		Phone no.			5-546-2140	
Мау	the I			nis return with t												X Yes No	
				tion Act Notice												Form <b>990</b> (2023)	

	m 990 (2023)	Page <b>2</b>
Pa	art III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	х
1	HEALTHY KIDS RUNNING SERIES(HKRS) MISSION IS TO ENGAGE COMMUNITIES	
	AND FAMILIES BY PROVIDING AN INCLUSIVE YOUTH RUNNING EXPERIENCE	
	INSPIRING KIDS TO BELIEVE IN THEMSELVES AND LEAD AN ACTIVE HEALTHY	
	LIFESTYLE.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any progra services?	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program service expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$2,310,118. including grants of \$) (Revenue \$)	)
	HKRS IS A NATIONAL, INCLUSIVE AND FUN YOUTH RUNNING PROGRAM LED BY	
	DEDICATED, LOCAL COORDINATORS, WHERE ALL KIDS CELEBRATE THEIR	
	SUCCESS AND DEVELOP AN ACTIVE HEALTHY LIFESTYLE. ITS A	
	COMMUNITY-BASED, FIVEWEEK RUNNING SERIES SELF ESTEEM FOR AGES	
	2-14 DESIGNED FOR CHILDREN TO GET ACTIVE, BUILD SELF ESTEEM AND	
	LAY THE FOUNDATION FOR A HEALTHY LIFESTYLE.	
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)	)
	SEE SCHEDULE O	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
-	Total program service expenses2,310,118.	
JSA 3E1	020 2.000	Form <b>990</b> (2023)
	3784XG P490 11/15/2024 14:22:16 V23-7.6F 4358.0	5

Form 990 (2023)

Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		37	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	1 2	X X	
2 3	Did the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
-	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		x
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,	<u> </u>		
	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? <i>If "Yes," complete Schedule D, Part IV</i>	9		v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		X
10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	X	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII.	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		X
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	10		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		ļ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
JSA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<b>a</b> a -	Х
JSA 3E1021	2.000	Form	990	(2023)

3784XG P490 11/15/2024 14:22:16 V23-7.6F 4358.0

Form 990 (2023)

Page	4

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	28b		X
C	"Yes," complete Schedule L, Part IV	200		v
20	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c 29		X X
29 20	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
30	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	51		
32		32		v
33	<i>complete Schedule N, Part II</i> . Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		X
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
•	or IV, and Part V, line 1.	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	<u> </u>
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		┍└────
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
JSA	reportable gaming (gambling) winnings to prize winners?	1c		
3E1030				(2023)
	3784XG P490 11/15/2024 14:22:16 V23-7.6F 4358.0		7	

#### HEALTHY KIDS RUNNING SERIES

Form 990 (2023)

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax							
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 11							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	a 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)?							
b	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				
C	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	_						
	and services provided to the payor?	7a		_X				
	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	70		v				
	required to file Form 8282?	7c		X				
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		v				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X X				
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		X				
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		X				
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the							
U	sponsoring organization have excess business holdings at any time during the year?	8		Х				
9	Sponsoring organizations maintaining donor advised funds.							
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х				
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х				
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders 11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources							
	against amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which							
	the organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand	14a		X				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b						
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140		<b></b>				
15	excess parachute payment(s) during the year?	15		Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.	15		21				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	Х					
	If "Yes," complete Form 6069.							

Form 9	990 (2023) HEALTHY KIDS RUNNING SERIES 80-0779	739	F	Page 6
Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	If there are material differences in voting rights among members of the governing body, or	]		
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent <b>1b</b> 6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
•	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
. u	one or more members of the governing body?	7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ŭ	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
Ŭ	describe on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13	Х	
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			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
2	The organization's CEO, Executive Director, or top management official	15a	Х	
a b	Other officers or key employees of the organization	15b	X	
b	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			
IVa	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed <u>AZ, CA, CT, FL, GA, HI, IL, KS, K</u>	7. T.A.	MD.	
17				01(0)
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(sec	1011 5	UI(C)
	X     Own website     Another's website     X     Upon request     Other (explain on Schedule O)			
40		f int-	oct	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or	i inter	est p	olicy,
20	and financial statements available to the public during the tax year.	c		
20	State the name, address, and telephone number of the person who possesses the organization's books and record THE ORGANIZATION 602 CHADDS FORD DRIVE CHADDS FORD, PA 19317	5.		
	484-356-1024	Form	990	(2023)
JSA		. 000		(2020)
3E1042	3784XG P490 11/15/2024 14:22:16 V23-7.6F 4358.0		9	

JSA

Page **7** 

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below	ighest imploye (ey emp Aey emp Officer nstitutic nstitutic		(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	<b>(F)</b> Estimated amount of other compensation from the organization and related organizations				
	dotted line)	stee	rustee		œ	bensated				
(1) DAWN EPSTEIN EXECUTIVE DIRECTOR	40.00 NONE	-			x			113,933.	NONE	16,524.
(2) KEN LONG	2.00				- 21			,555.	NONE	10,524.
BOARD CHAIR	NONE	x		x				NONE	NONE	NONE
(3) TIMOTHY BROCKOPP	2.00			21						
SECRETARY/TREASURER	NONE	x		x				NONE	NONE	NONE
(4) MATTHEW PEACE	2.00									
BOARD MEMBER	NONE	x						NONE	NONE	NONE
(5) JOSEPH COYLE	2.00									
BOARD MEMBER	NONE	x						NONE	NONE	NONE
(6) VALERIE FARIA	2.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(7) JAMES MASOTTI	2.00									
BOARD MEMBER	NONE	Х						NONE	NONE	NONE
(8)		-								
(9)										
(10)		-								
(11)		-								
(12)										
(13)										
(14)		-								
	1	1								

#### HEALTHY KIDS RUNNING SERIES

orm 990 (202													Page 8
Part VII	Section A. Officers, Directors, Tru		y Em	plo			and H	lig			yees (co		
	(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson lirect	e than c is both or/trust	an	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from	<b>(F)</b> Estimat amount other compens	t of
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		from th organiza and rela organizat	ition ited
	· · ·								112 022		NONE	1.0	<b>F0</b> 4
	rom continuation sheets to Part VII, Se add lines 1b and 1c)	-	· · ·	•••	•••	•••	· · ·		113,933. NONE 113,933.		NONE NONE NONE		,524 NON ,524
Total n	umber of individuals (including but not ble compensation from the organization	limited to tl						o re		\$100,000			,521
Did th	e organization list any <b>former</b> offic	er directo	r or	trı	iste	<u>م</u>	kev e	mn	lovee or highes	t compens	sated	Ye	s No
employ	y individual listed on line 1a, is the	ule J for suc	ch ind	ivid	ual	• •	• • •	••				3	X
organiz	ation and related organizations gre	eater than	\$15	60,0	00?	If	"Yes	s," (	complete Schedu			4	X
Did an	y person listed on line 1a receive or <i>i</i> ces rendered to the organization? <i>If "Ye</i>	accrue col	mpen	sati	on f	from	n any	un	related organization			5	x
	Independent Contractors												
	ete this table for your five highest com nsation from the organization. Report c												
	(A) Name and business add	lress							<b>(B)</b> Description of se	ervices	Co	<b>(C)</b> mpensatio	n
2 Total n	umber of independent contractors (ir	ncluding bu	ut not	i lin	nite	d to	thos	l se li	isted above) who	received			

more than \$100,000 in compensation from the organization ► NONE JSA 3E1055 1.000

#### Form 990 (2023)

## HEALTHY KIDS RUNNING SERIES Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to an	ny line in this Part V	/		
				(A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts,	1a	Federated campaigns 1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues 1b					
ษียี	c	Fundraising events 1c					
fts,	d	Related organizations					
ija	е	Government grants (contributions) 1e					
ns, Sin	f	All other contributions, gifts, grants,					
er		and similar amounts not included above <b>1</b>	491,777.				
J P	g	Noncash contributions included in					
dt	5		\$				
an Co	h	Total. Add lines 1a-1f		491,777.			
			Business Code				
e	20	REGISTRATION FEES	900099	2,007,312.	2,007,312.		
ž	2a						
Se	b						
an Ve	C						
2 B B B B B B B B B B B B B B B B B B B	d						
Program Service Revenue	e						
-	f	All other program service revenue		2,007,312.			
	g	Total. Add lines 2a-2f		2,007,512.			
	3	Investment income (including dividends,		11,189.			11,189
		other similar amounts)		NONE			11,105
	4 5	Income from investment of tax-exempt bone Royalties	•	NONE			
	J	Royalties	(ii) Personal	NONE			
	0-		()				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b	IE NONE				
	C			NONE			
	d Zo	Net rental income or (loss)         Gross amount from         (i) Securities	(ii) Other	INCINE			
	7a						
		sales of assets					
	.	other than inventory <b>7a</b>					
anc	b	Less: cost or other basis					
Revenue		and sales expenses 7b					
Re	C .	Gain or (loss) 7c					
er	d		<u></u>	NONE			
Other	8a	Gross income from fundraising					
Ŭ		events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18	NONE				
	b	Less: direct expenses	NONE				
	c	Net income or (loss) from fundraising events	;	NONE			
	9a	Gross income from gaming					
		activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses9b					
	C	Net income or (loss) from gaming activities	<u></u>	NONE			
	10a	Gross sales of inventory, less					
		returns and allowances •••••• 10a					
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory.		2,860.			2,860.
SL			Business Code				
Miscellaneous Revenue	11a	MISCELLANEOUS INCOME	900099	304.			304
lan en	b						
sé de	c						
Alis, R	d	All other revenue					
~	е	Total. Add lines 11a-11d		304.			
	12	Total revenue. See instructions		2,513,442.	2,007,312.		14,353

Part IX Statement of Functional Expenses

#### HEALTHY KIDS RUNNING SERIES

#### Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 NONE 2 Grants and other assistance to domestic NONE individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and NONE foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members NONE 5 Compensation of current officers, directors, trustees, and key employees 130,458. 100,539. 27,317. 2,602. 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and NONE persons described in section 4958(c)(3)(B) 7 Other salaries and wages 457,691 352,727. 95,837. 9,127. 5,298. 4,083. 1,109. 106. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits . . . . . . . . . . . . 27,291 21,032 5,715 544. 9,420. 44,989. 34,672. 897. Payroll taxes 10 11 Fees for services (nonemployees): NONE a Management 17,587 17,587. **b** Legal 34,977 34,977. c Accounting NONE d Lobbying NONE e Professional fundraising services. See Part IV, line 17. NONE f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column NONE (A), amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion 103,025 101,902. 1,123. 7,456. <u>3,</u>728. <u>3</u>,728. 13 Office expenses 14 Information technology 61,354. 58,562. 2,792. NONE 15 Royalties 30,496 19,769 Occupancy 52,327 2,062. 16 14,094 13,305 789. 17 Travel Payments of travel or entertainment expenses 18 NONE for any federal, state, or local public officials 191 Conferences, conventions, and meetings 191 19 Interest 6,444 6,444. 20 NONE 21 Payments to affiliates Depreciation, depletion, and amortization 20,453 20,453 22 <u>3</u>,853. 12,405. 8,531. 21. Insurance 23 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) a EVENT EXPENSES 1,579,891. 1,579,891 946 294 2. **b** MISCELLANEOUS EXPENSES 650 4,793 4,793. PAYROLL SERVICE FEES С d BANK AND STORE FEES 1,528 1,528. e All other expenses 25 Total functional expenses. Add lines 1 through 24e 2,583,198. 2,310,118. 257,719 15,361. Joint costs. Complete this line only if the 26 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)

JSA 3E1052 2.000 HEALTHY KIDS RUNNING SERIES

Page <b>1</b> '	1
-----------------	---

orm 99	) (2023)		00 (	Page <b>11</b>
Part	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Pa	art X		
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	99,399.	1	69,311
2		100,000.	2	159,069
3		NONE	3	NON
4	Accounts receivable, net	12,515.	4	608
5				
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	5	NON
6			-	
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NON
<u>ຍ</u> 7		NONE		100,000
ASSetS 8 2 9 8 9	Inventories for sale or use	NONE		NON
¥ 9	Prepaid expenses and deferred charges	283,382.	9	2,309
-	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 149, 362.			
	<b>b</b> Less: accumulated depreciation	84,519.	10c	40,707
11	Investments - publicly traded securities.	NONE		NON
12	Investments - other securities. See Part IV, line 11	NONE		NON
13	Investments - program-related. See Part IV, line 11	NONE		NON
14	Intangible assets	NONE		NON
15	Other assets. See Part IV, line 11	700.		151,400
16	Total assets. Add lines 1 through 15 (must equal line 33)	580,515.	16	523,404
17	Accounts payable and accrued expenses	19,407.	17	285,019
18	Grants payable .	NONE		NON
19	Deferred revenue	NONE		NON
20	Tax-exempt bond liabilities	NONE		NON
21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NON
	Loans and other payables to any current or former officer, director,	NONE	21	1101
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	NONE	22	NON
23	Secured mortgages and notes payable to unrelated third parties	NONE		NON
23	Unsecured notes and loans payable to unrelated third parties	150,000.	23	171,298
25	Other liabilities (including federal income tax, payables to related third	130,000.	24	1/1,290
25	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	-39,121.	25	145,327
26	Total liabilities. Add lines 17 through 25.	130,286.	26	601,644
-	Organizations that follow FASB ASC 958, check here	130,200.	20	001,011
Ces	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	391,433.	27	-78,240
28	Net assets with donor restrictions.	58,796.	28	
2	Organizations that do not follow FASB ASC 958, check here	50,750.	20	1101
Assets of Fund Balances 8 25 9 65 1 20 8 20 8 20 8 20 8 20 8 20 8 20 8 20 8	and complete lines 29 through 33.			
5 29	Capital stock or trust principal, or current funds		29	
23 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	Retained earnings, endowment, accumulated income, or other funds		30	
₹ 31 5 32	Total net assets or fund balances	450,229.	32	-78,240
5 32 33	Total liabilities and net assets/fund balances	450,229.	33	523,404
		500,515.	55	Form <b>990</b> (2023

HEALTHY KIDS RUNNING SERIES

Form 99	0 (2023)		Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>		<b>.</b> X
1	Total revenue (must equal Part VIII, column (A), line 12)			442.
2	Total expenses (must equal Part IX, column (A), line 25)	2,5	83,	<u>198</u> .
3	Revenue less expenses. Subtract line 2 from line 1			756.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4	4	50,	<u>229</u> .
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)	- 4	58,	<u>713</u> .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		78,	<u>240</u> .
Part				
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		
			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?			
	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		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	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?			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	. 3b		

Form **990** (2023)

SCHEDU	JLE /	١
(Form 990	D)	

# Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Inspection

Department of	the Treasury
Internal Reven	ue Service

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

Nam	e of ti	he organization					Employer identifi	cation number
_		HY KIDS RUNNING SER						779739
Ра	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	part.) See instruction	IS.
The	orga	anization is not a private fou		· · ·		•	,	
1		A church, convention of ch	urches, or associat	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in <b>sect</b>	ion 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90).)		
3		A hospital or a cooperative	hospital service o	rganization described	in <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organi	zation operated in	conjunction with a hos	spital de	scribed in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and s						
5		An organization operated		a college or universit	y owne	d or ope	erated by a governme	ental unit described in
		_section 170(b)(1)(A)(iv). (0	Complete Part II.)					
6		A federal, state, or local go	•					
7		An organization that norm			pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b						
8		A community trust describe	ed in section 170(b	b)(1)(A)(vi). (Complete	e Part II.)			
9		An agricultural research or	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	riculture (see instruct	ions). E	nter the	name, city, and state o	f the college or
		university:						
10	X	An organization that norma receipts from activities rela	ally receives (1) mo	ore than 331/3 % of its	support	from con	ntributions, membersh	ip fees, and gross
		support from gross investing	nent income and u	nrelated business tax	able inco	ome (les	s section 511 tax) from	businesses
		acquired by the organization	on after June 30, 1	975. See section 509	(a <b>)(2)</b> . ((	Complete	e Part III.)	
11		An organization organized	•					
12		An organization organized	•	•				• • •
		one or more publicly suppo	-			-		
		the box on lines 12a throug		•• ••			•	
а		<b>Type I.</b> A supporting org		•	•		• • • • •	
		the supported organization				ajority of	the directors or truste	es of the
		supporting organization.						
b		_ <b>Type II.</b> A supporting org					••	
		control or management of		-	the sam	e persor	is that control or man	age the supported
		organization(s). You mus						line that a summer of the table
С		Type III functionally inte		·				lly integrated with,
ام		its supported organization	. , .	· ·				ted ergenization(a)
d		Type III non-functionally			-			
		that is not functionally int			-			an allentiveness
~		requirement (see instruct	,	•				
е		functionally integrated, or					21 · 21	і, туре ш
f	En	iter the number of supported			porting t	nyanizai	.011.	
g		ovide the following informati	•					
		lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	.,			(described on lines 1-10	listed in yo	ur governing		other support (see
				above (see instructions))	Yes	ment? No	instructions)	instructions)
(A)								
(D)								
(B)								
$\sim$								
(C)								
(D)								
(E)								
Tota	al							
For	Pape	erwork Reduction Act Notice,	see the Instructions	for Form 990 or 990-EZ.			S	chedule A (Form 990) 2023

3784XG P490 11/15/2024 14:22:16 V23-7.6F 4358.0

Schedule A (Form 990) 2023

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support				<u>.</u>		
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 furnished by a governmental unit to the organization without charge						
4 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support		•	·			
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 8	Amounts from line 4 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. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u></u>					
	tion C. Computation of Public Sup		•				
14	Public support percentage for 2023 (li				,		%
15	Public support percentage from 2022						%
16a	331/3% support test - 2023. If the org	-					
	box and <b>stop here.</b> The organization que						
D	331/3% support test - 2022. If the org this box and stop here. The organization						
172	10%-facts-and-circumstances test - 2	•		•			
17a	10% or more, and if the organization						
	Part VI how the organization meets						•
	organization.			-	-		
b	10%-facts-and-circumstances test - 2						
~	15 is 10% or more, and if the organiz						
	in Part VI how the organization meets					-	
	organization			-	-		
18	Private foundation. If the organizatio						
_	instructions						

Schedule A (Form 990) 2023

#### Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	662,633.	318,945.	548,076.	502,080.	491,777.	2,523,511.
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose	1,796,143.	774,852.	1,902,676.	2,684,233.	2,007,312.	9,165,216.
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						NONE
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						NONI
5	The value of services or facilities						
Ũ	furnished by a governmental unit to the						
	organization without charge						NONI
6	Total. Add lines 1 through 5	2,458,776.	1,093,797.	2,450,752.	3,186,313.	2,499,089.	11,688,727
6		2,450,770.	1,093,191.	2,450,752.	5,100,313.	2,499,009.	11,088,727
7a	Amounts included on lines 1, 2, and 3					500	00 500
h	received from disqualified persons Amounts included on lines 2 and 3	20,000.				500.	20,500
U	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						NONI
	Add lines 7a and 7b.	20,000.				500.	20,500
8	Public support. (Subtract line 7c from						
	line 6.)						11,668,227
	tion B. Total Support	() 22 (2	"	() 000 (	( )) 0 0 0 0 0	() 0000	(0 <b>T</b> )
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6	2,458,776.	1,093,797.	2,450,752.	3,186,313.	2,499,089.	11,688,727
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources	777.	597.	190.	37.	11,189.	12,790
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		1,402.	17,506.	37,052.		55,960
С	Add lines 10a and 10b	777.	1,999.	17,696.	37,089.	11,189.	68,750
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						NONI
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.) SEE SUPP PAGE					5,968.	5,968
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	2,459,553.	1,095,796.	2,468,448.	3,223,402.	2,516,246.	11,763,445
14	First 5 years. If the Form 990 is for						
	organization, check this box and stop here	0	,		,		
Sec	tion C. Computation of Public Supp						
				nn (f))		15	99.19%
15	Public support percentage for 2023 (line 8.					10	
	Public support percentage for 2023 (line 8, Public support percentage from 2022 Sche	.,	•			16	48 44%
16	Public support percentage from 2022 Sche	dule A, Part III, line	15			16	98.99%
16 Sec	Public support percentage from 2022 Sche tion D. Computation of Investment	dule A, Part III, line	e 15 entage				
16 Sec 17	Public support percentage from 2022 Sche tion D. Computation of Investment Investment income percentage for 2023 (lir	dule A, Part III, line t <b>Income Perce</b> ne 10c, column (f)	e 15 entage , divided by line 1	3, column (f))		17	0.58%
16 <b>Sec</b> 17 18	Public support percentage from 2022 Sche tion D. Computation of Investment Investment income percentage for 2023 (lin Investment income percentage from 2022 S	dule A, Part III, line <b>Income Perce</b> ie 10c, column (f) Schedule A, Part II	15 entage , divided by line 1 I, line 17	3, column (f))		17 18	0.58%
16 Sec 17 18	Public support percentage from 2022 Sche tion D. Computation of Investment Investment income percentage for 2023 (lin Investment income percentage from 2022 S 331/3% support tests - 2023. If the or	dule A, Part III, line <b>Income Perce</b> ie 10c, column (f) Schedule A, Part II ganization did no	15 e <b>ntage</b> , divided by line 1 I, line 17 tt check the box	3, column (f)) c on line 14, and	d line 15 is mo	<b>17</b> <b>18</b> rre than 331/3%,	0.58% 1.00% and line
16 Sec 17 18 19 a	Public support percentage from 2022 Sche tion D. Computation of Investment Investment income percentage for 2023 (lir Investment income percentage from 2022 S 331/3% support tests - 2023. If the or 17 is not more than 331/3%, check this	dule A, Part III, line <b>Income Perce</b> the 10c, column (f) Schedule A, Part II ganization did no box and <b>stop</b>	15 entage , divided by line 1 I, line 17 It check the boy here. The organ	3, column (f)) c on line 14, and zation qualifies a	d line 15 is mo as a publicly su	17 18 re than 331/3%, pported organizati	0.58% 1.00% and line on X
16 <b>Sec</b> 17 18 19 a	Public support percentage from 2022 Sche tion D. Computation of Investment Investment income percentage for 2023 (lir Investment income percentage from 2022 S 331/3% support tests - 2023. If the or 17 is not more than 331/3%, check this 331/3% support tests - 2022. If the organization	dule A, Part III, line <b>Income Perce</b> the 10c, column (f) Schedule A, Part II ganization did not anization did not	15 <b>entage</b> , divided by line 1 I, line 17 t check the box here. The organ check a box on	3, column (f)) c on line 14, and zation qualifies a line 14 or line 15	d line 15 is mo as a publicly su 9a, and line 16	17 18 pre than 331/3%, pported organizati is more than 331/	0.58% 1.00% and line on X 3%, and
16 <b>Sec</b> 17 18 19 a	Public support percentage from 2022 Sche tion D. Computation of Investment Investment income percentage for 2023 (lir Investment income percentage from 2022 S 331/3% support tests - 2023. If the or 17 is not more than 331/3%, check this 331/3% support tests - 2022. If the orga line 18 is not more than 331/3%, check	dule A, Part III, line <b>Income Perce</b> the 10c, column (f) Schedule A, Part II ganization did not box and <b>stop</b> this box and <b>stop</b>	15 <b>intage</b> , divided by line 1 I, line 17 it check the box here. The organ check a box on op here. The org	3, column (f)) c on line 14, and zation qualifies a line 14 or line 15 anization qualifies	d line 15 is mo as a publicly su Da, and line 16 s as a publicly	17       18       ore than 331/3 %,       pported organizati       is more than 331/       supported organizati	0.58% 1.00% and line on X 3%, and ation
16 Sec 17 18 19 a b 20	Public support percentage from 2022 Sche tion D. Computation of Investment Investment income percentage for 2023 (lir Investment income percentage from 2022 S 331/3% support tests - 2023. If the or 17 is not more than 331/3%, check this 331/3% support tests - 2022. If the organization	dule A, Part III, line <b>Income Perce</b> the 10c, column (f) Schedule A, Part II ganization did not box and <b>stop</b> this box and <b>stop</b>	15 <b>intage</b> , divided by line 1 I, line 17 it check the box here. The organ check a box on op here. The org	3, column (f)) c on line 14, and zation qualifies a line 14 or line 15 anization qualifies	d line 15 is mo as a publicly su Da, and line 16 s as a publicly	17     18     ore than 331/3 %,     pported organizati     is more than 331/     supported organizati     supported organizati     and see instruct	0.58% 1.00% and line on X 3%, and ation
17 18 19a b <u>20</u>	Public support percentage from 2022 Sche tion D. Computation of Investment Investment income percentage for 2023 (lir Investment income percentage from 2022 S 331/3% support tests - 2023. If the or 17 is not more than 331/3%, check this 331/3% support tests - 2022. If the orga line 18 is not more than 331/3%, check	dule A, Part III, line <b>Income Perce</b> the 10c, column (f) Schedule A, Part II ganization did not box and <b>stop</b> this box and <b>stop</b>	15 <b>intage</b> , divided by line 1 I, line 17 it check the box here. The organ check a box on op here. The org	3, column (f)) c on line 14, and zation qualifies a line 14 or line 15 anization qualifies	d line 15 is mo as a publicly su Da, and line 16 s as a publicly	17     18     ore than 331/3 %,     pported organizati     is more than 331/     supported organizati     supported organizati     and see instruct	0.58% 1.00% and line on X 3%, and ation

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

### Section A. All Supporting Organizations

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

Page 4

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

80-0779739

Schedule A (Form 990) 2023

JSA

Schedule A (Form 990) 2023

#### **Part IV** Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
  - **b** A family member of a person described on line 11a above?
  - c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

#### Section B. Type I Supporting Organizations

- 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.
- Did the organization operate for the benefit of any supported organization other than the supported 2 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.

#### Section C. Type II Supporting Organizations

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

#### Section D. All Type III Supporting Organizations

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

#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).					
а	The organization satisfied the Activities Test. Complete line 2 below.		,			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.					
с	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).					
_		ſ	Yes	No		
2	Activities Test. Answer lines 2a and 2b below.					
-	Did substantially all of the experimation's activities during the tay year directly further the exempt surpass of					

а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify
	those supported organizations and explain how these activities directly furthered their exempt purposes,
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

- **b** Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2a

2b

3a

Yes No

Yes No

11a 11b

11c

1

2

80-0779739

JSA 3E1230 1.000 3784XG P490 11/15/2024 14:22:16 V23-7.6F 4358.0

#### Schedule A (Form 990) 2023 Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

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

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)		
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		1	
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organized	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in <b>Part VI</b> )		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 <b>Part VI</b> ). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
C	From 2020				
d	From 2021				
e	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
<u>a</u>	Excess from 2019				
b	Excess from 2020				
<u> </u>	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				

Schedule A (Form 990) 2023

Page 8

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 A, PART III - OTHER INCOME

Schedule A (Form 990 or 990-EZ) 2023

DESCRIPTION	2019	2020	2021	2022	2023	TOTAL
SALE OF INVENTORY OTHER INCOME					5,664. 304.	5,664. 304.
TOTALS					5,968.	5,968.

#### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

2023

Employer identification number

HEALTHY KIDS RUNNING S	HEALTHY KIDS RUNNING SERIES 80-0779739				
Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private four	ndation			
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ion			
	501(c)(3) taxable private foundation				

Check if your organization is covered by the General Rule or a Special Rule.

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

#### **General Rule**

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

#### **Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

Name of o	organization HEALTHY KIDS RUNNING SERIES	Employer identification number 80-0779739		
Part I	Contributors (see instructions). Use duplicate cop	bies of Part I if additional space is n		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1_	<u>N/A</u>	\$33,150.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2	<u>N/A</u>	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3	<u>N/A</u>	\$14,805.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4	<u>N/A</u>	\$15,000.	Person X Payroll Noncash (Complete Part II for	

			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	<u>N/A</u>	\$10,000.	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

JSA 3E1253 1.000

Schedule B (Form 990) (2023)

Page 2

space is needed. (d) Date receive
stimate) (d) Date receive
stimate) (0)
stimate) (0)
stimate) (d) actions.) Date receive
stimate) (d) Inctions.) Date receive
stimate) (d) Inctions.) Date receive
stimate) (d) Ictions.) Date receive

Schedule B (Form 990) (2023)

JSA 3E1254 1.000

Schedule B (Form 990) (2023)

Page 3

Name of organization     Employer identification number       1EALUTHY KIDS RUNNING SERIES     00-0779739       2211UI     Exclusively religious, charitable, etc., contributions to organizations described in section 501(0), (8), or (10) that total more than \$1,000 for the year (from any one contributor. Complete columns (a) through (e) and the following ine entry. For organizations completing Part III. enter the total of exclusively religious, charitable, etc., contributions of \$1,100 or tess for the year. (from this information once. See instructions.) \$		(Form 990) (2023)			Page 4
Eart III       Exclusively religious, charitable, etc., contributions to organizations described in section 501(7), (8), or (10) that total more than 51,000 for the year (from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of 51,000 or less for the year. (from this information once. See instructions.) \$	Name of or	-			Employer identification number
(10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, entre total of exclusive/preligious, charatable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$         Use duplicate copies of Part III if additional space is needed.       (a) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee       (e) Transfer of gift         Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee       (e) Transfer of gift         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No.       (b) Purpose of gift <td< td=""><td></td><td></td><td></td><td></td><td></td></td<>					
(a) No. Perrit       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. Form       (e) Transfer of gift       Relationship of transferor to transferee         (a) No. Form       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. Form       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. Form       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. Form       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. Form       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (c) No. Form       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (c) No. Form       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (c) Transfer of gift       Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         (c) No. Form       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (f) No. Form       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (f) No. Form       (b) Purpose of gift       (c) U	Part III	(10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the	the year from any ons completing Par e year. (Enter this in	one contributor. C t III, enter the total formation once. Se	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,
(a) No. Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) Transfer of gift       (e) Transfer of gift       (e) Transfer of gift         (a) No. Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) Transfer of gift       (e) Transfer of gift       (d) Description of how gift is held         (a) No. Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. Part 1       (b) Purpose of gift       (c) Use of gift	(a) No. from				(d) Description of how gift is held
Image: second					
Part I		Transferee's name, address, a		-	hip of transferor to transferee
Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         (a) No. From Part1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (e) Transfer of gift       (e) Transfer of gift       (e) Transferor to transferee         (a) No. Part1       (c) Use of gift       (d) Description of how gift is held         (e) Transfer of gift       (e) Transfer of gift         (from Part1       (b) Purpose of gift       (c) Use of gift         (a) No. Part1       (b) Purpose of gift       (c) Use of gift         (a) No. Part1       (b) Purpose of gift       (c) Use of gift         (c) Transfer of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. Part1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (c) Transfer of gift       (c) Transfer of gift       (d) Description of how gift is held         (e) Transfer of gift       (e) Transfer of gift       (e) Transfer of gift         Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee	(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         (a) No. From Part1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (e) Transfer of gift       (e) Transfer of gift       (e) Transfer of gift       (f) Description of how gift is held         (a) No. From Part1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. From Part1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. From Part1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. From Part1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. From Part1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. From Part1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (e) Transfer of gift       (e) Transfer of gift       (e) Transfer of gift       (f) Transfer of transferor to transferee         (e) Transfer of gift       (f) Transfer of gift       (f) Transfer of gift       (f) Transferor to transferee         (f) Transfer of gift       (f) Transfer of gift       (f) Transferor to transferee       (f) Transferor to transferee    <					
Part 1		Transferee's name, address, a		-	hip of transferor to transferee
Part 1					
Image: Constraint of transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         Image: Constraint of transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         Image: Constraint of transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         Image: Constraint of transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         Image: Constraint of transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         Image: Constraint of transferee's name, address, and ZIP + 4       Relationship of transferor to transferee	(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Image: Constraint of transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         Image: Constraint of transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         Image: Constraint of transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         Image: Constraint of transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         Image: Constraint of transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         Image: Constraint of transferee's name, address, and ZIP + 4       Relationship of transferor to transferee			er of gift		
Part I		Transferee's name, address, a		-	hip of transferor to transferee
(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee	(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee					
		Transferee's name, address, a			hip of transferor to transferee

SCHEE	DULE 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 to Form 990.

Open to Public

2

OMB No. 1545-0047

3

			Open to Public				
_	nal Revenue Service		Go to www.irs.gov/F	Form990 for instructions and the	e latest informa		Inspection
	e of the organization					Employer identificati	
	_		NING SERIES ions Maintaining Donor Adv	and Funds or Other Simila	r Eunde or	80-07797	39
Pa	_		if the organization answered			Accounts	
	0011	picto	in the organization answered	(a) Donor advised funds		(b) Funds and c	ther accounts
1	Total number	· ot or	d of year				
1 2			nd of year f contributions to (during year)				
23			f grants from (during year)				
4			t end of year				
5			on inform all donors and donor	advisors in writing that the	assets held i	in donor advised	
•	-		nization's property, subject to the	-			Yes No
6		-	on inform all grantees, donors, a				
			purposes and not for the bene				
			issible private benefit?				Yes No
Ра			tion Easements				
			if the organization answered				
1			servation easements held by the		ply).		
			n of land for public use (for example			of a historically imp	
			f natural habitat	P	reservation c	of a certified histori	c structure
_			n of open space				
2	-		through 2d if the organization he	eld a qualified conservation co	ontribution in		
			ast day of the tax year.				End of the Tax Year
a			onservation easements			2a	
b	-		ricted by conservation easements			2b 2c	
C L			vation easements on a certified			20	
d			vation easements included on lir ructure listed in the National Reg			2d	
3			vation easements modified, tra				nization during the
5	tax year	011361	valion easements modified, tra	isierieu, releaseu, extiliguisii	eu, or termi	lated by the organ	mzation during the
4	•	ates	where property subject to conse	rvation easement is located			
5			ation have a written policy reg		ina. inspectio	on, handling of	
-	-	-	provide the conservation early the second seco			-	Yes No
6			hours devoted to monitoring, insp				ents during the year
					-		
7	Amount of ex	pense	es incurred in monitoring, inspec	ing, handling of violations, and	l enforcing co	onservation easeme	ents during the year
8			vation easement reported on line				
	and section 1	70(h)	(4)(B)(ii)?				🔄 Yes 🔛 No
9			be how the organization reports			-	
			, if applicable, the text of the foo ounting for conservation easeme	•	ancial statem	ients that describes	the
Pa			ions Maintaining Collections		s or Other	Similar Assots	
1 4			if the organization answered				
1a			elected, as permitted under FA	,	,	statement and he	alance sheet works
Ia	of art, histori service, provid	ical ti de in	reasures, or other similar asse Part XIII the text of the footnote	to its financial statements that	education, of describes the	or research in fur ese items.	therance of public
b			elected, as permitted under Fr				
	provide the fo	ollowi	sures, or other similar assets he ng amounts relating to these iter	ns:			•
	(i) Revenue	incluc	led on Form 990, Part VIII, line 1			\$ _	
			d in Form 990, Part X				
2			n received or held works of a				
			required to be reported under F.				
a			on Form 990, Part VIII, line 1.				
b	ASSETS INCLUD	ea in	Form 990, Part X	<u> </u>	<u></u>		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.						
JSA						
3E1268	1.000					
	3784XG	P490	11/15/2024	14:22:16	V23-7.6F	4358.0

Schedule D (Form 990) 2023

_	lule D (Form 990) 2023 HEALTHY					•	01 11 4		779739	
	rt III Organizations Maintaining Col									,
3	Using the organization's acquisition, accer collection items (check all that apply).	ession, and	other recor	,			-	iake sign	ificant us	se of its
а	Public exhibition		d			nge progra				
b	Scholarly research		e	Other						
С	Preservation for future generations									
4	Provide a description of the organization' XIII.		-		-		-		purpose	in Part
5	During the year, did the organization solicit							_	_	
	assets to be sold to raise funds rather than		tained as pa	rt of the o	organiza	tion's colle	ection?		Yes	No
Pa	rt IV Escrow and Custodial Arrange Complete if the organization an 990, Part X, line 21.		es" on For	n 990, F	Part IV,	line 9, or	reported a	n amour	nt on For	m
1a	Is the organization an agent, trustee, cus	stodian or o	other interm	ediarv fo	or contri	butions o	r other asse	ets not		
	included on Form 990, Part X?			-				_	Yes	No
b	If "Yes," explain the arrangement in Part X	(III and com	plete the fol	lowing tak	ole.					
				U	Γ			Amount		
с	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year				_	1e				
f	Ending balance				[	1f				
2a	Did the organization include an amount on	Form 990,	Part X, line	21, for e	scrow o	r custodia	l account lia	bility?	Yes	No
b	If "Yes," explain the arrangement in Part X	(III. Check h	nere if the ex	planation	has bee	en provideo	l in Part XIII			
Ра	rt V Endowment Funds									
	Complete if the organization an	swered "Y	es" on For	n 990, F	Part IV,	line 10.				
	(a) C	urrent year	<b>(b)</b> Prio	r year	(c) Two	years back	(d) Three ye	ears back	<b>(e)</b> Four ye	ears back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains,									
	and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the c	urrent year	end balance	e (line 1g,	column	(a)) held a	s:			
а	Board designated or quasi-endowment		%			,				
b	Permanent endowment %									
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c s									
3a	Are there endowment funds not in the pos	session of t	he organiza	tion that	are held	l and adm	inistered for	the		
	organization by:									es No
	(i) Unrelated organizations?								3a(i)	
	(ii) Related organizations?								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organ					?			3b	
4	Describe in Part XIII the intended uses of the									
Pa	rt VI Land, Buildings, and Equipmen Complete if the organization ar	t nswered "Y	es" on For	m 990 I	Part IV	line 11a	See Form	990 Pa	rt X line	10
	Description of property		or other basis	(b) Cost of			ccumulated		Book valu	
			stment)		ther)		reciation			
1a										
b	Buildings									
C	Leasehold improvements									
d	Equipment.								-	
e	Other		000 5		49,36		108,655.			,707.
Tota	I. Add lines 1a through 1e. (Column (d) mu	st equal For	m 990, Part	x, line 10	ic, colum	nn (B))	<u></u>		40	,707.

Schedule D (Form 990) 2023

#### Part VII **Investments - Other Securities** 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 (b) Book value (c) Method of valuation: (including name of security) 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, line 12, col. (B)) **Investments - Program Related** Part VIII 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, line 13, col. (B)) 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)RIGHT OF USE ASSET 145,327 (2)SECURITY DEPOSITS ASSET 6,073 (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) 151,400 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 income taxes (2) OPERATING LEASE LIABILITY 145,327 (3) (4)(5)

(7) (8)

(6)

(9)

JSA 3E1270 1.000

 Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))
 145, 327

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.

Schedule D (Form 990) 2023

Schedu	IN THEALTHY KIDS RUNNING SERIES	80-0779739	Page <b>4</b>
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	
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:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total revenue. 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 Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	rn	
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:		
а	Donated services and use of facilities		
b	Prior year adjustments		
с	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
с	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	
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.

32

Schedule D (Fo	orm 990) 2023	HEALTHY	KIDS	RUNNING	SERIES
Part XIII	Supplemental I	nformation (c	ontinue	ed)	

## 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 990-EZ.



80-0779739

Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer ide

#### FORM 990, PART VI, LINE 11

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

#### FORM 990, 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.

#### FORM 990, PART VI, LINE 15A

THE EXECUTIVE DIRECTORS COMPENSATION IS REVIEWED ANNUALY BY THE BOARD.

#### FORM 990, PART VI, LINE 15B

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

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

THE ORGANIZATION MAKES GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.

#### FORM 990, PART XI, LINE 9

ADJUSTMENT

Schedule O (Form 990 or 990-EZ) 2023	Page 2
Name of the organization	Employer identification number
HEALTHY KIDS RUNNING SERIES	80-0779739

FORM 990, PART III - PROGRAM SERVICE

# LINE 4B, PROGRAM SERVICE

HKRS RAISES FUNDS TO OFFER PROGRAMING IN UNDERSERVED COMMUNITIES. AS WELL AS REGISTRATION ASSISTANCE FOR FAMILIES WITH FINANCIAL THE FUND'S GOAL IS TO ENSURE THAT EVERY CHILD WHO WANTS TO NEED. RUN WITH HKRS IS ABLE TO DO SO AND THERE ARE NO ECONOMIC BARRIERS TO PARTICIPATION. HKRS IS ALSO COMMITTED TO BRINGING ITS PROGRAMMING TO COMMUNITIES THAT HAVE HISTORICALLY HAD LIMITED ACCESS TO HEALTHY ACTIVITIES FOR CHILDREN INCLUDING LOW-INCOME, URBAN AREAS. HKRS IS COMMITTED TO OFFERING AN INCLUSIVE PROGRAM, INCLUDING RACE OPPORTUNITIES FOR CHILDREN WITH SPECIAL NEEDS AND/ OR DISABILITIES WHO ARE OFTEN EXCLUDED FROM TRADITIONAL YOUTH SPORTS. HKRS HAS FORMED STRATEGIC PARTNERSHIPS WITH ORGANIZATIONS SUCH AS THE CHILDREN'S HOSPITAL OF PHILADELPHIA TO SUPPORT PROGRAMMING IN UNDERSERVED COMMUNITIES. IN 2023 HKRS HAD SIX LOCATIONS IN ITS UNDERSERVED COMMUNITY PROGRAM: NORRISTOWN, PA; CHESTER, PA; CAMDEN, NJ; SAN JUAN, PR; WEST OAK LANE, PA; AND WEST PHILADELPHIA, PA

JSA