Form

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

OMB No. 1545-0047 2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service

<u>A</u>	For the 2022	calendar year, or tax year beginning	,	and ending					
<u>B</u>	Check if applicable:	C Name of organization					D Employer	identification number	
	Address change	FOR KIDS	FOUNDATION						
П	Name change	Doing business as	nen			\mathbf{p}		093964	
二		Number and street (or P.O. box if mail is not delivered PO BOX 5153	d to street address)	GU	UU	Room/suite	E Telephone	number 741-5231	
ш	Initial return Final return/	City or town, state or province, country, and ZIP or fo	reign postal code				-113-	741-3251	—
	terminated						- 0	561 05	: ၁
	Amended return	RENO F Name and address of principal officer:	NV 89513				G Gross rece	eipts \$ 561,85	
同	Application pending					H(a) Is this a gr	oup return for si	ubordinates? Yes X	No
ш		ANNIE GONI-STEWART PO BOX 5153				H(b) Are all sub	ordinatos inclu	ded? Yes	No
			NV 8	0513		1 ''		See instructions	•••
_	_	RENO					attaori a not. C	See mondelone	
<u> </u>	Tax-exempt status		sert no.)	4947(a)(1) or	527				
<u>J</u>		WWW.FORKIDSFOUNDATION.				H(c) Group exe			
	Form of organization		Other		L	Year of formation: 2	003	M State of legal domicile:	1 /
	1	ummary							—
	1	lescribe the organization's mission or most s	ignificant activities	s:					
92	SEE	SCHEDULE O							
Governance									
Š									
တိ		his box if the organization discontinued		aisposea ot mo	re than 25%	of its net assets.	ا م ا	1.0	
∘ర		of voting members of the governing body (P						10	—
ties	4 Numbe	of independent voting members of the gover	ning body (Part \	/I, line 1b)			4	10	_
Activities		mber of individuals employed in calendar year	ar 2022 (Part V, li	ne 2a)				1	_
Ac	1	imber of volunteers (estimate if necessary)					. 6	30	_
	7a Total u	related business revenue from Part VIII, colu	mn (C), line 12				7a		0
	b Net unr	elated business taxable income from Form 99	0-T, Part I, line 1	<u> 1</u>					0
	9 Constrib	tions and grants (Part VIII line 1h)				Prior Yea	2,151	Current Year 464,32	0
ne	8 Contrib	itions and grants (Part VIII, line 1h)				30	Z, ISI	404,32	0
Revenue	9 Program	n service revenue (Part VIII, line 2g)					49	69	<u> </u>
Re	10 Investm	ent income (Part VIII, column (A), lines 3, 4,	and /d)						
		evenue (Part VIII, column (A), lines 5, 6d, 8c,					5,166	3,73	
		venue – add lines 8 through 11 (must equal l					7,366	468,74	
		and similar amounts paid (Part IX, column (A				<u> </u>	7,448	232,65	<u>3</u>
		paid to or for members (Part IX, column (A),				F	C 757	70 (1	<u>U</u>
es	15 Salaries	, other compensation, employee benefits (Pa onal fundraising fees (Part IX, column (A), lir ndraising expenses (Part IX, column (D), line	rt IX, column (A),	, lines 5–10)		5	6,757	70,61	
Expenses	16a Profess	onal fundraising fees (Part IX, column (A), lir	ie 11e)						0
×				4./,8	820	1.0	7 7 7 1	71 75	_
_		xpenses (Part IX, column (A), lines 11a-11d,					7,751	71,75	
		penses. Add lines 13–17 (must equal Part IX		25)			1,956	375,02	
		e less expenses. Subtract line 18 from line 1:	<u>2</u>			Beginning of Cu	5,410	93,72 End of Year	
ts o	20 Total a	sets (Part X, line 16)					2,890	376,61	7
Net Assets or	21 Total lia	Lilling (Deat V. Erre 00)				20	0	370701	,
Net	21 Total lie	ets or fund balances. Subtract line 21 from lir				28	2,890	376,61	<u> </u>
_		ignature Block	20				2,000	370,01	<u> </u>
		perjury, I declare that I have examined this return	n including accom	nanvina schedule	es and statem	ents and to the hes	t of my knov	wledge and helief it is	_
		complete. Declaration of preparer (other than office						nougo and bollot, it is	
									_
Sig	Signati	re of officer					Date		_
He		IIE GONI-STEWART		EXE	CUTIVE	DIRECTOR	?		
		print name and title							_
		pe preparer's name	Preparer's signature	1		Date	Check	if PTIN	—
Pai	ٔ ا	A. JACKSON, CPA	MARK A. JACI			05/05		□ "	
	parer Firm's		SON CPAS			' i	Firm's EIN	81-4751082	—
	e Only	1755 E PLUMB L		•		F	IIII S EIIN	01 1/01002	—
	·	DEMO ME COLO		•			Phono no	775-360-591	n
— May	Firm's v the IRS discu	ss this return with the preparer shown above					Phone no.	X Yes N	_

Pa	t III	Statement of Prog Check if Schedule C			e in this Part III			X
		scribe the organization's n	nission:					
	•	Publ	ic In	SDAC	etion.			
		rganization undertake any	significant program servic	es during the year which	were not listed on the			Yes X No
		n 990 or 990-EZ?describe these new service					L	_ res A No
	Did the o services?	rganization cease conducti		_			Г	Yes X No
		describe these changes on	Schedule O.				L	_ 1es 21 NO
		the organization's program . Section 501(c)(3) and 50						
		expenses, and revenue, if			lount of grants and alloc	auons to others,		
C:		EN WITH SPEC	, FINANCIAL,		DENTAL ASSI		TO ASS	
Ŀ.	XISTE	IN I.						
	·							
	(Code: / A) (Expenses \$		including grants of \$.) (Revenue	\$)
	·							
	•							
	(Code:) (Expenses \$		including grants of \$.) (Revenue	\$	·)
IN	′. Г 							
	·							
	•							
		ogram services (Describe o						
	(Expense Total pro	s \$ gram service expenses	including grants (of \$ 496) (Revenue \$)	

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ complete Schedule A Χ 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ candidates for public office? If "Yes," complete Schedule C, Part I 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 Χ 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Χ 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 Χ 6 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 Χ 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Χ 8 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Χ 9 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V Χ 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Χ 11a b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c Χ d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Χ 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Χ 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Χ 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ Schedule D, Parts XI and XII **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Χ 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Χ assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Χ 17 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 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 Χ Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Χ 20a 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Χ

Pa	art IV Checklist of Required Schedules (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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		7	
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
2 -10	\$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 School lo K. If this 2 go to line 25g	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		25
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defence any tay exempt hands?	24c		
4	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		24u		
25a	transaction with a disquilified parson during the year? If "Vos." complete Schedule I. Part I.	25a		X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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?	251		v
00	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%			37
	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			3.7
	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			3.7
_	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			3.7
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			3.7
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			l
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			l
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			1
_	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	Fig. 11		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		<u> </u>

<u> Pa</u>	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ed)			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	1				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority o	ver,	V			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account,	count)	?	4a		X	
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial According	ounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	?		5b		X	
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of						
	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 good	ls					
	and services provided to the payor?			7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was						
	required to file Form 8282?		,	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit control			7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f 7g			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained b	-					
_				8			
9	Sponsoring organizations maintaining donor advised funds.			00			
a	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9a 9b			
b 10	Section 501(c)(7) organizations. Enter:			90			
	Initiation fees and capital contributions included on Part VIII, line 12	10a					
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a					
11	Section 501(c)(12) organizations. Enter:	100					
''	Gross income from members or shareholders	11a					
	Gross income from other sources. (Do not net amounts due or paid to other sources	u					
-	against amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10			12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	le the experientian licensed to incur qualified health plane in more than one state?			13a			
	Note: See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which						
	the organization is licensed to issue qualified health plans	13b					
С	Enter the amount of reserves on hand	13c					
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration						
	excess parachute payment(s) during the year?			15		X	
	If "Yes," see instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	ome?		16		X	
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17			
	If "Yes." complete Form 6069.						

75-3093964 Form 990 (2022) FOR KIDS FOUNDATION Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 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. Enter the number of voting members included on line 1a, above, who are independent 10 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ any other officer, director, trustee, or key employee? 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? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? Χ b 8b 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 Χ Section 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 Χ If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. b Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Χ 15a Χ Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ... Section C. Disclosure NONE 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. \overline{X} Own website \overline{X} Another's website \overline{X} Upon request \overline{X} Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

PO BOX 5153

DAA

RENO

ANNIE GONI-STEWART

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

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

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

- 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 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.

\Box		•				
	Check this box if neither the organization	nor any related	organization	compensated any	current officer.	director, or trustee.
-			3	,	,	,

(A) Name and title	(B) Average hours per week	bo	x, unle	ess pe	ition more rson is	than one s both ar or/trustee	n	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) ANNIE GONI-STEWA										
EXECUTIVE DIRECTOR	40.00			Х				60,500	0	5,521
(2) CESAR QUINTANILI								007300	<u> </u>	37321
BOARD CHAIR	2.00	Х		Х				0	0	0
(3) LINDSEY YORK	0.00	25						Ŭ	<u> </u>	
	1.00							_		
VICE CHAIR (4) TAYONA TATE	0.00	X		Х				0	0	0
(4) TATONA TATE	1.00									
SECRETARY	0.00	Х		Х				0	0	0
(5) MICHAEL NORMAN										
DIRECTOR	1.00	Х						0	0	0
(6) KYLE V. ROBERTSO	N									
DIRECTOR	2.50	Х						0	0	0
(7) MICHELLE HARRING										
DIRECTOR	1.00	Х						0	0	0
(8) FABIOLA FRANCO	0.00	25						Ŭ	0	0
DIRECTOR	0.50	Х						0	0	0
(9) ALLIE BERKOWITZ	0.00	Δ.						0	0	<u> </u>
(c) The series of the series o	1.00									
DIRECTOR	0.00	Х						0	0	0
(10) MEGAN EVANS	0.50									
DIRECTOR	0.50	Х						0	0	0
(11) JANELL GARCIA										
	0.50							_	_	
DIRECTOR	0.00	Х						0	0	Form 990 (2022)

Pa	(A) Name and title	(B) Average hours per week	(d	lo not	- (C) sition more erson i	than o	one an	(D) Reportable compensation	(E) Reportable compensation	E	(F) stimated	er	
	Pub	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)		from the compens of t	ne n and	6
1b c d 2	Total from continuation shee Total (add lines 1b and 1c) Total number of individuals (increportable compensation from	ets to Part VII, S	ectio	on A		 	 		60,500 60,500 who received more than \$1	00,000 of		5,521 5,521		
3 4 5	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organi individual Did any person listed on line 1a	rmer officer, directly complete Scheduler, 1a, is the sum of zations greater the complete scheduler.	le J f rep nan : ue co	trust for soortal \$150	such ble co 0,000° ensat	indivomper If " In the including in the individual individual in the individual individual in the individual individual in the individual individ	riduai ensa Yes, rom	tion " col	and other compensation from the such and other such and the such an arrest and the such as the su	m the dividual		3 4	Yes	X X
Sect	for services rendered to the orgion B. Independent Contractor		s," c	omp	lete S	Sche	dule	J fc	or such person			5		Х
1	Complete this table for your five compensation from the organization													
	Name and	(A) business address							Descrip	(B) tion of services		Cor	(C) npensati	ion
	Total number of independent	ontractors /inch!	na I-	N 14	ot li-	nito 4	to 41-	1005	listed above) who					
2	Total number of independent or received more than \$100,000 c							iose	iipren anone) muo	0				

	it V			edule O conta	<u>ins</u> a	respor	nse or note	to any line in this	Part VIII		<u></u> .
								(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
សិស	1a	Federated camp	aigns	Slic	1a	In	Ch	Octi		Cor	
rant	.u h	Membership due	_)(,	1b		15TU) \/
۾ ۾	c	Fundraising ever			1c		27,565				
ifts, ır A	q	Related organiza			1d		277203				
mils	e	Government grants (co			1e						
Sil	f	All other contributions,									
utic		and similar amounts no			1f		436,763				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions lines 1a-1f			1g	\$	105,511				
Con	h	Total. Add lines						464,328			
							Business Code	, , , ,			
a)	2a										
Vice	b										
Ser	С										
am	d										
Program Service Revenue	е										
Б	f	All other progran									
		Total. Add lines								•	
		Investment incon									
		other similar am		-				690			690
	4	Income from inve	,								
	5	Royalties									
		•		(i) Real			Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6c								
	d	Net rental incom	e or (lo	oss)							
	7a	Gross amount from		(i) Securities		(i	ii) Other				
		sales of assets other than inventory	7a	64	689						
e	b	Less: cost or other									
Other Revenue		basis and sales exps.	7b	64	689						
Rev	С	Gain or (loss)	7c								
e	d	Net gain or (loss)		<u> </u>						
ğ		Gross income from									
		(not including \$		27,565							
		of contributions rep	orted o	n line							
		1c). See Part IV, lir	ne 18		8a		32,145				
	b	Less: direct expe	enses		8b		28,415				
	С	Net income or (le	oss) fro	om fundraising e	vents .			3,730			3,730
	9a	Gross income from									
		activities. See Pa	art IV, I	line 19	9a						
	b	Less: direct expe	enses		9b						
	С	Net income or (le	oss) fro	om gaming activi	ties						
	10a	Gross sales of in		• •							
		returns and allow			10a						
	b	Less: cost of goo	ods sol	d	10b						
	С	Net income or (le	oss) fro	om sales of inver	ntory						
တ							Business Code				
eon	11a										
lan	b										
Miscellaneous Revenue	С										
Ξ̈́		All other revenue									
		Total. Add lines									
	12	Total revenue.	See in	structions	<u>.</u>			468,748	(0	4,420

Form 990 (2022)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) (B) (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, Total expenses Program service 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 232,653 232,653 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 14,525 66,021 13,204 38,292 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 4,590 2,662 918 1,010 10 Fees for services (nonemployees): a Management Legal c Accounting Professional fundraising services. See Part IV, line 17 Investment management fees **g** Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 2,821 214 2,607 12 Advertising and promotion 7,212 7,212 $6,\overline{484}$ 218 1,678 4,588 Office expenses 13 Information technology 3,570 1,629 14 1.941 Royalties 15 16 Occupancy 1,271 280 737 254 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 328 328 19 Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 2,835 165 1,620 1,050 23 Insurance 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.) DONATIONS 38,422 38,422 SUPPLIES 4,018 2.094 1,924 TELEPHONE 2,662 58 2,452 152 205 205 WEBSITE 949 539 d 1,185 ,185 e All other expenses 375,021 291,496 35,699 47,826 Total functional expenses. Add lines 1 through 24e ... Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here | if following SOP 98-2 (ASC 958-720)

Total liabilities and net assets/fund balances

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 282,890 376,617 Cash—non-interest-bearing Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c Investments—publicly traded securities 11 11 Investments—other securities. See Part IV, line 11 12 Investments—program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 282,890 376,617 16 16 Accounts payable and accrued expenses 17 17 Grants payable 18 18 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0 0 26 **Total liabilities.** Add lines 17 through 25... 26 Organizations that follow FASB ASC 958, check here Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 282,890 376,617 27 27 Net assets with donor restrictions 28 Fund Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. ō Capital stock or trust principal, or current funds 29 29 Assets Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 282,890 376,617 ğ 32 32 282,890 376,617

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI					╜		
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>748</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2				021		
3	Revenue less expenses. Subtract line 2 from line 1	3				727		
4	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		28	32,8	<u>890</u>		
5 Net unrealized gains (losses) on investments								
6 Donated services and use of facilities 6								
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B))	10		3'	76,0	<u>617</u>		
Pa	rt XII Financial Statements and Reporting					_		
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	 ,		ᆜ		
			_		Yes	No		
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		I					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on							
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_		
	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		X		
	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?		-	3a				
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** (2022)

SCHEDULE A

(Form 990)

Public Charity Status and Public Support

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-EZ.

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

Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

Employer identification number FOR KIDS FOUNDATION 75-3093964

1	Ш	A church, cor	nvention of churches, or asso	ciation of churches described in	section '	I70(b)(1)(A)(i).								
2	Ш	A school desc	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E (Form 9	990).)										
3		A hospital or	a cooperative hospital service	e organization described in secti	on 170(b)(1)(A)(iii)									
4		A medical res	search organization operated	in conjunction with a hospital des	scribed in	section	170(b)(1)(A)(iii). Enter the hosp	oital's name,							
		city, and state	: :												
5		An organization	on operated for the benefit of	a college or university owned or	operated	by a gove	ernmental unit described in								
	_	-	(b)(1)(A)(iv). (Complete Part I	•	•	, ,									
6				vernmental unit described in sec	tion 170	(b)(1)(A)(v	/).								
7	П		•	ubstantial part of its support from											
	ш	-	section 170(b)(1)(A)(vi). (Co		- g- · · · ·		a gerrera. p.a								
8					.)										
9	П	-		ribed in section 170(b)(1)(A)(ix)	•	in coniur	action with a land-grant college								
-	ш	-	_	agriculture (see instructions). En	•	-	-								
		university:	Ů Ů	,			3								
10	X	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross													
	_	receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its													
		support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses													
		acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)													
11	Ш	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).													
12	Ш	-	•	clusively for the benefit of, to per											
				, , , ,	•	•		Check							
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) . See section 509(a)(3) . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.													
	а														
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the													
		supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having													
	b						• ,, ,								
			on(s). You must complete I	ng organization vested in the sar	ne person	s mai cor	ittol or manage the supported								
	•	\Box	•		n oonnoot	ion with	and functionally integrated with								
	С			upporting organization operated in ructions). You must complete P											
	d	\Box	• ,,,,	. A supporting organization opera)							
	-			organization generally must satis				,							
		requireme	ent (see instructions). You m	ust complete Part IV, Sections	A and D	, and Par	t V.								
	е	Check this	s box if the organization recei	ived a written determination from	the IRS th	nat it is a	Type I, Type II, Type III								
		functional	ly integrated, or Type III non	-functionally integrated supporting	g organiza	ition.									
	f		nber of supported organization												
	g	Provide the fo	ollowing information about the	supported organization(s).	1			T							
(i)		e of supported	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of							
	org	ganization		(described on lines 1–10 above (see instructions))	-	ur governing ment?	support (see	other support (see							
				above (see instructions))	Yes	No	instructions)	instructions)							
/A\					162	NO									
(A)															
(5)															
(B)															
<i>(</i> 6)															
(C)															
(D)															
(E)															
Total															
		nuaule Daductice		to: Form 000 or 000 F7				Cabadula A /Carm 000\ 0000							

Page 2

Schedule A (For	m 990) 2022	FOR	KIDS	FOUNDATION		75-3093964
Part II Suppor		chedule for Org	ganizatio	ns Described in	Sections	170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete	only if you check	ed the b	ox on line 5, 7, or	8 of Part	I or if the organization failed to qualify under
	Part III. If t	ne organization f	ails to qu	alify under the te	sts listed b	elow, please complete Part III.)

Sec	tion A. Public Support											
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	Ins	spe	Ctio	n	50	P	y				
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	Total. Add lines 1 through 3											
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)											
6	Public support. Subtract line 5 from line 4											
	tion B. Total Support					•						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2	(f) Total				
7	Amounts from line 4											
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources											
9	Net income from unrelated business activities, whether or not the business is regularly carried on											
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)											
11	Total support. Add lines 7 through 10											
12	Gross receipts from related activities, etc. (see instructions)					12					
13	First 5 years. If the Form 990 is for the org											
	organization, check this box and stop here						<u></u>					
Sec	tion C. Computation of Public Su											
14	Public support percentage for 2022 (line 6,	column (f) divided I	oy line 11, column	(f))			14	%				
15	Public support percentage from 2021 Scheo	lule A, Part II, line	14				15	%				
16a	33 1/3% support test—2022. If the organization	zation did not checl	k the box on line 13	, and line 14 is 33	1/3% or more, ched	ck this						
	box and stop here. The organization qualifi	es as a publicly su	ipported organization	n								
b	33 1/3% support test—2021. If the organize	zation did not checl	k a box on line 13 c	or 16a, and line 15 i	s 33 1/3% or more	, check						
	this box and stop here. The organization q	ualifies as a public	ly supported organi	zation								
17a	10%-facts-and-circumstances test—202	2. If the organization	on did not check a b	oox on line 13, 16a,	or 16b, and line 14	l is						
	10% or more, and if the organization meets	the facts-and-circu	ımstances test, che	ck this box and sto	op here. Explain in							
	Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization											
b	10%-facts-and-circumstances test—202											
	15 is 10% or more, and if the organization is	meets the facts-and	d-circumstances tes	t, check this box ar	nd stop here. Exp	ain						
	in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported											
	organization											
18	Private foundation. If the organization did											
	instructions											

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

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

Sac	tion A. Public Support	quality under the	e tests listed be	elow, please co	mpiete Part II.)	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2010	(6) 2010	(6) 2525	(u) 2021	(c) EGEE	(i) Total
•	received. (Do not include any "unusual grants.")	225,934	263,880	289,268	327,437	467,058	1,573,577
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						J
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	225,934	263,880	289,268	327,437	467,058	1,573,577
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						1 572 577
Sec	tion B. Total Support						1,573,577
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	225,934	263,880	289,268	327,437	467,058	1,573,577
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		109	122	49	690	970
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b		109	122	49	690	970
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	225,934	263,989	289,390	327,486	467,748	1,574,547
14	First 5 years. If the Form 990 is for the org	-					
500	organization, check this box and stop here tion C. Computation of Public Su				<u></u>		
15	Public support percentage for 2022 (line 8,			f\\		15	00.04%
16	Public support percentage from 2021 Scheo	dule A Part III line	iy iine 13, columin (15	'''		16	99.94 % 96.53 %
	tion D. Computation of Investme					10	90.53 70
17	Investment income percentage for 2022 (lir			olumn (f))		17	%
18	Investment income percentage from 2021		r 4=			4.0	%
19a	33 1/3% support tests—2022. If the organ						
	17 is not more than 33 1/3%, check this box	x and stop here. Th	e organization qua	lifies as a publicly s	supported organiza	ition	X
b	33 1/3% support tests—2021. If the organ						
	line 18 is not more than 33 1/3%, check this		-				
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19h	o, check this box ar	nd see instructions		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on 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

- 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.
- 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?
- 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		///	
) [Yes	No
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Par	t IV Supporting Organizations (continued)			
		\Box	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a	_	
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,		У	
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Caati	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		., I	
	Minimum 1970 and a construction of the Property of the Construction of the Constructio		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			
Secti	the supported organization(s). on D. All Type III Supporting Organizations	1		
0001.	on privile type in eappering enganizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	_		
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 Part VI how you supported a governmental entity (see instruction	ns).		
2	Activities Test. Answer lines 2a and 2b below.	\Box	Yes	No
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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	niza	ation	s				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See							
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sect	Section A – Adjusted Net Income (A) Prior Year							
	OIT A Pagasaca rea mounte		\perp	(A) I floi Teal	(optional)			
1_	Net short-term capital gain	1			h)//			
2	Recoveries of prior-year distributions	2	4					
3_	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or collection							
	of gross income or for management, conservation, or maintenance of							
	property held for production of income (see instructions)	6						
7	Other expenses (see instructions)	7						
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8						
Sect	on B – Minimum Asset Amount			(A) Prior Year	(B) Current 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						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	e Discount claimed for blockage or other factors							
	(explain in detail in Part VI):		_					
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3_	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,							
	see instructions).	4	_					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	_					
6_	Multiply line 5 by 0.035.	6						
7	Recoveries of prior-year distributions	7	_					
8_	Minimum Asset Amount (add line 7 to line 6)	8	_					
Sect	on 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	Income tax imposed in prior year	5						
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 Typ	e III	suppo	orting organization				

Schedule A (Form 990) 2022

(see instructions).

75-3093964 Schedule A (Form 990) 2022 FOR KIDS FOUNDATION Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 9 Distributable amount for 2022 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) **Excess Distributions** Underdistributions Distributable Section E – Distribution Allocations (see instructions) Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 **c** From 2019 **d** From 2020 **e** From 2021 f Total of lines 3a through 3e **g** Applied to underdistributions of prior years **h** Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 ...

Schedule A (Form 990) 2022

c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Forn	n 990) 2022	FOR	KIDS	FOUNDATIO:	N		75-3093964	Page 8
Part VI	Supplement					Part II, line 10:	Part II, line 17a or	
							b, and 11c; Part IV,	
	B lines 1 and	d 2: Part IV. Se	ction C	ine 1: Part IV	Section D. lines	s 2 and 3· Part	IV, Section E, lines	1c 2a 2h
	32 and 3h: E	Part \/ ling 1: D	art V Sc	ection R line 1e	· Part \/ Soction	on Dinos 5 6	, and 8; and Part V,	Section E
	lines 2 5 an	nd 6. Also comp	doto this	part for any ad	ditional informa	otion (See inst	ructions)	Section L,
	111165 Z, J, all	id 0. Also comp	nete tilis	part for arry au	iditional informa	alion. (See mai	ructions.)	
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DAA

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF.

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

Employer identification number

FOR KIDS FOUND	PATION 75-30	093964					
Organization type (check one)		JPy					
Filers of:	Section:						
Form 990 or 990-EZ	\overline{X} 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
, 0	vered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General Rule							
	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 roperty) from any one contributor. Complete Parts I and II. See instructions for determining a ibutions.						
Special Rules							
regulations under section 16b, and that received	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or in (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.							
contributor, during the contributions totaled moduring the year for an elementary contributions.	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 is	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it						

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

Page 2

FOR	KIDS FOUNDATION		-3093964
Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1	i dono mapet	\$ 55,000	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
. 2		\$ 15,000	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		\$ 5,000	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
.4		\$ 5,000	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
.5	Training data soon, tilled all 1 T	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
6	Name, address, and ZIF + 4	\$ 15,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

Name of organization

FOR KIDS FOUNDATION

Employer identification number 75-3093964

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.7	i done mapet	\$ 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
.8		\$ 25,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$ 60,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c)	(d) Type of contribution
10	Name, address, and ZIP + 4	\$ 22,000	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
11		\$ 20,000	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
.12.		\$ 7,500	Person X Payroll Noncash

Page 2 Schedule B (Form 990) (2022) Employer identification number Name of organization FOR KIDS FOUNDATION 75-3093964 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 5,000	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
14		\$ 5,000	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
.15		\$ 7,418	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
		Total contributions	Person Payroll Noncash (Complete Part II for
No. (a)	Name, address, and ZIP + 4	Total contributions \$ (c)	Person Payroll Noncash (Complete Part II for noncash contributions.)
No. (a)	Name, address, and ZIP + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution Person Payroll Noncash (Complete Part II for

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

2022

Open to Public

Name of the organization Employer identification number 75-3093964 FOR KIDS FOUNDATION Fundraising Activities. Complete if the organization answered Part I "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events C d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col. (i) Yes No 1 6 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

FOR KIDS FOUNDATION 75-3093964 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE TOURNAMENT (add col. (a) through col. (c)) (total number) (event type) 59,710 59,710 Gross receipts 2 Less: Contributions 27,565 27,565 3 Gross income (line 1 minus 32,145 line 2) 32,145 2,400 2,400 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 24,156 24,156 7 Food and beverages 8 Entertainment 1,859 1,859 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 28,415 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes **Direct Expenses** 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

Sche	dule G (Form 990) 2022	FOR KIDS FOU	UNDATION		75-3093964	Page 3
1	Does the organization conduc					Yes No
2	Is the organization a grantor, I	beneficiary or trustee of a	a trust, or a member of a	partnership or other entity		
	formed to administer charitable	le gaming?				Yes No
3	Indicate the percentage of gar	-			1	1
а	The organization's facility An outside facility					13a %
b	An outside facility				L	13b %
4	Enter the name and address	of the person who prepa	res the organization's ga	ming/special events books ar	nd	\mathcal{O} y
	records:					
	Name					
	A. I. I					
	Address					
I5a	Does the organization have a	contract with a third part	ty from whom the organic	zation receives gaming		
Ja		•				☐ Yes ☐ No
b	If "Yes," enter the amount of g	amina revenue received		¢	and the	1e3 NO
	amount of gaming revenue re		\$		and the	
С	If "Yes," enter name and addr		Ψ			
	ii 100, ontor ramo ana adar	ooc or the time party.				
	Name					
	Address					
6	Gaming manager information:	:				
	Name					
	Gaming manager compensation	tion \$				
	Description of services provid	ded				
	Director/officer	Employee	☐ Independent of	ontractor		
	Director/officer	Employee	Independent co	onitactor		
7	Mandatory distributions:					
a	Is the organization required un	nder state law to make c	haritable distributions fro	m the gaming proceeds to		
-	retain the state gaming license					☐ Yes ☐ No
b	Enter the amount of distribution	ons required under state	law to be distributed to c	other exempt organizations or		
	spent in the organization's ow			1 1 2 1		
Pa	rt IV Supplemental	Information. Provi	de the explanations	required by Part I, line	2b, columns (iii) and	d (v); and
	Part III, lines 9,	, 9b, 10b, 15b, 15c,	16, and 17b, as ap	plicable. Also provide a	any additional informa	ation.
	See instruction	IS.				

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

2022 Open to Public Inspection

Schedule I (Form 990) (2022)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Employer identification number Name of the organization FOR KIDS FOUNDATION 75-3093964 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part II Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (c) IRC (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of (h) Purpose of grant (g) Description of (book, FMV, appraisal, section or assistance or government grant noncash assistance noncash assistance (if applicable) other) (1) (2) (3) (4) (5) (6) (7) (8) (9) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to	o Domestic Individua	Is. Complete if the o	rganization answered	"Yes" on Form 990, Part I\	/, line 22.
Part III can be duplicated if additi	onal space is needed.				
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
Public	recipients	cash grant	noncash assistance	FMV, appraisal, other)	
	HOU			UV	
1 CAMP/SUMMER SCHOOL		1,660)		
2 CAR SEATS/ADAPTIVE		3,662			
3 CHILD CARE		12,389			
4 CLOTHES/SHOES		924			
5 DENTAL		18,591			
6 DIAPERS/FORMULA/INFANT		3,777			
7 EDUCATION		39,449			
Part IV Supplemental Information. Prov	vide the information red	quired in Part I, line 2	2; Part III, column (b);	and any other additional in	nformation.
• • • • • • • • • • • • • • • • • • • •					
•••••					
• • • • • • • • • • • • • • • • • • • •					
• • • • • • • • • • • • • • • • • • • •					
• • • • • • • • • • • • • • • • • • • •					

Part III Grants and Other Assistance to		Is. Complete if the or	ganization answered	"Yes" on Form 990, Part IV	V, line 22.
Part III can be duplicated if addition					
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
PHOLIC	recipients	cash grant	noncash assistance	FMV, appraisal, other)	
1 EQUINE THERAPY	111304	21,420	1 00	Py	
2 FURNITURE/BEDDING		9,699			
3 MEDICAL		60,890			
4 ORTHODONTIA		14,983			
5 PSYCHOLOGICAL/WELL-BEING		23,133			
6 SERVICE ANIMALS		3,600			
7 SPORTS PARTICIPATION		12,034			
Part IV Supplemental Information. Prov	ride the information red	quired in Part I, line 2	; Part III, column (b);	and any other additional in	nformation.
••••••					

Part III Grants and Other Assistance to Part III can be duplicated if additional additio			ganization answered	"Yes" on Form 990, Part I	/, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 TRAVEL	mape	2,100	1 60	РУ	
2 VISION/EXAM/GLASSES/CONTA		4,342			
3					
4					
5					
6					
7	ide the information of	and a dia Death line of). Don't III. and once (h).		
Part IV Supplemental Information. Prov	ride the information re	quired in Part I, line 2	; Part III, column (b);	and any other additional li	nformation.
• • • • • • • • • • • • • • • • • • • •					
• • • • • • • • • • • • • • • • • • • •					
•					
•					

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Employer identification number

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Name	of the organization			1! -	Employer identification			
	FOR KIDS	FOUNI	DATION	ACTIO	75-309396	4		
Pa	art I Types of Property			GULU		<u> </u>		
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determining			
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amou	ınts		
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded	X	1	64,689	FAIRVALUE			
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							
	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution — Historic							
	structures							
14	Qualified conservation							
	contribution — Other							
15	Real estate — Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (VARIOUS)	X	2	40,822	MARKET VALUE			
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the	ne organiza	ation during the tax year for	or contributions for				
	which the organization completed For	m 8283, P	art V, Donee Acknowledg	ement	29			
							Yes	No
30a	During the year, did the organization r	eceive by	contribution any property	reported in Part I, lines 1 the	rough			l
	28, that it must hold for at least 3 year			ition, and which isn't require	d to be			
	used for exempt purposes for the enti-	re holding	period?			30a		X
b	If "Yes," describe the arrangement in	Part II.						
31	Does the organization have a gift acce	eptance po	licy that requires the review	ew of any nonstandard				
						31		Х
32a	Does the organization hire or use third	d parties o	r related organizations to	solicit, process, or sell nonc	ash			
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount	ount in colu	umn (c) for a type of prop	erty for which column (a) is	checked,			
	describe in Part II.							

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether organization is reporting in Part I, column (b), the number of contributions, the number of items record a combination of both. Also complete this part for any additional information.							whether eceived,
						Cop	У

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection Employer identification number

75-3093964 KIDS FOUNDATION

FORM 990 - ORGANIZATION'S MISSION
THE PURPOSE OF THIS CORPORATION IS TO SERVE NEEDY CHILDREN BY OBTAINING
FUNDING FOR MEDICAL, DENTAL, MENTAL HEALTH, AND OTHER NECESSARY SERVICES
WHICH ARE OTHERWISE UNAVAILABLE, WITHOUT DISCRIMINATION ON THE BASIS OF
RACE, RELIGION, SEX, GENDER, SEXUAL ORIENTATION, GENDER IDENTITY,
DISABILITY OR NATIONAL ORIGIN. IN ADDITION, THE CORPORATION MAY ENGAGE IN
ANY OTHER LAWFUL ACTIVITY FOR WHICH A NONPROFIT CORPORATION MAY BE
ORGANIZED UNDER NEVADA LAW.
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
BOARD OF DIRECTORS REVIEW FINANCIALS BEFORE SUBMITTING TO CPA TO PREPARE
THE FORM 990. EACH BOARD MEMBER/DIRECTOR IS GIVEN A COPY OF THE RETURN
ONCE THE RETURN IS COMPLETED.
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES
COMPLIANCE OVER THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS.
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
BOARD OF DIRECTORS INTERVIEW AND VOTE ON EXECUTIVE DIRECTORS COMPENSATION.
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 2021 Open to Public Inspection

<u>A</u>	For the 2021	calendar year, or tax year beginning , and ending							
В	Check if applicable:	C Name of organization D Employer identification number							
	Address change								
=	Ŭ	Doing business as		75-3	093964				
Ш	Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number					
	Initial return	PO BOX 5153		775-741-5231					
Ħ	Final return/	City or town, state or province, country, and ZIP or foreign postal code	•						
\sqcup	terminated	RENO NV 89513		O Cross ro	ceipts\$ 524,345				
	Amended return Amended return Amended return Amended return F Name and address of principal officer:								
\sqcap	Application panding		H(a) Is this a gr	oup return for	subordinates? Yes X No				
Ш	Application pending	ANNIE GONI-STEWART		·	H., H.,				
		PO BOX 5153	H(b) Are all sui	subordinates included? Yes No					
		RENO NV 89513	If "No,	" attach a list	. See instructions				
$\overline{}$	Tax-exempt status	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527							
		WW.FORKIDSFOUNDATION.ORG	H(c) Group exe	amatian numb					
	Form of organization		Year of formation: 2	003	M State of legal domicile: NV				
P		ımmary							
	1 Briefly de	escribe the organization's mission or most significant activities:							
S	SEE	SCHEDULE O							
au									
Governance									
Š		is how . I if the commitmation discountinged to amounting or discount forms then	050/ of its mot s						
		is box if the organization discontinued its operations or disposed of more than			1.0				
∞ಶ	3 Number	of voting members of the governing body (Part VI, line 1a)		3	12				
es	4 Number	of independent voting members of the governing body (Part VI, line 1b)		. 4	12				
₹	5 Total nur	mber of individuals employed in calendar year 2021 (Part V, line 2a)		5	0				
Activities		mber of volunteers (estimate if necessary)			20				
∢		related business revenue from Part VIII, column (C), line 12		. 7a	0				
	h Net ware	leted business toyohla income from Form 000 T. Dart I. line 44		7b	0				
	b Net unre	lated business taxable income from Form 990-T, Part I, line 11	Prior Ye		Current Year				
	O Constribution	inner and proofs (Deat VIII. Bare Als)		9,268					
пe	8 Contribut	ions and grants (Part VIII, line 1h)	283	9,208	502,151				
Revenue		9 Program service revenue (Part VIII, line 2g)							
ě	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		122	49				
œ	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·	7,259	5,166				
	I	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	296	5,649	507,366				
		nd similar amounts paid (Part IX, column (A), lines 1-3)		4,741	217,448				
		noid to ou for more hore (Dort IV, polymer (A) line (1)			0				
	I		1/	C C E O	56,757				
es	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5-10)	4.0	5,650					
ű		onal fundraising fees (Part IX, column (A), line 11e)			0				
Expenses	b Total fun	draising expenses (Part IX, column (D), line 25) ▶ 47,195							
Ш	17 Other ex	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	9!	5,432	187,751				
	18 Total exp	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	206	5,823	461,956				
	I	less expenses. Subtract line 18 from line 12		9,826	45,410				
JO.		Tool oxportoos. Cabadas into 10 florif into 12	Beginning of Cu		End of Year				
Net Assets or Find Balances	20 Total ass	sets (Part X, line 16)	23	7,480	282,890				
ASS Ba	24 Total lick	Silition (Part V. line 26)		0	0				
<u>a</u> e	ZI TOLALIIAL	illities (Part X, line 26)	225		<u> </u>				
		ts or fund balances. Subtract line 21 from line 20	<u> </u>	7,480	282,890				
_ P	Part II Si	gnature Block							
		perjury, I declare that I have examined this return, including accompanying schedules and stat			y knowledge and belief, it is				
tr	ue, correct, and o	complete. Declaration of preparer (other than officer) is based on all information of which prepared	rer has any know	ledge.					
Sig	nn $m{r}$ 3	Signature of officer		Date					
	- 1 .	ANNITE CONT CHEMADH EVECT	דר שעדיייו	חביריים	.T.				
He		ANNIE GONI-STEWART EXECU		RECTO	11				
		Type or print name and title	T _						
	1	e preparer's name Preparer's signature	Date	Check	if PTIN				
Pai	d MARK	A. JACKSON, CPA MARK A. JACKSON, CPA	08/02	/22 self-em	poloyed P01006404				
Pre	parer Firm's na	me ▶ JACKSON & JACKSON CPAS, LTD.	F	Firm's EIN	81-4751082				
Use	e Only	1755 E PLUMB LN STE 100							
	Firm's -	DINO NT COLOS	,	Phone no.	775-360-5910				
Max	Firm's a	es this return with the preparer shown above? See instructions	F	TIONE NO.	Voc No				

	21) FOR KIDS FOUI			<u>75-3093964</u>		Page 2
Part III	Statement of Program			r : a: D (III		X
4 D.:			or note to a	ny line in this Part III		<u>A</u>
-	escribe the organization's mis CHEDULE O					
الاستنظام						
2 Did the o	organization undertake any sig	nificant program service	s during the yea	ar which were not listed on th	e	
						Yes X No
•	describe these new services of					
	organization cease conducting	, or make significant cha	anges in how it	conducts, any program		
services						Yes X No
	describe these changes on Set the organization's program set		for each of its	three largest program service	e as measured by	
	s. Section 501(c)(3) and 501(c	· ·				
	expenses, and revenue, if any			t the amount of grains and a		
			•			
4a (Code:) (Expenses \$	377,672 inc	luding grants o	f\$) (Revenue \$)
	Γ EDUCATIONAL,					
	REN WITH SPECIF	FIC NEEDS FO	R WHICH	RESOURCES ARE	INSUFFICIE	NT OR NON
EXISTE	ENT.					
4b (Code:) (Expenses \$	inc	luding grants o	f\$) (Revenue \$)
NT / 7N						
4c (Code:) (Expenses \$	inc	luding grants o	F \$) (Revenue \$	
N/A) (Ελροίισος ψ		danig grants o	Ψ) (πονοπάο ψ	/
±1/4 ± ±						
	ogram services (Describe on					
(Expense	· ·	including grants of \$) (Revenue \$)
40 Total pro	aram carvica avnances	277 67	٠,			

Form 990 (2021) FOR KIDS FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		3.7
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			37
•	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	9		v
10	debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		X
10	or in quasi andowments? If "Voa." complete Schodule D. Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		Λ
••	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 Schodule 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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	١		3.7
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			37
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			37
40	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	4.	\ _V	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		v
20-	If "Yes," complete Schedule G, Part III	202		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	domestic government on Part IA, Column (A), line 17 ii Tes, complete schedule I, Parts Fand II.	41	000	

	art IV Checklist of Required Schedules (Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
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			l
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	240		- V
b	through 24d and complete Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		X
D	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defence any tay ayamat handa?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
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			l
	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	200		\ \tag{2}
h	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28b		X
С	"Voo." complete Schoolule I. Port IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		25	
•	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			3.7
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
P	art V Statements Regarding Other IRS Filings and Tax Compliance			
1 (Check if Schedule O contains a response or note to any line in this Part V			
	Chief in Contradic C Contains a response of flote to any line in the fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		

Page 5

	art V Statements Regarding Other IRS Filings and Tax Compliance (con	ntinue	<u>e</u> d)		No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Ť	•		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a		0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax ref	urns?			2b	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction		• •			
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 Schedu	ıle O			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	r auth	nori	ty over,		
	a financial account in a foreign country (such as a bank account, securities account, or other financial	ial ac	col	ınt)?	4a	X
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	I Acco	our	its (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 trans	action	n? .		5b	_X_
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the				
	organization solicit any contributions that were not tax deductible as charitable contributions?				6a	<u>X</u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	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 fo	r good	ds			
	and services provided to the payor?				7a	
b					7b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it				l _	
	required to file Form 8282?	7d	ŋ		7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year			2	7.	
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con			·	7e 7f	
	If the organization received a contribution of qualified intellectual property, did the organization file F				7g	
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization				79 7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund mainta			• •		
·					8	
9	Sponsoring organizations maintaining donor advised funds.					
а	The state of the s				9a	
b	Did the appropriate propriation makes a distribution to a decrea decrease distribution as a plated appropriate				9b	
10	Section 501(c)(7) organizations. Enter:		• • •			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	orm 10	041	?	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	۱	ı			
_	the organization is licensed to issue qualified health plans	13b	-		-	
C 1/2	Enter the amount of reserves on hand	13c			14a	X
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sched				14a	
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remur				170	
15					15	Х
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		• • •		13	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investme	nt inco	:om	e?	16	X
. •	If "Yes," complete Form 4720, Schedule O.			~ ·		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage	in				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?				17	
	If "Yes," complete Form 6069.					

Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, a	nd fo	ra"N	Vo"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See	instru	ıction
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction 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 12			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12			
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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the erganization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
<i>.</i> u	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	u		
	stockholders, or persons other than the governing hody?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			- 25
а	The governing head Q	8a	Χ	
b	Each committee with authority to act on bobalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	00		
9	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sac	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	do)	Λ
<u> </u>	CHOIL B. Folicies (This Section B requests information about policies not required by the internal Neverton	- 00	Yes	No
100	Did the organization have local chapters, branches, or offiliates?	10a	163	No X
10a	• • • • • • • • • • • • • • • • • • • •	IUa		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	40h		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		v
11a		11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			37
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records >			
	NNIE GONI-STEWART PO BOX 5153			
	NT/ 90512 775	7/1	1 _ ⊑	221

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Page **7**

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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, 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	box	, unle	ss pe	ition more rson i	than or s both or/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) ANNIE GONI-STEW										
EXECUTIVE DIRECTOR	40.00			X				56,757	0	0
(2) CESAR QUINTANIL	LA							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
DOADD GUATD	3.00	3.7		3.7					0	0
BOARD CHAIR (3) LINDSEY YORK	0.00	Х		X		\vdash		0	0	0
(3) LINDSET TORK	1.50									
VICE CHAIR	0.00	Х		Х				0	0	0
(4) TAYONA TATE										
SECRETARY	1.50 0.00	Х		Х				0	0	0
(5) MICHAEL NORMAN										
DIRECTOR	1.50	Х						0	0	0
(6) KYLE V. ROBERTS										
DIRECTOR	2.50	Х						0	0	0
(7) MATTHEW ANDERSO										
DIRECTOR	1.00	Х						0	0	0
(8) MICHELLE HARRIN										
DIRECTOR	1.00	Х						0	0	0
(9) RENA ZATICA										
DIRECTOR	1.00	Х						0	0	0
(10) FABIOLA FRANCO	1 00									
DIRECTOR	1.00	Х						0	0	0
(11) ALLIE BERKOWITZ										
DIRECTOR	1.50 0.00	Х						0	0	0

(A) Name and title	(B) Average hours per week	Average box, unless person is both officer and a director/truste						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	or	from t	he	5
(12) MARGARET CI	1.50												
TREASURER (13) GREG RALEIG	0.00	X		X				0	0				0
DIRECTOR	1.00	Х						0	0				0
1b Subtotal							>	56,757					
d Total (add lines 1b and 1	c)	<u></u>					<u> </u>	56,757					
2 Total number of individuals reportable compensation fr				tho	se li	sted	abo	ve) who received more that	an \$100,000 of			V I	
 3 Did the organization list an employee on line 1a? If "Yo 4 For any individual listed on 	es," complete Sche	edule	J fo	or su	ich ii	ndivi	dual				3	Yes	No X
organization and related or individual	ganizations greate	r tha	ın \$1	150,0	000?	<i>If "</i> Υ	′es,'	" complete Schedule J for	such		4		X
5 Did any person listed on lir for services rendered to th											5		Χ
Section B. Independent Contr1 Complete this table for you		nens	ated	inde	enen	dent	cor	ntractors that received more	e than \$100,000 of				
compensation from the org	anization. Report of	comp	ensa	ation	for	the c	aler	ndar year ending with or w	ithin the organization's tax	year.		(C)	
Name	(A) and business address							Descrip	(B) tion of services		Co	(C) mpensatio	on
											<u> </u>		
2 Total number of independe received more than \$100,0									0				
DAA	o or compensation	110	ziii U	.0 01	gan	. <u>_</u> auc			0		Form	990	(2021)

16	art V			of Revenue nedule O con	tains	a respo	onse or not	e to any line in	this Part VIII		
						<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ints nts	1a	Federated cam	paigns	<u> </u>	1a						
ية ك	b	Membership du	ies		1b						
Ą,š	С	Fundraising eve	ents		1c		27,395				
₽ E	d	Related organiz	zations		1d						
S,E	е	Government grants (1e						
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions and similar amounts r	, gifts, g	rants,	1f		474,756				
혈	g	Noncash contributions									
ig p		lines 1a-1f			1g		149,796				
<u>ਨ</u> ਨ	h	Total. Add lines	s 1a–1	<u>f</u>				502,151			
							Business Code				
/ice	2a										
e Se	b										
E S	C										
Program Service Revenue	d										
Pro	e										
	l	All other progra									
		Total. Add lines Investment inco									
	3							49			49
	4	other similar and						47			12
	5	Royalties				•					
		rtoyanics		(i) Real			Personal				
	62	Gross rents	6a	(1) 11001		(")					
	b	Less: rental expenses									
	C	Rental inc. or (loss)	6c								
	d	Net rental incon		(loss)			•				
		Gross amount from		(i) Securities) Other				
		sales of assets other than inventory	7a	()		,	,				
e	b	Less: cost or other	- · ·								
en	~	basis and sales exps.	7b								
Revenue	_ c	Gain or (loss)	7c								
	l	Net gain or (los		I.			•				
Other		Gross income from									
U		(not including \$									
		of contributions re									
		1c). See Part IV, I			8a		22,145				
	b	Less: direct exp			8b		16,979				
		Net income or (event	S		5,166			5,166
	9a	Gross income fi	rom g	aming							
		activities. See P			9a						
	b	Less: direct exp			9b						
	С	Net income or ((loss)	from gaming ac	tivities						
	10a	Gross sales of	invent	ory, less							
		returns and allo	wance	es	10a						
	b	Less: cost of go	ods s	old	10b						
		Net income or (ventory	·	>				
S							Business Code				
e 60	11a										
	b										
Miscellaneous Revenue	С										
Ξ̈́	d	All other revenu	ıе								
	e	Total. Add lines	s 11a-	-11d			>				
	12	Total revenue	See	instructions			▶	507,366	0	0	5.215

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must			omplete column (A).	
	Check if Schedule O contains a resp			(0)	(D)
	not include amounts reported on lines 6b, 7 Pb, and 10b of Part VIII.	b, (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	217,448	217,448		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	E 6 7 E 7	10 406	11 456	22 015
^	trustees, and key employees	56,757	12,486	11,456	32,815
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
Ü	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Povroll toyon				
11	Fees for services (nonemployees):				
	Management				
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 1	7			
f	Investment management fees				
g	_				
	(A) amount, list line 11g expenses on Schedule O.)	2,010	8	1,482	520
12	Advertising and promotion	13,160		13,160	
13	Office expenses	8,039	272	2,281	5,486
14	Information technology	3,827		1,536	2,291
15	Royalties				
16	Occupancy				
17	Travel	1,252		1,252	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	005		0.0.5	
19	Conferences, conventions, and meetings	225		225	
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization	2,280		1,938	342
23 24	Insurance Other expenses. Itemize expenses not covered	2,200		1,930	712
4	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	DONATIONS	147,186	147,186		
b	BANK CHARGES	3,161	, =	360	2,801
С	TELEPHONE	2,663	58	2,453	152
d	GRANT WRITTING	2,100			2,100
е	All other expenses	1,848	214	946	688
25	Total functional expenses. Add lines 1 through 24e	461,956	377,672	37,089	47,195
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundacing collections. Check here				
	fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				

		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	237,480	1	282,890
2	Savings and temporary cash investments		2	•
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
b	Less: accumulated depreciation 10b		10c	
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
14	lutor sible consts		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)		16	282,890
17	Accounts payable and accrued expenses		17	202707
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other 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		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third		24	
23	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	0	26	(
20	Organizations that follow FASB ASC 958, check here X	0	20	<u>'</u>
	and complete lines 27, 28, 32, and 33.			
27		237,480	27	282,890
28	Net assets without donor restrictions	237,400	28	202,090
20	Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ▶		20	
20	and complete lines 29 through 33.		20	
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	Retained earnings, endowment, accumulated income, or other funds		31	
31 32	Total net assets or fund balances	237,480	32	282,890

Form **990** (2021)

orn	n 990 (2021) FOR KIDS FOUNDATION	75-3093964			Page 1	2
Pa	art XI Reconciliation of Net Assets				-	_
	Check if Schedule O contains a response or note to a	ny line in this Part XI				L
1	Total revenue (must equal Part VIII, column (A), line 12)		1	50	7,366	6
2	Total expenses (must equal Part IX, column (A), line 25)		2	46	1,95	6
3				4	15,41	0
4	Net assets or fund balances at beginning of year (must equal Part X, lir	ne 32, column (A))	4	23	37,480	0
5	Net unrealized gains (losses) on investments		5			
6	Donated services and use of facilities		6			
7			7			
8	Prior period adjustments		8			
9	Other changes in net assets or fund balances (explain on Schedule O)		1 0 1			
10	Net assets or fund balances at end of year. Combine lines 3 through 9					
	32, column (B))		10	28	32,890	<u>0</u>
Pa	art XII Financial Statements and Reporting				_	_
	Check if Schedule O contains a response or note to a	ny line in this Part XII	<u></u>	<u> </u>	<u>L</u>	╧
		_			Yes No	<u>></u>
1		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 a			2a	X	_
	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:					
		ed and separate basis				
b	Were the organization's financial statements audited by an independent			. 2b	X	_
	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:					
		ed and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that a	, ,				
	the audit, review, or compilation of its financial statements and selection			. 2c		_
	If the organization changed either its oversight process or selection pro	cess during the tax year, explain on				
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo	o an audit or audits as set forth in the				
				. 3a		_
b	If "Yes," did the organization undergo the required audit or audits? If the					
	required audit or audits, explain why on Schedule O and describe any	steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

Open to Public Inspection

▶ Attach to Form 990 or Form 990-EZ.

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

FOR KIDS FOUNDATION Employer identification number 75–3093964

Pa	art I	Reas	on for Public Charity	/ Status. (All organizatio	ns mus	t comp	lete this part.) See instru	uctions.	
The	orga	nization is not	a private foundation because	se it is: (For lines 1 through 12,	check or	nly one b	ox.)		
1		A church, co	nvention of churches, or as	sociation of churches described	d in sect i	on 170(l	o)(1)(A)(i).		
2	П	A school des	scribed in section 170(b)(1))(A)(ii). (Attach Schedule E (Fo	rm 990).)				
3	П	A hospital or	a cooperative hospital serv	rice organization described in s	ection 1	70(b)(1)(A)(iii).		
4	П			d in conjunction with a hospital				e hospital's name	€,
		city, and stat	= -	•				·	
5		•		of a college or university owner	d or opera	ated by a	governmental unit described i	n	
	Ш	_	(b)(1)(A)(iv). (Complete Par	- · · · · · · · · · · · · · · · · · · ·		•			
6				governmental unit described in	section	170(b)(1))(A)(v).		
7	П	An organizati	ion that normally receives a	substantial part of its support f	rom a go	vernment	al unit or from the general pub	olic	
	_	described in	section 170(b)(1)(A)(vi). (Complete Part II.)					
8	Ц	A community	trust described in section	170(b)(1)(A)(vi). (Complete Pa	art II.)				
9		-	_	scribed in section 170(b)(1)(A			-	-	
		or university university:	or a non-land-grant college	of agriculture (see instructions).	. Enter th	e name,	city, and state of the college o	r 	
10	X			I) more than 33 1/3% of its sup					
		•		npt functions, subject to certain	•		•		
			•	nd unrelated business taxable 80, 1975. See section 509(a)	,		,		
11			•	exclusively to test for public sa			,		
12	Н	J	•	exclusively for the benefit of, to	•		` ' '	noses of	
-	Ш	•	•	tions described in section 509	•			•	
				escribes the type of supporting of					
	а	Type I. A	A supporting organization op	perated, supervised, or controlle	ed by its	supported	l organization(s), typically by g	jiving	
				wer to regularly appoint or elect	-	ty of the	directors or trustees of the		
			= =	complete Part IV, Sections A					
	b	_		upervised or controlled in conne				-	
				rting organization vested in the e Part IV, Sections A and C.	same pe	isons ma	ii control of manage the suppo	ntea	
	С			supporting organization operate	ed in con	nection v	vith and functionally integrated	l with	
				structions). You must complete				,	
	d	Type III	non-functionally integrate	ed. A supporting organization o	perated in	n connec	tion with its supported organiz	ation(s)	
				e organization generally must s			The state of the s	eness	
				must complete Part IV, Secti					
	е			ceived a written determination fron- functionally integrated suppo			is a Type I, Type II, Type III		
	f		mber of supported organization		rung org	ar 1120010111		Γ	
	g		•	the supported organization(s).					
(i)		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount	of
	org	ganization		(described on lines 1-10		ur governing	support (see	other support	
				above (see instructions))	docur		instructions)	instructions)
/A\					Yes	No			
(A)									
(B)									
(C)									
(D)									
(D)									
(E)									
(-)									
Toto									

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						
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support						
Caler	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	. (see instructions)				12	
13	First 5 years. If the Form 990 is for the o	organization's first,	second, third, fou	irth, or fifth tax yea	ar as a section 50°	1(c)(3)	
	organization, check this box and stop he						.
Sec	tion C. Computation of Public						
14	Public support percentage for 2021 (line 6	3, column (f) divide	ed by line 11, colu	mn (f))		14	
15	Public support percentage from 2020 Sch	edule A, Part II, lir	ne 14			15_	%
16a	33 1/3% support test—2021. If the orga				is 33 1/3% or more	e, check this	, —
	box and stop here. The organization qua						▶ ⊔
b	33 1/3% support test—2020. If the orga						. □
47-	this box and stop here. The organization						▶ ⊔
17a	10%-facts-and-circumstances test—20						
	10% or more, and if the organization mee				-		
	Part VI how the organization meets the fa			•		•	▶□
h	organization	020 If the organiz	ation did not about	k a hov on line 12		and line	
b	10%-facts-and-circumstances test—2	•					
	15 is 10% or more, and if the organization mosts the					-	
	in Part VI how the organization meets the						▶ □
18	organization Private foundation. If the organization d	id not check a boy	on line 13 160	 16h 17a or 17h <i>(</i>	chack this have and		F L
10	instructions						▶ □

Schedule A (Form 990) 2021

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

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

Sec	tion A. Public Support	quamy arraio.		р.с.с.		,	
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	117,155	225,934	263,880	289,268	327,437	1,223,674
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	117,155	225,934	263,880	289,268	327,437	1,223,674
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from						
S00	tion B. Total Support						1,223,674
	idar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	117,155	225,934	263,880	289,268	327,437	1,223,674
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .	117,133	223,334	109	122	49	280
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b			109	122	49	280
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on		23,521	1,127	6,259	12,832	43,739
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	117,155	249,455	265,116	295,649	340,318	1,267,693
14	First 5 years. If the Form 990 is for the o		second, third, fourt	h, or fifth tax year	as a section 501(c)(3)	, \sqcap
S00	organization, check this box and stop he tion C. Computation of Public \$				<u></u>		<u></u>
<u>3ec</u> 15	Public support percentage for 2021 (line 8			on (f))		15	06. 53 %
15 16	Public support percentage from 2020 Sch						96.53 % 97.04 %
	tion D. Computation of Investm					10	97.04 70
<u> </u>	Investment income percentage for 2021 (3. column (f))		17	%
	nvestment income percentage from 2020 S		E 47			40	%
	33 1/3% support tests—2021. If the org					· · · · · · · · · · · · · · · · · · ·	
	17 is not more than 33 1/3%, check this b						▶ X
b	33 1/3% support tests—2020. If the org		=				
	line 18 is not more than 33 1/3%, check the		=	-		=	▶
20	Private foundation If the organization d	id not check a hov	on line 1/1 10a or	10h chack this h	ov and can inetru	ctions	▶

Schedule A (Form 990) 2021

Part IV **Supporting Organizations**

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation, If historic and continuing relationship, explain,
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes." explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If 4a "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes." describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 5a answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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.
- 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.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - 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.)

	Yes	No
1		
2		
3a		
3b		
30		
3с	:	
4a		
4 a		
4b)	
4c	:	
5a		
5b	,	
5c	:	
6		
7		
8		
9a		
9b		
36	\ I	
9с		
10a		

Schedule A (Form 990)

<u>Sche</u> du	ule A (Form 990) 2021 FOR KIDS FOUNDATION 75-3093	964		Page 5
	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b		11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	44.		
Soct	provide detail in Part VI. ion B. Type I Supporting Organizations	11c		
OCCI	ion B. Type i Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•	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 support	ed		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion 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		
Sect	ion D. All Type III Supporting Organizations			T
			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	4		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have	_		
·	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations		ı	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru-	ctions).		
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 Part VI how you supported a governmental entity (se	e instructio	ons).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
_	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	O.L		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1	1

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

5

6

Schedule A (Form 990) 2021

5 Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedu	le A (Form 990) 2021 FOR KIDS FOUNDATI		75-3093	
Par	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	T
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	oses		
2	Amounts paid to perform activity that directly furthers exempt purpose	es of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of sup	ported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide de	etails in Part VI)		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	zation is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		an an	an
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required–explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021 From 2016			
	From 2017			
	From 2019			
	From 2020			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Carryover from 2016 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A (Fo				FOUND?				75-3093		Page 8
Part VI	Supplemental	Information	. Provid	e the exp	olanations r	equired by F	Part II, line	10; Part II, I	ine 17a or	17b; Part
	III, line 12; Part									
	B, lines 1 and 2									
	3a, and 3b; Pa									
	lines 2, 5, and									
		-								
• • • • • • • • • • • • • • • • • • • •										
•										
•										
•										

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

Open to Public

OMB No. 1545-0047

Name of the organization ${ t FOR\ KIDS\ FOUNDATI}$	ON				Employer identific	
Part I Fundraising Activities. Complete	if the organiza			vered "Yes" on For		
Form 990-EZ filers are not required Indicate whether the organization raised funds through				Chock all that apply		
□ ·		-				
			_	vernment grants		
b Internet and email solicitations		_		ment grants		
c Phone solicitations	g Special fu	ındraisii	ng ev	/ents		
d In-person solicitations						
2a Did the organization have a written or oral agreemen or key employees listed in Form 990, Part VII) or enti	ty in connection w	ith prof	essio	nal fundraising services	s?	Yes No
b If "Yes," list the 10 highest paid individuals or entities compensated at least \$5,000 by the organization.	(fundraisers) purs	uant to	agre	ements under which the	e fundraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did raiser custo contri contribu	have dy or ol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			•			
3 List all states in which the organization is registered or		it contril	oution	ns or has been notified	it is exempt from	ı
registration or licensing.						

Schedule G (Form 990) 2021 FOR KIDS FOUNDATION 75-3093964 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GOLF TOURNAMENT (add col. (a) through NONE col. (c)) (event type) (event type) (total number) 49,540 49,540 1 Gross receipts 2 Less: Contributions 27,395 27,395 3 Gross income (line 1 minus 22,145 22,145 line 2) 400 4 Cash prizes 400 5 Noncash prizes 6 Rent/facility costs 12,834 12,834 Expenses 7 Food and beverages 8 Entertainment 3,745 3,745 **9** Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 16,979 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes % 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sche	edule G (Form 990) 2021 FOR KIDS FOUNDATION 75-3093964			Р	age 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity				_
	formed to administer charitable gaming?			Yes	No
13	Indicate the percentage of gaming activity conducted in:				
а	The organization's facility	13a			<u>%</u>
b	An outside facility	13b			<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name ▶				
	Address ▶				
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes [□ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the				
	amount of gaming revenue retained by the third party ▶ \$				
С	If "Yes," enter name and address of the third party:				
	Name ▶				
	Address ▶				
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
 а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		П	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		_		
	spent in the organization's own exempt activities during the tax year ▶ \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.				b
	OCC INSTRUCTION.				

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

	ganization FOR KIDS FOUNDATIO	N						75-3093964
Part I	General Information on Grants and	d Assistance	е				•	
the se	the organization maintain records to substantiate the election criteria used to award the grants or assistatible in Part IV the organization's procedures for mo Grants and Other Assistance to D	nce? nitoring the use Domestic Org	of grant fund	ds in the United States	Governments.	Complete if the	organizatio	on answered "Yes" on Form 99
1	Part IV, line 21, for any recipient that (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		of (h) Purpose of grant
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
1 CAMP/SUMMER SCHOOL		212						
2 CAR SEATS/ADAPTIVE		690						
3 CHILD CARE		910						
4 CLOTHES/SHOES		3,303						
5 DENTAL		17,598						
6 DIAPERS/FORMULA/INFANT		474						
7 EDUCATION		37,321						
Part IV Supplemental Information. Pr	ovide the information	required in Part I, Ii	ne 2; Part III, colum	in (b); and any other addit	onal information.			
	•••••							

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
1 EQUINE THERAPY		21,520						
2 FURNITURE/BEDDING		7,925						
3 MEDICAL		65,711						
4 ORTHODONTIA		17,817						
5 PSYCHOLOGICAL/WELL-BEING		25,781						
6 SERVICE ANIMALS		1,600						
7 SPORTS PARTICIPATION		3,499						
Part IV Supplemental Information. Pro	vide the information	required in Part I, lin	ne 2; Part III, colum	nn (b); and any other addit	ional information.			

Schedule I (Form 990) (2021) FOR KIDS F	OUNDATION	7	5-3093964		Page 2
Part III Grants and Other Assistance	ce to Domestic Individ	duals. Complete if the		vered "Yes" on Form 990,	Part IV, line 22.
Part III can be duplicated if a	_		Γ	T	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	recipients	casii giant	Horicasii assistance	i iviv, appraisai, otrier)	
1 TRAVEL		13,087			
2					
3					
4					
4					
5					
6					
Part IV Supplemental Information.	Provide the information	required in Part I li	no 2: Part III. colum	h (b): and any other addit	
Tart IV Supplemental information.	1 TOVIGE LITE ITHOTTHALIOTI	required in Fart 1, ii	rie z, i ait iii, coluii	in (b), and any other addit	ionai imormation.

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990

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

OMB No. 1545-0074

2021

Open To Public Inspection

Name of the organization Employer identification number 75-3093964 FOR KIDS FOUNDATION Part I Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art — Works of art 1 2 Art — Historical treasures Art — Fractional interests 3 Books and publications 4 5 Clothing and household 138,652 Χ Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities — Publicly traded 9 10 Securities — Closely held stock Securities — Partnership, LLC, 11 or trust interests Securities — Miscellaneous 12 Qualified conservation contribution — Historic structures 14 Qualified conservation contribution — Other Real estate — Residential 15 Real estate — Commercial 16 Real estate — Other 17 Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts Scientific specimens 23 Archeological artifacts 24 25 Other ►(..... Χ 144 26 27 Other ▶(_____) 28 Other ►(Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? Χ 30a If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard Χ Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Χ contributions? 32a If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule IVI (Fo	rm 990) 2021 FOR	KIDS FOU	JNDATION			75-309396	54	Page 2
Part II	Supplemental	Information.	Provide the ir	nformation red	quired by Pa	art I, lines 30b	, 32b, and 33	3, and whether
	the organization or a combination	n is repoπing i on of both. Als	n Part I, colur o complete th	nn (b), the ni is part for an	umber of co y additional	intributions, the information.	e number of	items received,
			'	•	,			
•								
•								

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

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

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

Name of the organization
■ Go to www.irs.gov/Form990 for the latest information

FOR KIDS FOUNDATION 75-3093964

- ORGANIZATION'S MISSION

FORM 990 - ORGANIZATION'S MISSION
THE PURPOSE OF THIS CORPORATION IS TO SERVE NEEDY CHILDREN BY OBTAINING
FUNDING FOR MEDICAL, DENTAL, MENTAL HEALTH, AND OTHER NECESSARY SERVICES
WHICH ARE OTHERWISE UNAVAILABLE, WITHOUT DISCRIMINATION ON THE BASIS OF
RACE, RELIGION, SEX, GENDER, SEXUAL ORIENTATION, GENDER IDENTITY,
DISABILITY OR NATIONAL ORIGIN. IN ADDITION, THE CORPORATION MAY ENGAGE IN
ANY OTHER LAWFUL ACTIVITY FOR WHICH A NONPROFIT CORPORATION MAY BE
ORGANIZED UNDER NEVADA LAW.
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
BOARD OF DIRECTORS REVIEW FINANCIALS BEFORE SUBMITTING TO CPA TO PREPARE
THE FORM 990. EACH BOARD MEMBER/DIRECTOR IS GIVEN A COPY OF THE RETURN
ONCE THE RETURN IS COMPLETED.
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
BOARD OF DIRECTORS INTERVIEW AND VOTE ON EXECUTIVE DIRECTORS COMPENSATION.
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST.

990 Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service			u Do not enter social security numbers on this form as it may be made public. u Go to www.irs.gov/Form990 for instructions and the latest information.											Open to F				
			year, or tax year beginning , and ending															
	Check if appli		of organization		- J		,	<u> </u>				D	Employer	identific	ation number			
	Address char			म	OR KIDS	FOUNDAT	TON					-						
\equiv		Doing	business as		011 11122	1 0 01.2111						┨,	75-3	0930	64			
Ш	Name change	Α	umber and street (or P.O. box if mail is not delivered to street address) Room/suite E To											Telephone number				
\Box	nitial return	PO	BOX 5	153								7	775-741-5231					
	Final return/	City o	r town, state o	or province, co	ountry, and ZIP or f	oreign postal co	de			•								
	erminated	REI	10			NV 895	513					٦	Gross rece	eints \$	30	9,271		
	Amended return F Name and address of principal officer:																	
\square	Application pending ANNIE GONI-STEWART												eturn for su	bordinates	? Yes	X No		
_			_		JILWINCI						H(b) Are all	subordir	nates inclu	ded?	Yes	No		
	10 2011 3133												ach a list. S		ctions			
				\Box			\neg					,						
	Tax-exempt		. , , ,	501(c	, ,	(insert no.)	494	47(a)(1) or	527									
	Website: U				DATION.					_	H(c) Group							
	Form of orga		Corporation	Trust	Association	Other u				L Yea	ar of formation:	200)3	M State	e of legal domici	le: NV		
_P	art I	Summar																
	1 Bri	efly describe the	ne organiza	ation's mis	sion or most s	significant ac	tivities:											
ø		SEE SCHEI	DULE O															
Juc																		
Governance																		
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		imber of voting	_	-		•	- \	•					3	11				
•ŏ "ი		imber of indepe											4	11				
ţį	F To	tal sumber of in		ampleyed	is colorador vo	or 2020 (Dor	t All Vi, iii)					5	0				
Activities		tal number of in											<u> </u>	20				
Α̈́	1	tal number of v											6	20				
	l	tal unrelated b											7a			0		
	b Ne	et unrelated bus	siness taxa	able income	e from Form 9	90-T, Part I,	line 11			<u></u>			7b		0 11/	0		
		a Caller Carra and		(\ /III - P -	- 4153					-	Prior		880		Current Yea	,268		
ē	8 00	ontributions and	grants (Pa	art VIII, IIn	e 1n)					⊢		03,	000		209	, 200		
Revenue	9 Pro	ogram service	revenue (P	Part VIII, lir	ne 2g)					⊢			100					
ě	10 lnv	estment incom	e (Part VII	II, column	(A), lines 3, 4,	and 7d)							109			122		
-		her revenue (P											127		7,259			
		tal revenue – a											116			<u>,649</u>		
	13 Gr	ants and simila	r amounts	paid (Par	t IX, column (A	A), lines 1–3)	٠			L	1	<u>14,</u>	989		64	,741		
	14 Be	enefits paid to o	r for meml	bers (Part	IX, column (A)	, line 4)				L						0		
S	15 Sa	laries, other co	mpensatio	n, employe	ee benefits (Pa	art IX, colum	n (A), line	es 5–10)							46	,650		
Expenses		ofessional fund								… Г						0		
per	b To	tal fundraising	expenses	(Part IX. c	olumn (D). line	e 25) u		40,	728	[
Ä	17 Ot	her expenses (Part IX co	olumn (A)	lines 11a–11d	l 11f–24e)				┌		67.	717		95	,432		
	18 To	tal expenses. A	Add lines 1	3_17 (mus	st equal Part I	, = ιο, X column (Δ) line 25)		···	1		706			,823		
	1	evenue less exp											410			,826		
or	13 13	volide less ext	70113ES. 3U	ibliact III le	TO HOTH IIIIE I	<u> </u>				•••	Beginning of				End of Year			
ets c	20 T∩	tal assets (Par	X. line 16	3)									654			,480		
Net Assets Fund Balanc	21 To	tal liabilities (Pa									<u> </u>	/	0 1			<u>, 100</u>		
Net, und	22 No	et assets or fun			line 21 from li						1	47	654		237	,480		
	art II	Signatur			III C Z I HOIII II	110 20						<u> </u>	031		251	, 100		
_																		
	•	ties of perjury, I and complete.						•					y knowie	age and	belief, it is			
	10, 0011001,	L Complete.		or properor	(outlot tricit office			- Induori or Wi	non propart	01 1100 0	ary raiowioag		1					
٥.		Signature of											<u> </u>					
Sig													Date					
Hei	re	ANN			<u> </u>				EXE	CUT	IVE D	IRE	CTOR					
			t name and ti	itle		1												
		Print/Type preparer's	name			Preparer's s	signature				Date		Check	if	PTIN			
Paid	i M	IARK A. JACK	SON, CPA	A		MARK A.	JACKSO	N, CPA			05/	20/21	self-emp	oloyed				
Prep	oarer [Firm's name	JA	CKSON	& JACI	KSON C	PAS,	LTD.				Firm's	EIN }					
Use	Only		17	55 E	PLUMB 1	LN STE	100											
		Firm's address		NO, N								Phone	e no.	775	5-360-	5910		

May the IRS discuss this return with the preparer shown above? See instructions

X Yes No

Pa	Int III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	EE SCHEDULE O	
	•	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
_	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
	and total dispersions, and recorded, in any, for each program control repersion.	
4a	(Code:) (Expenses \$ 144,426 including grants of \$) (Revenue \$)
	LIENT EDUCATIONAL, FINANCIAL, MEDICAL AND DENTAL ASSISTANCE TO AS	SIST
C	HILDREN WITH SPECIFIC NEEDS FOR WHICH RESOURCES ARE INSUFFICIENT	OR NON-
E	XISTENT.	
	*	
	*	
	·	
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	•	
	······	
4h	(Code: \ /Evenness \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
11	1/. 11	
	•	
	•	
	*	
	•	
	*	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	/Code:)
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	•••••••••••••••••••••••••••••••••••••••	
	·	
	•	
4d	Other program services (Describe on Schedule O.)	,
4-	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 1 144 426)
44		

75-3093964 Form 990 (2020) FOR KIDS FOUNDATION Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ complete Schedule A Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Χ 3 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 Χ 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Χ 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 Χ 6 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 Χ 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Χ 8 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Χ 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V Χ 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI Χ 11a 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 Χ 11b c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c Χ d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Χ 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Χ 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ Schedule D, Parts XI and XII **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Χ 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Χ 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions Χ 17 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 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 Χ Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Χ 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.

Χ

Pa	art IV Checklist of Required Schedules (continued)						
	•					Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals or	ì					
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III				22	Х	
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						
	amployage? If "Ves." complete Schedule I				23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than						
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 2	24b					
	through 24d and complete School le V. If "No." so to line 350				24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?				24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year						
	to defeace any tay exempt heads?				24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?				24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess to						
	transaction with a diagnalified person during the year? If "Vos" complete Schodule I. Port I				25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pr						
~	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E						
	If "Voo." complete Schodule I. Port I.				25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any curr				200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	Onc					
	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, k	 ev					
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	o,					
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these						
	persons? If "Ves." complete Schedule I. Part III				27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, F	oart					
	IV instructions, for applicable filing thresholds, conditions, and exceptions):	a. c					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?	lf					
u					28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV				28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If				200		1
·	"Voe." complete School de L. Dort IV				28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N				29	X	25
30	Did the organization receive more than \$25,000 in non-cash contributions: in res, complete schedule to Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	'			25	22	
30	and the second s				30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N	 I Part	 1		31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	i, i ait	'		131		25
JZ	complete Schodule N. Part II				32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulation				32		 ^
33	sections 204 7704 2 and 204 7704 22 If "Vas " complete School its D. Dart I				33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, II				33		1
J-T	n				34		X
250	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?				35a		X
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				334		1
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2				35h		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				35b		\vdash
30					36		X
37	Did the organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			• • • • • • • • • • • • • • • • • • • •	30		2
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part				27		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b a				37		1
50	19? Note: All Form 990 filers are required to complete Schedule O.	ıı IU			38	X	
D	art V Statements Regarding Other IRS Filings and Tax Compliance				30		
_ P	Check if Schedule O contains a response or note to any line in this Part V						
	Official if Schiculie O contains a response of fible to any line in this Part V					V	L NI A
1-	Enter the number reported in Pay 2 of Form 1006. Enter 10 if not applicable	10	۱ -	1		Yes	No
1a h	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1b	-	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ID		U			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				10		y

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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a Χ If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Χ **b** If "Yes," enter the name of the foreign country **u** See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Χ 5a 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Χ If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? Χ **b** If "Yes," did the organization include with every solicitation an express statement that such contributions or Organizations that may receive deductible contributions under section 170(c). 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 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? h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? Χ 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? Χ If "Yes," see instructions and file Form 4720, Schedule N. Χ Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year

If there are material differences in voting rights among members of the governing body, or

V

Yes No

	if the governing body delegated broad authority to an executive committee or similar											
	committee, explain on Schedule O.											
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with						X					
	any other officer, director, trustee, or key employee?											
3	Did the organization delegate control over management duties customarily performed by or under the direct						Х					
	supervision of officers, directors, trustees, or key employees to a management company or other person?											
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?											
5	Did the organization become aware during the year of a significant diversion of the organization's assets?											
6	Did the organization have members or stockholders?											
7a	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint											
	one or more members of the governing body?				7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,											
	stockholders, or persons other than the governing body?				7b		<u>X</u>					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by t	he follo	owing:									
а	The governing body?				8a	X						
b	Each committee with authority to act on behalf of the governing body?				8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at											
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Intern	al Re	<u>evenu</u>	ie Code	e.)							
				г		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?				10a		<u>X</u>					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,											
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?				10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	orm?			11a		_X_					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				12a		Х					
12a												
b												
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"											
	describe in Schedule O how this was done				12c							
13	Did the organization have a written whistleblower policy?				13		<u>X</u>					
14	Did the organization have a written document retention and destruction policy?				14		X					
15	Did the process for determining compensation of the following persons include a review and approval by											
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					37						
a	The organization's CEO, Executive Director, or top management official				15a	X	37					
b	Other officers or key employees of the organization				15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				40		77					
	with a taxable entity during the year?				16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its											
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				4.01							
<u></u>	organization's exempt status with respect to such arrangements?		<u></u>		16b							
	tion C. Disclosure											
17	List the states with which a copy of this Form 990 is required to be filed u NONE											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section	1 501(0	;)									
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.											
40	X Own website X Another's website X Upon request Other (explain on Schedule O)	- I' - · ·										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest professionated as called the transfer of the state of the	olicy, a	na									
00	financial statements available to the public during the tax year.											
20	State the name, address, and telephone number of the person who possesses the organization's books and records u											
	INIE GONI-STEWART PO BOX 5153	2		775	_ 7 /	1 _ 5 1	221					
	ENO NV 8951	<u> </u>		775-		<u>т-э.</u> m 99 (
DAA					F0	IIII 3737	■ (ZUZ(1)					

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

	per week (list any hours for	bo. off	x, unle ficer a	check ess per nd a c	rson is	than on s both a r/trustee	an e)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2 1099-WISC)	(W-21033-MIGC)	related organizations
(1) ANNIE GONI-STEWA										
	40.00			3.5				46 650	0	0
EXECUTIVE DIRECTOR (2) MATTHEW ANDERSON	0.00			Х				46,650	0	0
(2) MATTHEW ANDERSON	2.00									
DIRECTOR	0.00	X						0	0	0
(3) KIT CARSON										
	2.00									
DIRECTOR	0.00	X						0	0	0
(4) MARGARET CIORCIA										
TREASURER	3.00	X		Х				o	0	0
(5) CHERI HILL	0.00	1^		Λ				0	0	<u> </u>
(6) 6112111 11122	5.00									
CHAIRWOMEN	0.00	X		Х				0	0	0
(6) MICHAEL NORMAN										
	2.00									
DIRECTOR	0.00	X						0	0	0
(7) PATRICK PIEPER	2 00									
DIRECTOR	0.00	X						0	0	0
(8) CESAR QUINTANILL		A						0	0	<u> </u>
(9) CLEIM QUINTIMIL	2.00									
DIRECTOR	0.00	X						0	0	0
(9) GREG RALEIGH										
	2.00									
DIRECTOR	0.00	X						0	0	0
(10) MATT RITTENHOUSE	2 00									
DIRECTOR	2.00	X						o	0	0
(11) TAYONA TATE	0.00	┢							0	<u> </u>
(, 1111 0141 11111	2.00									
SECRETARY	0.00	Х		Х				0	0	0

Part VII Section A. Officers	, Directors, Trus	stees	s, Ke	y Er	nplo	yees	s, ar	nd Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any	bo	x, unl	Pos check ess pe and a	rson i	than c s both or/truste	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	co	(F) imated an of other compensati	r ion e	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		ganization ed organi:		
(12) LINDSEY YORK	2 00												
DIRECTOR	3.00	Х						0	0				0
1b Subtotal							u	46,650					
c Total from continuation sheet d Total (add lines 1b and 1c) Total number of individuals (increportable compensation from the	luding but not limi	ted t						46,650 who received more than \$100	0,000 of				
 3 Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line 	complete Schedu	le J	for si	uch i	ndivi	dual					3	Yes	No X
organization and related organi	zations greater th	an \$	150,0	000?	If "	es,"	com	plete Schedule J for such			4		X
individualDid any person listed on line 1a	a receive or accru	e co	mpei	nsatio	on fro	om a	ny u	ınrelated organization or indiv					
for services rendered to the org Section B. Independent Contractor		s," co	ompie	ete S	cne	auie .	J TOI	r sucn person			5		X
1 Complete this table for your five compensation from the organization													
	(A) business address								(B) ion of services		Comp	(C) pensatio	n
							\vdash						
2 Total number of independent or received more than \$100,000 c								listed above) who	0				

Pa	rt V	III Stateme Check if		f Revenue edule O conta	ins a	respon	se or note	to any line in this	Part VIII		
							<u> </u>	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campa	aigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership due	_		1b						
	С	Fundraising ever			1c		17,336				
ifts ar	d	Related organiza			1d						
Ξ,ς	e	Government grants (co			1e						
Sign	f	All other contributions, g	jifts, grant								
but.		and similar amounts not	included	above	1f		271,932				
d Ti	g	Noncash contributions in	ncluded in	lines 1a-1f	1g	\$	71,400				
<u>a</u> 8	h	Total. Add lines	1a-1f				u	289,268			
							Business Code				
e	2a										
Program Service Revenue	b										
enu Sc	С										
Rev	d										
Pro	е										
	f	All other program									
		Total. Add lines					u				
	3	Investment incon	`	luding dividends,	intere	st, and		100			100
	١.	other similar amo						122			122
	4	Income from inve		•			u				
	5	Royalties	<u>.</u>	(i) Real			Personal				
	6a	Gross rents	6a	(I) Real		(11)	reisonal	-			
	b		6b					-			
	C		6c					-			
	d	Net rental income		l			u				
		Gross amount from	01 (10	(i) Securities		1	i) Other				
		sales of assets other than inventory	7a	(, ====================================		<u> </u>	,	-			
Ð	ь	Less: cost or other						-			
Revenue		basis and sales exps.	7b								
Şe	С	Gain or (loss)	7c								
	d	Net gain or (loss))				u				
Other		Gross income from									
_		(not including \$		17,336							
		of contributions repo	orted on	line 1c).							
		See Part IV, line 18			8a		19,881				
		Less: direct expe			8b		12,622				
	l	Net income or (lo		_	ents .		u	7,259			7,259
	9a	Gross income from									
		See Part IV, line 19			9a			-			
		Less: direct expe			9b						
		Net income or (lo			ies	<u></u> T	u				
	10a	Gross sales of in			40-						
	١.	returns and allow			10a			-			
		Less: cost of good Net income or (lo			10b	<u> </u>					
	C	iver income or (ic	oss) iic	om sales of inven	lory		Business Code				
Sn	110						Dusiness Code				
neo	11a b										
Miscellaneous Revenue	C										
lisc Re	d	All other revenue									
2		Total. Add lines									
		Total revenue.						296,649	0	0	7,381

Form 990 (2020)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) (D) Fundraising (C) Do not include amounts reported on lines 6b, Program service Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 64,741 64,741 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 10,263 9,330 46,650 27,057 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (nonemployees): a Management b Legal c Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees **g** Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 1,490 1,490 12 Advertising and promotion $3,\overline{763}$ 1,263 2,500 7,765 55 6,543 Office expenses 1,167 13 4,086 2,178 14 Information technology 1,908 Royalties 15 16 Occupancy 1,677 1,161 516 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,674 1,674 Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 754 472 1,226 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 68,000 68,000 DONATIONS TELEPHONE 2,660 2,509 151 b BANK CHARGES 1,666 175 491 215 581 WEBSITE 1,002 206 d 423 e All other expenses 398 25 206,823 144,426 21,669 40,728 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here **u** following SOP 98-2 (ASC 958-720)

75-3093964 Form 990 (2020) FOR KIDS FOUNDATION Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B)

				Beginning of year		End of year
	1	Cash—non-interest-bearing		147,654	1	237,480
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or form				
		trustee, key employee, creator or founder, substantial				
		controlled entity or family member of any of these personal		5		
	6	Loans and other receivables from other disqualified po				
ø		under section 4958(f)(1)), and persons described in s		6		
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	400		10c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets	•••••	14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line	e 33)	147,654	_	237,480
-		Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV		21		
,,	22	Loans and other payables to any current or former off				
Liabilities		trustee, key employee, creator or founder, substantial				
ig		controlled entity or family member of any of these pers			22	
Ë	23	Secured mortgages and notes payable to unrelated th			23	
	24	Unsecured notes and loans payable to unrelated third			24	
	25	Other liabilities (including federal income tax, payables				
		parties, and other liabilities not included on lines 17-24				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		_	26	0
		Organizations that follow FASB ASC 958, check I	nere u X			
es		and complete lines 27, 28, 32, and 33.	_			
anc	27	Net assets without donor restrictions		147,654	27	237,480
Fund Balances	28	Not accets with depar rectrictions	· · · · · · · · · · · · · · · · · · ·		28	
<u>p</u>		Organizations that do not follow FASB ASC 958,				
		and complete lines 29 through 33.	_			
ō	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equipm			30	
Ass	31	Retained earnings, endowment, accumulated income,			31	
Net Assets or	32			1 4 7 6 7 4	32	237,480
_				147,654		237,480

237,480 Form **990** (2020)

Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	96,	649
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>823</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			826
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	47,	<u>654</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2	37,	480
Pa	art XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed 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		X
	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				
	Single Audit Act and OMB Circular A-133?		3a		
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** (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

u Attach to Form 990 or Form 990-EZ.

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

2020

Open to Public Inspection

Employer identification number Name of the organization FOR KIDS FOUNDATION 75-3093964 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s).

	I				T .	<u> </u>
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10	(iv) Is the organization listed in your governing		(v) Amount of monetary support (see	(vi) Amount of other support (see
organization		above (see instructions))	1	ment?	instructions)	instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Schedule A (Form 990 or 990-EZ) 2020

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. 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) Public support. Subtract line 5 from line 4 . . . Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2019 Schedule A, Part II, line 14 15 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2020 Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	tion A. Public Support	1 2 2		, ,	,		
Caler	dar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	124,122	117,155	225,934	263,880	289,268	1,020,359
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	124,122	117,133	223,234	203,880	209,200	1,020,333
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	124,122	117,155	225,934	263,880	289,268	1,020,359
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						1,020,359
	tion B. Total Support	, ,					
Caler	dar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	124,122	117,155	225,934	263,880	289,268	1,020,359
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				109	122	231
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b				109	122	231
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			23,521	1,127	6,259	30,907
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	124,122	117,155	249,455	265,116	295,649	1,051,497
14	First 5 years. If the Form 990 is for the organization, check this box and stop here	ganization's first, sec	ond, third, fourth, o	r fifth tax year as a	section 501(c)(3)	<u> </u>	
Sec	tion C. Computation of Public Su					<u> </u>	
15	Public support percentage for 2020 (line 8,	<u> </u>	<u> </u>	f))		15	97.04%
16	Public support percentage from 2019 Sched	dule A. Part III. line 1	5	.,,		16	97.11 %
	tion D. Computation of Investme						J,, <u>.</u>
17	Investment income percentage for 2020 (lin			olumn (f))		17	%
18	Investment income percentage from 2019 S		lina 17			40	%
19a	33 1/3% support tests—2020. If the organ						
	17 is not more than 33 1/3%, check this box	and stop here. Th	e organization qual	ifies as a publicly su	upported organization	on	> X
b	33 1/3% support tests—2019. If the organ						_
	line 18 is not more than 33 1/3%, check this	-	-				_
20	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19b	, check this box and	d see instructions .		▶ ∟

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on 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

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer 3a lines 3b and 3c below.
- b Did the organization confirm that each supported organization 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign b supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination 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)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- 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.
- 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 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - 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.)

		Yes	No
		162	NO
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	U		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
A (F	orm 99	0 or 990	-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page 5 Part IV **Supporting Organizations** (continued) Yes No 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 in lines 11b and 11c below, the governing body of a supported organization? 11a 11b **b** A family member of a person described in line 11a above? c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 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). 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 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 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard. Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. а b The organization is the parent of each of its supported organizations. Complete line 3 below. c | 1 The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). Activities Test. Answer lines 2a and 2b below. Yes No 2 a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. За Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Schedu	le A (Form 990 or 990-EZ) 2020 FOR KIDS FOUNDATION		75-30939	964 Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizati	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20	, 1970	(explain in Part VI). See	
	instructions. All other Type III non-functionally integrated supporting organizations must cor	nplete	Sections A through E.	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of			
	gross income or for management, conservation, or maintenance of property			
	held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current 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		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	ion 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	Income tax imposed in prior year	5		
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 sur	oporting organization	

Schedule A (Form 990 or 990-EZ) 2020

(see instructions).

Schedu	e A (Form 990 or 990-EZ) 2020 FOR KIDS FOUNDAT	CION	75-3093	964 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3)) Supporting Organizat	ions (continued)	
Secti	on D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpor	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required-provide det	tails in Part VI)		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2020 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		·	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2020	Amount for 2020
1_	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
	From 2015			
	From 2017			
	From 2017			
	From 2018			
	From 2019			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years Applied to 2020 distributable amount			
	Carryover from 2015 not applied (see instructions)			
 ;	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
*	Section D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
J	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020 Subtract lines 3h			
Ū	and 4b from line 1. For result greater than zero, <i>explain in</i>			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form	n 990 or 990-EZ)	2020	FOR KII	OS FO	UNDATIO	N			75-309396	4	Page 8
Part VI			mation Pro	vide the	explanation	ns required	hy Part I	L line 10	Part II, line 17a		
i dit ti											
									o, and 11c; Part I		
	B. lines 1 a	nd 2: Part	IV. Section	C. line 1	1: Part IV. S	Section D.	lines 2 and	d 3: Part	IV, Section E, line	es 1c. 2a. 2b	_
									and 8; and Part		
										v, Section E	,
	lines 2, 5, a	and 6. Also	o complete	this part	for any ad	lditional inf	ormation.	(See inst	ructions.)		
			•								
•											
•											
•											
•											

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number 75-3093964 FOR KIDS FOUNDATION Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations b Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col. (i) Yes No 1 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2020 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with

		gross receipts d	jieatei triari \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	
			GOLF TOURNAMENT		NONE	(d) Total events (add col. (a) through
an.			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	37,217			37,217
	2	Less: Contributions	17,336			17,336
	3	Gross income (line 1 minus	10.001			10.001
_		line 2)	19,881			19,881
	4	Cash prizes				
		Noncash prizes				
Direct Expenses		Rent/facility costs	11,600			11,600
ect Exp	7	Food and beverages				
Dire	8	Entertainment	375			375
	9	Other direct expenses	647			647
		•	Add lines 4 through 9 in column (d)			12,622 7,259
P	11 art		otract line 10 from line 3, column (d) plete if the organization answ			
			rm 990-EZ, line 6a.	0.00 100 0.11 0.111 000, 110		- more than
le			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			•	bingo/progressive bingo		col. (a) through col. (c))
Re	1	Gross revenue				
		Cash prizes				
Direct Expenses						
t Exp	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes % No	Yes % No	
	7	Direct expense summary.	Add lines 2 through 5 in column (d)		>	
	8	Net gaming income summa	ary. Subtract line 7 from line 1, colum	nn (d)	>	
	ls t		organization conducts gaming activit conduct gaming activities in each of t			Yes No
		ere any of the organization's Yes," explain:	gaming licenses revoked, suspended	d, or terminated during the tax year	?	Yes No

Sche	edule G (Form 990 or 990-EZ) 2020 FOR KIDS FOUNDA!	TION	75-3093964 Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes No
2	Is the organization a grantor, beneficiary or trustee of a trust, or a member of		
	formed to administer charitable gaming?		Yes No
3	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		13a %
b	An outside facility		13b %
4	Enter the name and address of the person who prepares the organization's	gaming/special events books and	
	records:		
	Name u		

	Address u		
E	Done the expenientian have a contract with a third party from whom the expense	onization received accesses	
5a	Does the organization have a contract with a third party from whom the organization have a contract with a third party from whom the organization have a contract with a third party from whom the organization have a contract with a third party from whom the organization have a contract with a third party from whom the organization have a contract with a third party from whom the organization have a contract with a third party from whom the organization have a contract with a third party from whom the organization have a contract with a third party from whom the organization have a contract with a third party from whom the organization have a contract with a third party from whom the organization have a contract with a third party from whom the organization have a contract with a third party from whom the organization have a contract with a third party from whom the organization have a contract with a third party from whom the organization have a contract with a third party from the organization have a contract with a third party from the organization have a contract with a third party from the organization have a contract with a third party from the organization have a contract with a third party from the organization have a contract with a third party from the organization have a contract with a third party from the organization have a contract with the organization have a cont	• •	☐ Yes ☐ No
b		• • • • • • • • • • • • • • • • • • •	
D	amount of gaming revenue retained by the third party ${f u}$		and the
С			
Ŭ	ii 100, Onto hame and address of the till party.		
	Name 13		
	Name u		
	Address u		
6	Gaming manager information:		
	Name u		
	Gaming manager compensation u \$		
	Description of services provided ${f u}$		
	Director/officer Employee Independen	t contractor	
_			
17	Mandatory distributions:	forms the manning property to	
а	Is the organization required under state law to make charitable distributions		□ vaa □ N
h	retain the state gaming license?	o other exempt ergenizations or	Yes No
b	Enter the amount of distributions required under state law to be distributed to spent in the organization's own exempt activities during the tax year u	\$	
Pa	art IV Supplemental Information. Provide the explanation		olumns (iii) and (v): and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as		
	See instructions.	opposition in the provided early and	

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

u Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization FOR KIDS FOUNDATION		Employer identification number 75-3093964
Part I General Information on Grants and Assistance		
 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if 	. Complete if the organization ans	
1 (a) Name and address of organization (b) EIN (c) IRC section (f applicable) (d) Amount of cash (e) Amount of cash assist	I (hook EMV appraisal I "" '	1 '' '
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 		u

Part III Grants and Other Assistance to Part III can be duplicated if addition		Is. Complete if the org	ganization answered	"Yes" on Form 990, Part IV	/, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 CHILD CARE		1,200			
2 CLOTHES/SHOES		371			
3 DENTAL		3,956			
4 EDUCATION		9,696			
5 EQUINE THERAPY		13,260			
6 FURNITURE/BEDDING		2,275			
7 MEDICAL		14,334			
Part IV Supplemental Information. Provide	le the information red	quired in Part I, line 2;	Part III, column (b);	and any other additional in	formation.

32501	
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Part III Grants and Other Assistance to	Domestic Individ	luals. Complete if th	5-3093964 e organization ansv	vered "Yes" on Form 990,	Page 2 Part IV, line 22.
Part III can be duplicated if addition (a) Type of grant or assistance	onal space is need (b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 ORTHODONTIA		10,849			
2 PSYCHOLOGICAL/WELL-BEING		5 , 761			
RENT/HOUSING/UTILITIES		741			
4 SPORTS PARTICIPATION		2,298			
5					
6					
7					
Part IV Supplemental Information. Prov	vide the informatior	ı required in Part I, liı	ne 2; Part III, colum	n (b); and any other additi	onal information.

SCHEDULE M (Form 990)

Noncash Contributions

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

u Attach to Form 990.

u Go to $\textit{www.irs.gov/Form990}\$ for instructions and the latest information.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number FOR KIDS FOUNDATION 75-3093964 Types of Property

Pa	art I Types of Property				•			
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determining			
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amou	unts		
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	X		69,000				
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities — Publicly traded							
10	Securities — Closely held stock							
11	Securities — Partnership, LLC,							
	or trust interests							
12	Securities — Miscellaneous							
13	Qualified conservation							
	contribution — Historic							
	structures							
14	Qualified conservation							
	contribution — Other							
15	Real estate — Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other u ()			0 100				
26	Other u (SERVICES)	X	1	2,400				
27	Other u ()							
28	Other u (
29	Number of Forms 8283 received by the	-						
	which the organization completed Form	n 8283, Pa	art IV, Donee Acknowledg	ement	29		Yes	No
20-	During the year did the organization up	مريط مدينمم	antribution on aronartur	anastad in Dort I lines 1 thre	ah		162	No
30a	During the year, did the organization re 28, that it must hold for at least three y	-	• • • •	•	•			
				-		200		Х
h	to be used for exempt purposes for the		laing perioa?			30a		$\stackrel{\wedge}{\vdash}$
ь 31	If "Yes," describe the arrangement in F Does the organization have a gift acce		icy that requires the rovice	w of any nonetandard				
JI	6.%			•		31		Х
32a	Does the organization hire or use third				sh	31		<u> </u>
JŁa		•	-	•		32a		X
b	If "Yes," describe in Part II.					JŁa		
33	If the organization didn't report an amo	ount in colu	ımn (c) for a type of prope	erty for which column (a) is o	checked.			
	describe in Part II.	5510	(-) -: -: -: -: -: -: -: -: -: -: -: -: -:	,	,			

S	chedule M (Forn	n 990) 2020 FOR	R KIDS FOU.	NDATION		75-3093	964	Page Z
	Part II	Supplemental the organizatio	Information. Pon is reporting in	rovide the informa	, the number of	Part I, lines 30b, 3 contributions, the r	2b, and 33, and whethen the second se	er ed,
					•			
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•								
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SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047
2020

Department of the Treasury Internal Revenue Service u Attach to Form 990 or 990-EZ. u Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization Employer identification number 75-3093964 FOR KIDS FOUNDATION FORM 990 - ORGANIZATION'S MISSION THE PURPOSE OF THIS CORPORATION IS TO SERVE NEEDY CHILDREN BY OBTAINING FUNDING FOR MEDICAL, DENTAL, MENTAL HEALTH, AND OTHER NECESSARY SERVICES WHICH ARE OTHERWISE UNAVAILABLE, WITHOUT DISCRIMINATION ON THE BASIS OF RACE, RELIGION, SEX, GENDER, SEXUAL ORIENTATION, GENDER IDENTITY, DISABILITY OR NATIONAL ORIGIN. IN ADDITION, THE CORPORATION MAY ENGAGE IN ANY OTHER LAWFUL ACTIVITY FOR WHICH A NONPROFIT CORPORATION MAY BE ORGANIZED UNDER NEVADA LAW. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 BOARD OF DIRECTORS REVIEW FINANCIALS BEFORE SUBMITTING TO CPA TO PREPARE THE FORM 990. EACH BOARD MEMBER/DIRECTOR IS GIVEN A COPY OF THE RETURN ONCE THE RETURN IS COMPLETED. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL BOARD OF DIRECTORS INTERVIEW AND VOTE ON EXECUTIVE DIRECTORS COMPENSATION. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST.

Countries of the Lineary World Review Second

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4847(a)(1) of the internal Revanue Code (except private foundations)

P Do not enter excite electrity numbers on the form as it may be made public. P- Go to www.kis.gov/Form#90 For Pertruptions and the latest information.

CRAD No. "SASHINAT 2019 Open to Public Inspection

Ā	For th	ia 2019 cj	dender year, or la	n year beginning			djr <u>a</u>			
	Capto d p		G Name of organization						2 Employer Ma	nification number
1.1	Address o	congr	1	FOR KIDS	FAGUNDAT	ION			ı	
Ħ	Ayu ja	`	Doing Numbers to						1 75-309	3964
끔				P.C. pop 4 med at not 5em	wine, propagation	ni)		Poom/sura.	C Telephone N	
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4	Horr of a	organization.	X (gyprosten)	Trapi Separciador	12∈ ▶			L Year of terration	2003 <u> µ</u>	Sate of legs sample NV
P	ert I	Şu	mmæry			.				
	1	Bnefly de	somble the organizat	co's mesion or mos	t significant act	reflees .				
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Сометына	2	Chec⊁ thi	a pox ▶ 🗍 the	organization discontr	wed its operate	encebro en	ed of more then	25% of its new asset	8.	
	3 1	Number o	i veling members el	the governing body	(Part VI, Inc. 1)	a			1.3.1.3	
¥	4	Мистоня а	Findependent voting	newbers of the go	vening tody (F	est VI, live 16)		4	. 1
濩	5	Total mim	her of motheduals er	nployed in salendar (ear 2019 (Part	V. Ine 2s)	•		5 (]
CENTRAL SE				simate if necessary	-		•		8 4	40
•	76	Fotal unite	lated business reve	nue from Part VIII. d	ounn (C) line	49			78	0
	ь	Nes umas	dec busness carab	e income from Form	996-T, Ine 39				. 7b	0
								Prior Y		Current Year
_	ė i	Continbut:	and grants (Par	t VIII, fine 1ft)				22	25,934	263,880
Reveitue	9	Program s	service revenue (Pa	n VBI, line Zg)						<u>0</u>
E	10	[mygggmgr	c escomo (Part VIII.	column (A), lines 3,	4, and 7d)					109
•	11	Other nevi	arue (Part VIII, colu	mr (A) ines 5, 6¢, ί	Bo, Po, 10c, and	l 11a)		2	24,521	2,127
	12	Total seve	nue – ecd lines 5 d	igugh 11 (musi equ	al Pan VII <u>I, royu</u>	<u>rng (A), kne 1</u>	<u> 2) </u>	. 25	(0,455	266,116
	13	Grants on	d similar amounts p	aid (Part IX, octomn	(A), thes 1-3)			12	23,254	114,989
	14	Banetts o	aid to or for membe	rs (Pac IX, column)	A) line 4)			L		0
	15	Golaries, «	other compensation,	employee benefits (Part IX, column	(A) lines 5-	101			0
	15a	Profession	al fundating leas	(Part IX, solumn (A)	(ing 1te)					C
1			-	hat X coolers (D), I			32,859			
۵	17	Other exp	enses (Parl IX co.)	mn (A), Ines 11g-1	1d, 1*f-24c)				2,108	67,717
	18	Lotal eage	vises. Acid lines 13	17 (must equal Part	IX, column (A)	vina 25)			5,352	182,706
		-		rad line 16 For The					75,093	83,410
+ 7	_				•			Beginning of C	prograf Yager	End of Yes
	20	Tribal sesse	da (Parl X. line 16)					. 11	1,079	147,654
14	21	Total liabl	ides (Part X. line 26)					0	<u>C</u>
3.5	22	Net apage	or tund balances	Subhast line 21 fear	na 20			11	1,679	147,654
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May	the IR			preparer shown six	we? sse instru	cáiare)		<u> </u>		X Yes No

em 990 (20 <u>19) - 3</u>	FOR KIOS FOU <u>ne</u>	ATION		<u>75-3093964</u>			Page 2
Part III Sta	stement of Program	Service Accomplish	ments				ाज
C <u>h</u>	ack if Schedule O con-	tams a responsa or n	ale to any <u>tine in i</u>	<u>this Part III .</u>			
Booky describ	e ifia organzalion's maseon.						
эвы ŞСНЕ	DUTE O .						
				 			
_	cation undertake any signific	an; program services during	Die Aest Applich mete) not issed on the			. D.
pnor form 990							Yes X Mo
	ilde theac new convices on S						
_	zakon ceasa conductný. O	make agrificant changes in	i how i conducta, any	y program		ГΊ	Yes X No
somes?						Ш	744 A
	nbe these changes on Some			***********	maximal by		
L Describe the (organization's program servic	ZE BUZZUT KONSTANSKA GOD	n out of the amount	program and alterna-	representation by		
	ction 501(c)(3) and 501(c)(4)			ra gravia and anocasc	ara tu omers.		
the total exper	nees, and revenue, if any, for	r earth grogram service rep	2090				
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La (Codé ⇔ttesan e) (Expenses & (DUCATIONAL), FI	oud enign partition of the control o	anggnaresers atron IND Di	event, ássta		ASSIS1	г '
COLUMNIA D	WITH SPECIFIC	r nekes Rok W	FICH RESOU	BORS ARE II	NSUFFICIEN	r or	NON-
EXTSTENT		- 141					
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lb (Code:) (Expenses S	inclus	Մարդաջողնենք \$) (Revenue 5		,
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(Expenses 3	<u> </u>	indusing grants of \$		I (Neverue \$		<u> </u>	
(Expenses 3				(Neverue \$		<u> </u>	ram 990 2015

	At the Cuecular of Medicine Schedules				
				Yes	Ņ <u>e</u>
1	is the organization described in section 501(c)(3) or 4947(8)(1) (other than a private four-cation/7 if "Yes."				
	comprists Schedule A		1	Х	<u> </u>
2	Is the organization required to complete Spherizie St. Schedule of Contributors (see instructions)?		2	Х	
3	Die the organization engage in direct or indirect political comparion activities on behelf of or in opposition to				
	candidates for public office? If "Yes " compacts Schedule C. Part !		3		Х
4	Section Strike(3) organizations. Did the organization engage in lobbying potivities, or have a section 501(n)	-			
_	election in effect curing the tax year? If "Yes," avmp/elle Schedule C. Part II		4		X
5	a the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues.				\Box
7	assessments, or similar emounts as defined in Revenue Procedure 88-197 / Yes," complete Schoolete C. Part fill		5		X.
a	Did the organization maintain any denor advised funds or any similar tunds or accounts for which denors				
•	have the right to provide activity or the distribution or investment of amounts in such funds or accounts? If				
	Yes corrolled Schedulg D Reit /		6		lχ
7	Dat the organization receive or hold is conservation eagement, including experiments to preserve soom space,				
•	the environment, historic land grass, or historic structures? If Yes, contribite Schedule D. Part II		7	١.	. Х
8	Ck) the organization maintain polections of works of sit, historical treasures, or other similar assets? if "Yes."				
•	complete Schedule D. Pert N		.	ļ	х
	Did the organization report an emigrat in Part X, line 21, for escrow or custodial account liability, services as a		\vdash		
ė	custodian for amounts not listed in Part X; or provide unsulf counsaing, detailmenegement, credit impair, or				
	debt registation services? V "Yes, " complete Schedule D. Plef (V		9		Х
			-		
10	Did the organization, precity or through a related organization, hold assets in contrinstricted endowments		10		Ιx
	or in quasi endowneries? If "Yes," complete Schedule D, Perf V			Ь.	<u> </u>
11	If the organization's answer to any of the following questions is "Yes:" then complete Schedule D. Ports VI,		1 1		
	VII, VIII, IX, or X as applicable				
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 // "Yes "] .		х
	complete Schoolde D, Part VI		114	_	<u> </u>
ь	Dut the organization report an amount for investments—other securities in Part X, line 12, than is \$% or more				l .,
	of its tutal assets reported in Part X, line 187 if "Yes," complete Schadula D, Aart VII		116		<u>.x</u> .
¢	Dig the organization report an amount for investments—program related in Part X, line 13, that is 5% or inches		ا ا		l v
	of its total lassets reported in Part X, line 167 // "You," complete Schedule D. Part VIV		116		Х
₫	Die the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets		ا ۔ ا		
	reported in Pert X, line 187 /: "Yes." complete Schedule D, Pert IX		11d		X
•	Did the prearization report an amount for other liabilities in Part X. Line 25? X "Yes," complete Schedule D. Pert X		114		Х
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		l		١
	this digenization's liability for uncertain law positions, under FIN 48 (ASC 740)? If "Yes," complete Schedule D. Perl X		111		X
12=	Did the diganization obtain separate independent audited frunds laterinems for the cax year? If "Yes " complete				١
	Schedule D. Parts XI and XII		12s		Ľ¥.
ь	Was the organization included in correctionless, independent auction financial statements for the tax year? If				
	Tres." and if the organization argument 760" to see it is, then completing Schedule D. Fishs XI and XII is optional		126		X
13	Is the organization a school described in section 170(b)(*) A\(\text{(u}\)\? \# "Yes," compacts Schoolsto €		13		Х
144	CI/J line organization maintain on office, employees or agents outside of the United States?		144	ļ	X
ь	Dut the organization have aggregate revenues or expanses of more than \$10,000 from grantinglying		-	l '	-
	fundrasting, business, investment, and program service activities dulege the United States, or aggregate			l	
	foreign invasaments valued at \$100,000 is more? If "Yes," pomplete Schedule F, Perts I and IV		_ t 4b		<u>. X</u> _
15	-				
	for any temper regardation? If "Yes," complete Suitable F. Parts III and IV		16	L	1 X
15	Did the organization report on Part IX, cotumn (A), line 3, more than \$5,000 of aggregate grants or other		i		ļ
	assistance to or for foreign individuals? If "Yos," complete Schedule F, Paris III and IV		16		įΧ
17	Did the progenization report a total of more than \$15,000 of expenses for protessional functioning services on				i
	Figs IX, column (A), lines 8 and 11s? // "Yea." complete Schedute C, Pint / (see instructors)		17	<u> </u>	į X
12	Dut the expension report more than \$15,000 rotal of fundrasing event gross recurse and combusons on				
	Pert VIII, lines 1c and 847 # "Yes," complete Screenide G. Pert II		18	X	
19	Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 387				Г
	# "Yes," complete Schedule G. Per Iff .		19		X
20a	Did the organization operatorions or more hospital feether? If "Yes " compacto Schoolsto Ir"	-	214		Х
ь	If Tree's to line 20st did the progenization attents a copy of its subtled financial statements to the return?		206		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or				
	demands poverment on Part IX. obtains (A) the 17 ff "Yes" complete Schedule I, Parts I 8/16 ff		21		Х

Pa	rt IV Checklist of Required Schedules (continued)		_	_
	<u></u> ,	─ ──	Yes	No
22	Did the organization report more than \$5,000 of preves or other assessance to or for domestic entirectals on			
	Part IX, course (A), the Z1 of Yes 1 complete Schedule I, Parts I and file	22	X_'	
23	Did the organization allisate "Y66" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's coment and former officers, directors, minkers, key employees, and highest compensated		- 1	
	employees? If "Yes," complete Schedule J	23	\rightarrow	X
24a	Did the organization have a tax-exampl bond issue with an outstanding princips, amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lanes 245			
	Through 24d and complete Schedule K. If Tilo." go to into 25a	244	\rightarrow	X
ь	Oc the progenogehor investionly proceeds of lax-example bunds beyond a temporary period exception?	24b	\rightarrow	
_	Bid the organization maintain an esotow account other than a refunding exproving any time during the year			
	to defease any tax exempt borde?	242	- +	
đ		240	<u>.</u>	
25.	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization ongage in an excess benefit	- 1		
	transaction with a dequalified person ourning the year? If "Yes," complete Schedule L. Part I	75a	-+	_X
Þ	is the organization every they it engaged in an excess benefit transaction with a disqualified person in a pron]		
	year, and that the transaction here not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	# "Yes," complete Subset&6 (, Fad /	25b	\rightarrow	<u>X</u>
26	Out the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or farmer officer, dreator, trustee, key employee, creator or founder, substantial contributor, or 35%			Q.
	composing entry or lamity member of any of these persons? If "Yes" complete Schedule / . Part if	26	\rightarrow	Х
2 7	Old the organization provide a grant or other assistance to any current or former officer, director, busines, key			
	employee, cregion or founder, substantial compitutor or employee thereof, a grant selection domain ties			
	nember, 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		<u>X</u>
25	Was the organization a party to a business transaction with one of the following carbos (see Schedule U. Part			
	(y instructions, for applicable fling thresholds, conditions, and externation)			
	A current or former officer, checker, busines, vey employees, areator or founder, or substantial contributor? If	l l		
	"Yes:" complete Schedule L, Part IV	20.	$\cdot \rightarrow$	X
Þ	A family member of any individual described in the 28a7 if "Yas," complete Schedule L. Part IV	285	\longrightarrow	<u>~</u>
¢	A 35% controlled emity of one or more ladiniduals english organizations described in large 28a or 285° ff	١., ا		v
	"Yest" complete Schoolie L, Part IV	28¢	-,, -	<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash completions? If "Yes," complete Schedwe M	219	Х	
30	Detribe larger igation receive contributions of sit, historical beasures, or other similar passers, or qualified	۱		· ·
	corsension contributures? If Yes, complete Schedule M	30	-	X
31	Dut the organization liquidate terminate, or dissolve and osase operators? If "Yes," complete Sciencials N. Peri I	31	-	
32	Ond the organization said exchange, dispose of, or transfer more their 25% of its ned assets? If "Yea."		- 1	Х
	complise Schedule N. Pari II	3Z		
33	Did the organization than 100% of an entry developeded as separate from the organization under Regulations			х
	sections 3C1,7701-7 and 301,7701-37 if "Yes" complete Schedula R. Pert!	33		
34	Was the priganization related to any tax-everypt or taxable empty? If "Yes," complete Schedule R. Part II W.	<u>.</u> ,		v
	ox M, and Part V line 1	34		X
35#	Ted the organization have a controlled entity within the meaning of section \$12(0)(13)?	35e	-	_
Þ	If "Yes" to live 359, did the organization receive any payment from or engage in any transaction with a	3 6 b		
	controlled entity within the meening of section 512(b)(13)? If You, "complete Schedule R. Part V, line 2	380	-	<u> </u>
35		۱.,	: !	х
	related, organization? If "Year" complete Scientists R. Part V. Ane 2	35.	··-	
37	Out the organization conduct more than 5% of its ectivities through an entity that is not a related organization	37		x
	and that is freetron as a partnership for technial mourne for purposes? If "Yes," compare Solvedine R. Pert W.	- ' '		
30	Did the organization considere Schedute () and provide explanations in Schedute O for Pert VI, lines 115 and	33	х	
_	157 Note: At Form 990 Ners are required to correlate Schoolule C.			_
F	Part V Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1	Street the number reported in Box 3 of Form 1096 Enter -0- H not applicable The law exceptor of Forms 16/30 technique to line to. Enter 45 if not applicable 10 0	1		t
b	Chart the figurity to Faile Visco hadden to be at 2 in the state of th	-		
¢	That the organization comply with backup vertilitating rules for reportable payments to vertices and	10	†	X
_	reportable garning (gampling) winnings to price winners?		- 99	0 :201-91

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		\rightarrow	¥₩.	No
28	Smarr the number of employees reported on Form W/3, Transmittal of Wege and Tax	}		į
	Statements: Red for the calencer year ending with or within the year covered by this return.	4		ı
b	If or least one is reported on two 2s, did the organization file all required lement employment tax returns?	<u>26</u>		
	Note: If the sum of lines ha was the signester than 250, you may be required to e-file (see instructions)		'	
3=	Did the organization have unrelated business gross income of \$1,000 or more during the year?	30		X
ь	HITYAN That It filed a Form 390-T for this year? If 745° to Ane 35, provide an explanation on Schedule €	36		<u> </u>
44	At any time during the calencer year, did the organization have an interest in lor a signature or other authority over,	1		
	is friends& account in a toroign country (such as a bank account, seconds, account, or other financial account()?	42		X
ь	If "Yeg," enter the name of the lareign cook/fy ▶			
	See instructions for filtry requirements for EnCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
64	Was the driggraphism a party to a prohibited tax shelter transaction at any time during the tax year?	54		X
ь	Dig any taxable party nortly the organization that 1 was or is a party to a profibred tax sheller transaction?	<u>6</u> 6		X
¢	If TYes' to time So, or Sc, did the organization flar Form 8886-T?	Б¢		<u> </u>
60	Closs the organization have annual gross mosepts that are normally greater then \$100,000, and did the			
	organization soligit any contributions that were not tax deducable as character contributors?	Ba		X
ь	If "Yes," did the organization include with every epicalation on express statement that such contributors or			
	gffs were not lax deducités?	80		
7	Organizations that may receive deductible committees under section 170(c).			t
,	Tild the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods	1		Ė
	and services provided to the payor?	72		
ь	If "Yes," did the organization northy the denor of the value of the goods or services provided."	7b	Щ.	
e	Did the organization sell, excretige, or otherwise dispose of tangular personal property for Which it was			
	required to file Form 82827	7¢		—
đ	If "Yes" indicate ma number of Forms 8282 feed during the year	┛╵		
	Did the organization receive any tunds, directly or increasity, to pay premiums on a personal benefit contract?	70		Ь—
- 1	Did the organization, during the year, pay premiums, directly or distributly, on a personal benefit contract?	71		Ь—
	If the objectization recover a contribution of qualified intellectual property, old the organization file Form 8896 se required?	70		├
H	If the organization received a contribution of care boats, airplanes or other vehicles, old the organization file a Form 1038-07	7h		Ь—
В.	Sportscring organizations maintaining donor advised funds. Did a coror advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?			├
9	Sponsoring organizations maintaining donor advisad funds.			
	Out the spansoring organization make any tarable distributions under section 49667	9.		—
ь	Out the appropriating organization make is distribution to a donor, donor wivesor, or related person?	9b		├
10	Section S01(c)(7) organizations. Er 04			
	Fritiagen logs and capital contributions included on Part VIII find 12	4		
b	Gross receipts, included on Form 980, Part VIII, line 12, for public use of drib tarathes.	4		
11	Section 501(c)(12) organizations Enter.		l	
•	G-555 Income from members or stransluiders	4	l	ŀ
ь	Gress, recome from other sources (Dia rich riet amounts due or paid to other sources)		l	
	against amounts due or received from thorn.)	١,_		I
123		12=	\vdash	
ь	If "Yes," enter the amount of tax-enter interest received or accrued during the year	┥	l	
13	Section 501(c)(29) qualified horiprofit health minurance conums.	4	<u> </u>	┿
•	Is the organization liberated to assist oval-find health plane in more than one state?	134	\vdash	-
	Note: See the instructions for additional information the organization must report on Schedule O			
Þ	Enjer the partition of reserves the organization is required to maintain by the states in which		1	
	the organization is licensed to issue quarter, health plans	\dashv		
•	Enjar the arrowal of reserves on least	84	\vdash	Х
144	Dut the organization receive any payments for indoor teaming services during the tax year?	140	\vdash	+^-
ь	If "Yee," has it had a Form 720 to report these payments? If "No " provide an explanation on Sundowell O	140	\vdash	+-
15	is the organization subject to the section 4960 tax on paymential of more than \$1,000,000 in remunoration or		l	x
	excess parachute payment(s) during the year?	15_	 	+^-
	M "Yes" see matrications and file Form 4720. Schedule N			v
16	Is the organization on educational institution support to the section 4968 exceeds: on nel investment income?	16	\vdash	Х
	If "Yee," complete Form 4720, Schedule O		95	<u></u>

Pa	4 VI Governmence. Management, and Disclosure For each "Yes" response to time 2 styrough 76 perby, and for response to time 8a, 8b, or 16b below, describe the circumstances, circumstances or changes on Schedule D. See it	nsowedan	19	_X_	
Sec	Check if Schedule O contains a response or note to any line in this Part VI			<u></u>	
		\vdash	Yes	No	
18		⊣ ∣			
	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				
	ozymnitátes, excisin on Schedule O				
ь	Errier the number of voting members included on the 1s, access, who ere independent 10	-	.		
2	are a second of the second of				
	any other officer, director, trustee, of key employee?	2	. ;	<u>x</u> .	
3	and the state of t				
	supervision of officers, directors, trusticos, or key employees to a management company or other person?	3	<u> </u>	_X_	
4	Die the organization make any significant changes to its governing documents serve the 2001 Form 990 was filed?	4		Х	
5	Oid the regarization become aware during the year of a significant diversion of the organization's assets?	. 5		Х	
6	Did the organization have members or stockholders?	E		Х	
7=	Did the organization have members, stuck-holders, or other persons who had the power to elect or ecount.				
	one or mane members of the governing body?	7.		Х	
ь	Are any governonce decisions of the enganization reserved to (or subject to approval by) members.				
_	stuckholders, or persons other than the governing body?	7b		X	
В	Did the organization contemporaneously document the meetings held or winters extens undertaken during the year by the following:				
٠.	The povering body?	8#	Х		
-	Each committee with authority to action behalf of the gaverning body?	86	Х		
9	is there any officer, director invities or key employee issec in Part VIII, Section A, who cannot be reached el			"	
•	the organization's making address? If "Yes," provide the names and addresses on Schedule O	. 9 _		Х	
Car.	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode.J			
	BOY BY LOUGHS Living December to reduce to mind was an about before the second and an advance of the second and a second a		Yes	No	
	make an analysis to a local absolute boundary or efficiency	10=		ľχ	
	Ond the organization have local chapters, brunches, or efficies? If "Yes," did the organization have written policies and procedures governing the activities of such chapters.	152	\vdash		
b		, 10b	1		
	affigies, and branches to ensure their operations are consistent with the organization's exprint purposes? Has the organization provided a complete copy of this Form 990 to all mambers of its povening body before thing the form?	110		X	
		112		<u> </u>	
Þ	Describe in Schedule Cities process, Alerty, used by the organization to runion this Form 990.	120	1	×	
124	Did the organization have a written conflict of interest policy? If Tire, go to the 13	125	\vdash	<u> </u>	
Þ	Wiene officers, prectors, or trustees, and key employees required to disduce annually interests that could give rea to conficts?	'		-	
¢	Did the organization regularly and consistently monitor and entires nompliance with the policy? If "Yes,"	12e		l	
	describe #: Schedule O how this was dune		\vdash	Х	
13	Did the organization have a written whistlet/kaver policy?	13	\vdash	x	
14	De) the organization have a writer document retainton and destruction policy?	-\frac{1}{2}.	ŀ-	 ^	
15				ļ	
	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		۱.,	l	
2	The ingentament's CEO. Executive Orector, or the management official	154	Х	٠٠	
Þ	Other offices or key cataloyees of the attentiation	156	_	X	
	If Tyes' to line 15a or 15b, describe the process in Schedule O (see instructions)		1	ı	
18.	On the organization invest in combode assets to, or participate in a joint vertical or smaller enangement	ļ	1	٠.	
	with a taraptic entity during the year?	164	•	X	
ь	If TYES, I did the organization lookwill written policy or procedure recoving the organization to evaluate its			ı	
	perticulation in joint worture entangements under applicable federal tax law, and take steps to salleguard the	-		1	
	organization's exempt status with respect to such arrangements?	1Bb			
Sec	tion C. Disclosure				
17	List the states with which a copy of the Form 990 is required to be fired ▶ NONE				
13	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, it applicable), 990, and 990-T (Section 501(c)				
-	(3)s only) available for public arapession. Indicate Now you made these evolable. Check all that appry				
	X Own Website X Annihar's website X Upon request Other (explain on Schedule O)				
19					
	Francis explaments available to the public thinning the bax year.				
240	Sugge the viame, address, and stephone number of the person arto possesses the organization's books and records				
	NNTE RONI-STEART 90 ROX 5153				
		75-74	1-5	231	

75-3093964

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

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

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

- te Complete this table for all persons required to be lated. Report compensation for the railendar year ending with or within the organization's tex year.
- List e4 of the organization's current officers, circulars, frustues (whether includes or organizations), regardless of amount of compensation. Finant 45 in columns (C) (E), and (F) if no columns (b) was paid.
 - List pill of the organization's current key employees. I pay See instructions for defined of feet employee."
- List the organizations five current highest compensated amployees (other than an officer, director, trustee, or key employee)
 who received reportative compensation (Box 5 of Form W 2 and/or Box 7 of Form 1999-MISC) 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 (valinectived, in the capacity as a furnier director or trustees (valinectived, in the capacity as a furnier director or trustees of the organization, more than \$10,000 or reportable compensation from the organization and any rotated organizations.
 See instructors for the order in which to list the persons above.

Ю	XI.	Check this hor t	Provider the organization nor	rary teknewi	i organization comperts@60	i Buny calimenta differen, dar	OCCUR. OF DOSPER.

△ Check his box Freebook inc cities Will Here and Mo	(B) Provings Novem (A) What (A) What	 * *	entel e	0) العداد العواليا العواليا	O Bor MO-B I Bor I Brecto	ng: gr i both 4 rtrafet	•	ID) Reportable compression Domithe organisation (NA) (ISSN-1850)	%) **Companies companies **Companies insperies mysercosumbs ; mysercosumbs ;	Pi Sainwik SPOOT oleter Sangunasion Polit 76 organization and
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(10) TAYONA TATE									Į	ŀ
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Part VIII Section A. Office	po- Average Louis rec week Qui, erry	ia to	o nore	Pos Oneca oneca	GI Nore More	(nin) n boh organ	ye.	IO Pagnett Companisated IO Purmetts When the re- True re- True re- True re-	(E) Representation Conferentiation from related organizations	(F) Pennasiri amoun; ul olean componesse from der
	nound 15/ 1986c Organizational basinos puntes lime)	hoseine trans-	hethelone pure	ofu	Key produces	regions properated	-DAMP	7 (W21(00)-MSC)	MV2-IQA-VISCI	apper cale approve
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EXECUTIVE DIRECTOR	C-00	ı	Γ	r				<u> </u>		<u> </u>
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Substitute Total from continuation sho Total (add times 15 and 1c) Total number of includuals (in reportable compensation from	studing but not lim	ited to					► ► •	ha received more than \$10	0,000 of	
 3 End the organization tot any Nemployee on line 187 if 1988. 4 For any individual listed on line organization and related organization and related organization. 5 Did any person listed on line for services rendered to the office. 5 Section 9. Independent Contract. 	complete Schedu c file, a the sum of nizaboris greater th taireceive or scon, nganizadon? If Ye	ig J (v Propor Nam St He com	or sa etabl 150,0 nper	ven v e co ixxo? ixatic	nginin mper m n	okani nggta ias. om a	 დეფ დეფ	no other compensation from plots Schedule J for such nrelated organization of high		Yes No
Complete this table for your fi compensation from the organi	va 'eghest comper									
Nero a	e trainen stiten		_				ļ. 	<u>Descript</u>	Mili un 3 meroja	(C) Companies
										""
2 Tate number of interpendent rependent more than \$100,000							100 H	Ned atave; 취약		

Pa	rt V		ant of Reven Schedule O		respons	e or note to	o any line in this	Part VIII		. Г.
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효성	14	Pederated camp	AMOUNT .	10					-	· · · · · · · · · · · · · · · · · · ·
1	ь	Membership due		16						
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		other smarr am	nuntri)			▶	109			159
	4	Income from invi	estrer) of tax-ext	empt bond pro	o cedi	▶				····-
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		See Pan N' line 18		B-p		40,754				
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	**	See Part At time 19		ģ∎						
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		hat income or (k				<u> </u>				
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4	110									
Miscaloneous Revenue	ь									
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a		Total Add hes				<u> </u>				
		Total revenue.			٠.		269,116	- 0	ı	2,236
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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column, (A) Chock if Schedule O contains a response or note to any line in this Part IX. 围 D, Ю. Do not include amounts reported on lines 6b. Managament and parametristics Caronang 7b, 8b, 9b, and 10b of Part VIII. -Grants and sales asserting to particular organizations and domestic governments. See Part for the 31. Grants and other assessmos to correction <u>114,989</u> individuals. See Part IV, line 22. 114,989 States and other assetance to free you organizations, foreign governments, and longer ndividuals, Sep Port IV, Imps 15 and 16 Benefts paid to or for mainhers Compensation of current officers, cirectors, Tusbas, and vay amployees Compensation not included above to disqualfied. persone (se dafines unger segton 4958**)* () and persons described in section 4958(c)(3)(8). Other palaries and wages Pereon par acquais and contributions (rigule section 40(%) and 403(b) employer contributions? Other employee benefits Payrol laws Face for services (nonemployees): 48,300 10.626 9,660 28.014 a (Assayement lu Leogeal e Accounting d Linbbying Professional fundrasing services. See Part IV, line 17. Investment management fews Q. Other (* are 11) smooth excepts; (%) of the 25 column. 125 1,:25 Allomates has his 11g ingenses on Screekin Oil. 1.278,403 Adversing and promotors 130 4.483 179 Office expenses 320 384 13 220 information rechnology. 973 331 14 Rayaties Occupancy 16 2.731 731 17 Dayments of travel or entartainment expenses. for any federal, state, or local public officials. 1,321 19 Cortérencés, conventions, and meetings 95 20 -menest Payments to affinales Decretation, depletion, and amortization 3.675 Insurance 0.675 24 Other excentes, therete expenses not covered. above (List miscellaneous expenses on line 24e III line 24e amount excesses 10% of the 25, country (4) amount, fat fine 24s expenses on Schedule (3.) SUES AND SUBSCRIPTIONS 582 582 354 SUPPLIES. 384 BANK CHARGES 187 30 157 G All other enperses Total functional expenses Acomes I trough Sec. 162,706 126,01423**,8**33 32,859 Joint costs. Complete the Instanty rithe. expensation reported in column Billiam column from a combined adjustmental campage and fuhāsanu solotatur. Olaut, here 🕨 lakwang 50A 98-7 (ASC 958-720)

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27 Yet esseets without conor restrictions 28 Net asseets with donor restrictions 29 Net asseets with donor restrictions 29 Organizations that do not follow FASB ASC 888, check here is and complete lines 29 through 33. 20 Capital stock or sust principal to consent tunds 30 Paid-in or capital autitude, or large, butting, or equipment total 31 Retained earnings, and without accumulated income, or other funds 32 Total not assets or fund belances 33 147, 654			Organizations that follow FASB ASC 968, check here 🖭 🐰	:		i
30 Paud-in or capital autolius, or larce, buitang, or equipment ford 30 31 Retained earnings, and/warrent accumulated income, or other funds 31 31 Total net assets or fund beterious 31 32 Total net assets or fund beterious 32 Total net assets or fund beterious 33 39 39 39 39 39 39 39 39 39 39 39 39	1	l	and complete Frieg 27, 28, 32, and 33.	!		1
30 Paud-in or capital autolius, or larce, buitang, or equipment ford 30 31 Retained earnings, and/warrent accumulated income, or other funds 31 31 Total net assets or fund beterious 31 32 Total net assets or fund beterious 32 Total net assets or fund beterious 33 39 39 39 39 39 39 39 39 39 39 39 39	8	27	Het assets without conor restrictions	111,079	27	<u>147,654</u>
30 Paud-in or capital autolius, or larce, buitang, or equipment ford 30 31 Retained earnings, and/warrent accumulated income, or other funds 31 31 Total net assets or fund beterious 31 32 Total net assets or fund beterious 32 Total net assets or fund beterious 33 39 39 39 39 39 39 39 39 39 39 39 39	1	29	Net assats with donor restrictions		28	<u> </u>
30 Paud-in or capital autolius, or larce, buitang, or equipment ford 30 31 Retained earnings, and/warrent accumulated income, or other funds 31 31 Total net assets or fund beterious 31 32 Total net assets or fund beterious 32 Total net assets or fund beterious 33 39 39 39 39 39 39 39 39 39 39 39 39	7		Departmetions that do not follow FASB ASC 988, check here		1	
30 Paud-in or capital autolius, or larce, buitang, or equipment ford 30 31 Retained earnings, and/warrent accumulated income, or other funds 31 31 Total net assets or fund beterious 31 32 Total net assets or fund beterious 32 Total net assets or fund beterious 33 39 39 39 39 39 39 39 39 39 39 39 39	3		-			
30 Paud-in or capital autolius, or larce, buitang, or equipment ford 30 31 Retained earnings, and/warrent accumulated income, or other funds 31 31 Total net assets or fund beterious 31 32 Total net assets or fund beterious 32 Total net assets or fund beterious 33 39 39 39 39 39 39 39 39 39 39 39 39	7	20	-		29	
32 Yeashing assets or fund belances 111, 319, 47 141, 634	ŧ				30	
32 Yeashing assets or fund belances 111, 319, 47 141, 634	Ī	I			31	,-
3 W 100 100 100 100 100 100 100 100 100 1	4		_	111,079	32	
	Z					147,654

or m	990 gors) FOR KIDS FOUNDATION 75-20939	64			Pa	ge 12
P	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					N
1	Total revenue (must equal Part VIII, column (4), ine 12)		1			116
7	Total expenses (must equal Part IX column (A), ene 25)		2		82,	
3	Revenue less expenses. Subtract time 2 from line 1		3		83,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, exhimn (A))		4	1	11,3	<u> </u>
5	Ner unveakzed gains (losses) on Investments		5			
6	Consted services and use of facilities		В			
T	Investment exponses		7			
6	Pros period adjustments					
9	Other changes in het assets or fund balances (explain on Schedule C)		9	_	46,	935
10	Net assets or fund balances at end of year. Compine lines 3 frimugh 9 (musu equal Part X, final					
	32. Gatumin (B))		10	1	47,1	654
Pa	rt XII Financial Statements and Reporting					$\overline{}$
	Check if Schedule O complins a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 960 X Cash Accrus Other			$ \square$		
	If the organization changed its medical of accounting from a prior year or phecked "Other," explain in	- "		_		
	Schedule O					
74	Wars the organization's financial statements compiled or reviewed by an independent accountant?			20		X
	If "Yes" check a box below to indicate whether the financial statements for the year wore complet or		,			
	reviewed on a separate basis, consolidated basis or both					
	Securate pasis Correctioned basis But correctional and security besis					
h	Were the organization's financel statements audied by an independent accountant?			26		Х
•	If "Yes," check a buy below to indicate whether the financial statements for the year were audited on a			·		
	sequents basis, consolidated basis, or both:					
	<u> </u>					
C	If "Yes" to kine 2e or 2h, does the organization have a committee that assumes responsibility for oversight of					
	BY ANSI, MARKA, or completion of its financial eletionorits and spectron of an independent accountant?			<u>2e</u>		-
	If the arganization changed either its overages process or selection process during the lax year lexibation on					
	Schedule O					
3	As a result of a lecteral award, was the organization reculred to undergo an auch or audits as self forth in the	ſ		ı	I	

ZOTT 990 (2016)

DVA

Single Audit Act and OMB Circular A-133?

b if TYSS," (iii) the organization undergo the required audit or sucita? If the organization did not undergo the required sucit or sucits, explain why on Schedule O and describe any stape taken to undergo such audits...

SCHEDULE A (Form 990 or 990-EZ)

Department of the Tropping based Revenue Server

Public Charlty Status and Public Support

çima F the organization is a section Sfriigiji) propriemien or a section 497/ek1/j menscence (hampile lout

Althor to Form 990 or Form 990-EZ.

Go to www.ws.gov/Form#90 for instructions and the intest information.

CHART NO. 1545-5047

Carelages (destification 4)

Coses to Public inepeatien

مخامر ناسين براوا أن وجوا 75-3093964 FOR KIDS FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) See instructions. Pert 1 The organization is not a private foundation because it is (For lines 1 through 12, theck only one box.) A church, convertion of thurshee, to exponential of thurshes described in excellen 170(b)(1)(A)(0). A school cercitied in section 170(b)(1)(A)(ii). (Attach 5thedria F (Form 99) or 980-E2...) 2 A hospital or a connective hospital service urganization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 179(b)(1)(A)(III). Enter the hospital's name. city and state. An organization operated for the bonetic of a buildye of university owned or operated by a governmental unit described in 9 | | section 170(b)(1)(A)(lv). (Complete Part III.) A federal, state, or local government or governmental unit described in eachers 170(b)(1)(A)(v). An organization they normally receives a substantial part of to support from a governmental unit or from the general bubies 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community must described in section 170(b)(1)[A)(v). (Complete Part II.) An agricultural research organization described in section. 176(b)(1)(A)(b) operated in conjunction with a land-grant college. or university or a non-tane-grant college of agriculture (see instructions). Enter the waine, vity, and state of the college or unversity: 18 X An organization that marriedly receives; (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to releasement functions—subject to contain exceptions, and (2) no more than 30 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 lax) from businesses accuract by the organization after June 30, 1975. See section 50N(s)(2), (Complete Part III I An organization organized and operated exclusively to test for public salety. See section 509(a)(4). An organization organized and obstaced exclusively for the benefit of, its perform the functions of, or to carry out the purposes. of one or more publicly supported organizations described in section. 609(e)(1) of section. 509(e)(2), Sax section. 509(e)(3). Charte the box in lines 12s through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by naving control or management of the supporting organization vasted to the same persons that control or manage the supported organizator(s). You must complete Part IV, Sections ≜ and C. Type III functionally integrated, A supporting organization operated in connection with, and functionally integrated with ita supponed organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally interpreted. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You milet complete Part IV, Sections A and D, and Part V. Chapt, this pax if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-tunctionally integrated supporting organization Enter the number of supported organizations Provide the adjoining information about the supported segarization(s). M) Around of (M) **a hy organisto**r: In Another norses ј финасти од опроток DIEN #1 Fame of income start the wyper last NAMED IN Hearted unlikely 1-10 seed a rout doverney CONTRACT. matractions." ACONE 1946 (WONESCOUR) 300x7077? METALOGICAL ! MI œ1 (C) |F}

Tetal

Schodule A (Fram 460 or 660-EZ) 2019 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part I (Complete only if you checked the box on line 5, 7, or 8 of Pan 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 III.)

Sec	ion A. Public Support				- ·		
	dat your (or fiscal year beginning in)	(a) 2015	ры 2018	(c) 2017	(d) 2018	(e) 2013	(n) Tota
1	Gifts, granus, commissions, and maintenance less received. (De not include any "unisses grants")			,			
2	Tay revenues level for the organization's benefit and either paid to or expended on its behalf						
3	The value of sentices or facilities furnished by a governmental unit to the organization without charge.						
4	Total, Act lines 1 through 3		ļ		· · 		
5	The perion of total contributions by each person (other man a governments unit or publicly supported organization) included on line 1 that sereads 2% of the amount shown on line 11, column (f)						
6	Public support. Supporting 5 from the 4		1.			Ī	
	ion B. Total Support	-	•		•		
	tor year (or fiscal year beginning in)	(a) 2015	(b) 2086	(c) 2017	(네 2018	(a) 2019	[II] Tutal
7	Amounts from line 4						
•	Gress income from interest, chydends, payments received in sequines licens, rente, myothes, and income from amiter sources.						
q	Net income from unrelated business activities, whether or not the oursiness is regularly carried on						
10	Other reams. Do not include given or lose from the sale of capital assets (Explain in Part VII.)						
11	Total support. Add lines 7 through 10		<u> </u>	E	<u> </u>	<u>. </u>	
12	Gross receipts from related activation, etc.					12	
13	First five years. If the Form 990 is for the	companization's first	second thro, fourt	h. or ffth taox year a	ss a section 501 jc)(3}	
	organization, shock this box and \$400 here						<u> </u>
<u>3ec</u>	tion C. Computation of Public S						
14	Public support percentage for 2019 [line 6,			M)		14	
16	Public support persentage from 2018 Sons					15	•
168	33-1/3% support test—2018. If the organi				I/3% or more, check	k tjulg	. (
	box and stop here. The organization quality						P (
ь	33 1/3% support test2018. If the organ				: 23 1/3% or more,	cheus.	. r
	this box and stop here. The organization (4		Pl
172	10%-facts-end-circumstances test-20						
	10%, or more, and if the arganization meet						
	Part VI how the arganization mosts the "V	adis-and-o-rumstano	tes" Dest. The organ	ISBIOU OPHIMAR SE	a prenety support	:	. I
	orga (2200°)						- 1
Þ						e	
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization me	cets the Tacks and c	amaumétahoéé léBil	The progenization of	Center as a broped	TY .	<u>.</u> 1
							* 1
	supported organization						- 1
18	eupported lorganization Private foundation. If the organization de instructions	d not check a box of	n line 13, 16a 16b,	17a or 17a, check	the box and east		- I

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

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

- د لو-	ton A. Public Support	(4) 304E	the State	(c) 2397	(d) 2018		(II) Tuta
	em hos in uses less self-raid an	(a) 2015	<u>(b) 2016</u>	[C] 2.17 f	(0) 201H	(e) 2019	115 1389
1	26s. parts, corebators, and membership less received. (Seing mouse any limited grants)	.01,569	_E i, _ZZ	117,150	225,925	.53.885	523, F5c
1	Gross receivts from admissions, merchanolist gold or sorvices performed, or facilities lumithed in any activity that is related to the organization is tax-exemble purpose.						
3	Gross recepts from activities that are not en unabled bade or business under section \$13						
4	Tax revenues levied for the organization's hereit and either paid to or expended on its penal.						
В	The value of services in facilities furrished by a governmental unit to the organization without charge.	<u> </u>					
•	Tetal. And lines * through 5	001,565	.23, 77		225, 944	267,660	842,659
72	Amounts included on knes 1, 2, and 3 received from disqualified persons						
	Amounts included on kines 2 and 3 indexwed from other than disqualified persons that exceed the greater of \$6,000 or 1% of the shidung on line 13 for the year.						
•	Arkt lines 7s and 7b						
B	Public support (Subtract line 7c Form Inc 5)	1		1	1		810,000
3ec	tion B. Total Support	· · · ·	•	<u>.</u>			
	dar year (or flace) year keginning in)	(8) 2015	(6) 2016	(4) 2017	[d] 2018	(e) 2019	∤fi Total
•	Annuals from line 6	0.7599	.24,.27	1,04,55	.25, 9.4	.e3,e80	812,659
Ç4	Grow everyte from enterest, dividends, payments received on technicide (GAAs, Airlis).						
	rojative, and income from miles warness					c1.	173
b						c1.	123
	royative, and income from miles www.vas					-15	189
c	royative, and income from miles valvess				27,521		
£ 1	royathis, and income from militar sources				37,531	.1.4	
t 1 2	repative, and income from miles valvess					2,127	26, E48
2 3	repative, and income from miles waveas	101,006	izi,izi	(12"p155)	indensi.	2,127	
c 1 2	repative, and income from militar valuess	organization's first, s			indensi.	2,127	26, E48
2	repative, and income from miles waveas	organization's first, s	econd. Fird (curt).		indensi.	2,127	26, E48 26, 148
2 3	toyathis, and income from militar susuass	organization's first, s upport. Percente	econd. Fird (cur).	or fift'i täa yeed dis	indensi.	2,127	26, E48 26, 148
2 3 4	toyathis, and income from militar susuass	organization's first, s upport. Percenta catonic (f), divided by	econd. Fird (curt). Iga y line 13, column (f)	or fift'i täa yeed dis	indensi.	2,125	24, 848 25, 848 457, 516
2 3 4 5	Invalue, and income from miles www.ess Unrelated business secuble income (loss section 511 taxes) from businesses section 511 taxes) from businesses sectioned effer June 30, 1975. Add times 10a and 10b. No more from unrelated business as vices nor included in the 10b, whether or not the tusiness is regularly carried or Other income. Do not include gain or loss from the aske of capital assets (Espain or Pert VI.) Tetal support. (Add lines 3, 10c 11, and 12.) First five years. If the Form 980 is for the organization, check this box and stop here them C. Computation of Public S. Public support percentage for 2019 gins 8.	uppert Percenta catonii (f), divided to dute A. Parl II, line 1	econd. Fird (curt). ga y ine 13, column (f) 5	or fift'i täa yeed dis	indensi.	255,116	24, 848 25, 848 . • • •
2 3 4	Invalue, and income from miles www.ess Unrelated business secuble income (loss section 511 taxes) from businesses section 511 taxes) from businesses section 611 taxes) from businesses sectioned effer June 30, 1975 Add times 10a and 10b Nis means from unrelated business as vices nor included in the 10b whether or not the tusiness is regularly carried or Other income. Do not include gain or loss from the aske of capital assets (Espain or Pert VI.) Tetal support. (Add times 3, 10c 11, and 12.) First five years. If the Form 980 is for the organization, check this box and atop here them. C. Computation of Public S. Public support percentage for 2019 (in 8, Public support percentage from 2018 5che)	upport Percenta cature (f), divided to due A. Part II, ine 1 ant Income Perc	econd. Fird (curt). ga , line 13, column (f) serviage	ত নিটা ভিন্ন স্বভার কর্ড)।	indensi.	257, 116	24, 848 25, 848 . • • •
2 3 4 3 6	Invalue, and income from miles survives	upport Percenta country (f), divided by due A. Part II, line 1 ant Income Perc ne 10c, column (f), di Schedule A. Par III	econd. Fird (curt). ga y line 13, column (f) 5 erriage vided by line 13, column 17	o 1981 (32 prest 25)) 	25.25 501(ch3)	265, 116 15 16	26, 848 26, 848 26, 848 26, 94, 96
2 3 4 5 6 3 8 7	Invative, and income from miles waves	upport Percents count (f), divided by ant Income Percent re '0c, column (f), divided by the '0c, column (f), divided by the '0c, column (f), divided by the column (f), divided by the column fill of the c	econd. Fird (curt). ga y line 13, column (f) 5 erritage vided by line 13, column 17 the boot on line 14,	or fifth tax years as	25.27 5(3) a section 501(eli3) then 33-1/3%, and	265, 116 15 16	26, 848 26, 848 26, 848 26, 7, 716 26, 84 %
2 3 4 5 6 5 6 7 8 9 9 9	Invalue, and income from miles survivas Unrelated business sensible income (loss section 511 taxes) from businesses section 512 taxes of 1975 Add times 10a and 10a Ne income from unrelated business are vices from income. Do not include gain or loss from the sele of capital sesses (Excelle or Part VI.) Total support. (Add lines 3, 10c 11, and 12.) First five years. If the Form 980 is for the organization, check this box and stop here them C. Computation of Public S Public support percentage for 2019 (in 8.) Public support percentage from 2018 Schellon D. Computation of investment income percentage from 2018 (a Investment income percentage from 2019 (if the organity is not more than 33 1/3%, check this box.)	upport Percents catons (f), divided to oute A. Parl II, line 1 ant Income Perc ne 'Oc, column (f), dis schedule A. Parl III reation did not check of and stop here. The	econd. First (curt). ga y line 13, column (f) 5 entiage vided by line 13, column 17 the box on line 14, a organization quart	or fifth tax year as (i) (and (f)) and the 15 is more lesses a publicly su	4-27-303 a section S01(e)(3) then 33-1/3%, and pported organization	265,125 265,125 15 16 17 18	26, 848 26, 848 26, 848 26, 948
c 1 2 3 4 5 6 5 6 7 8 9 9 9	Invative, and income from miles waves	upport Percenta catonii (f), divided to cute A. Parl III, line 1 ant Income Perc ne 'Cc, coloniii (f), div Schedule A. Pan III in rearton did not check or and stop home. The nustion did not check	econd. First fourth. ga y line 13, column f, 6 entlage yided by line 13, column ne 17 the box on line 14, a organization qualit a box on line 14 or	or fifth tax year as (i) beans (f)) and the 15 is more les as a publicly su line 19a and line 1	a section 501(cht3) them 33 1/3%, and poorted organization 33 1/3%.	265, 116 15 16 17 18	26, 848 26, 848 36, 54 %

Part IV Supporting Organizations

Schedus № (Form 990 or 99<u>0-#2) 2010</u>

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

Section A. All	Supporting	Organizations
----------------	------------	---------------

- 4 Are all of the organization's empirical organizations listed by name in the organization's governing documents? If "No," despite in Part III have the supported organizations are designated. If congruence by class or purpose, describe the designation. If historic and continuing revelopment, supplies.
- 2 Old 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 Vitron the organization determined that the supported organization was discribed in section 509(a)(1) or (2).
- 3a Eld the organization have a subjected organization described in section 501(c)(4), (5), or (6)? If "Yes," ensires:
 (b) and (c) below
- 6. Out the organization confirm that each supported organization (welfard under section 500(4), (5), or (8) and smarfed the public support leads under section 509(a)(2)? If Tree, "describe in Part VI when and from 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? Y You's auption in Part VI what excitots the organization put in place to ensure such use.
- 4s Was any supported organization not organized in the United States (Toronto supported organization)? P. Tvas f and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b. Did the organization have utimate control and discretion in deciding whether to make grains to the foreign subjuncted organization? If Trial, independe in Part Wilhow the organization had such control and discretion described being controlled or supervised by or in connection with its supported organizations.
- e. Did the organization support only foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 505(c)(1) or (2)? If "Yes," outdoin in Part VI what condrols the organization used to ensure first all support to the foreign supported organization was used sometimization for section 170(c)(2)(8) authorises.
- Sul Did this organization add, substitute, or remove any supported organizations during the tax year? If "Yes," support (i) and (c) below if explicable). Also, provide detail in Part VII, including II) the names and Ethic numbers of the supported organizations added, substituted, or removed; (ii) the neesons for each such action; (iii) the enthody under the organization's organization document sufficiently such action and (iv) have the action was accomplished reach as by amendment to the organization document).
- b Type I or Type II only. Was any added or substituted supported organization part of a cass skeady designated in the organization's organizing document?
- 6 Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Util the organization provide aupport (whether in the form of grants or the unavisure of services of facilities in anyone other than (it as supported organizations, it is introducts that are part of the distribute case benefied by one or more of its supported organizations or (ii) other supporting organizations that also support or benefit one or more of the fling organization's supported organizations? If TYSS, I provide decay in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other smillar payment to a substantial contributor (as defined in section 4959(a)(3)(C)), a tently marrier of a substantial contributor, or a 35% controlled entity with recard to a substantial contributor? If "Yes " complete Part I of Schedule 1. (Form 399 or 995-62).
- B Did the organization make a loan to a dequatified person (seldefined in section 4958) not described in line 7? If "Yes," committe Pain Lin! Schedule L. (Form 990 or 990-67).
- 9a Was the organization controlled directly or indirectly of any time during the tax year by one or more dischedited persons as defined in section 4946 (offer their foundation managers and organizations described in section 509(a)(*) or (2)(?) if "Yes," provide delsa in Part VI.
- b. Did one or more disquelified persons (as defined in the Sa) hold a controlling interest in any entity in which the supporting organization and an interest? If "Yes," provide defeit in Plant VI.
- e. Did a desquarified person (as defined in line 9a) have an extremity interest in or derive any personal bands: from, assets in which the supporting organization also had an interest? If "Yes," provide retail in Part VI.
- 10a Was the organization subject to the excess business indicings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type II individually integrated supporting organizations)? If "Yes," ensure 19th heliam.
- b Dic the organization have any excess business holdings in the 39 year? (Use Schnickle C, Form 4720, to degermine whether the organization had excess business holdings).

		Yes	No
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Saled.	Join Famm 900 or 980 EZ) 2015 FOR KIDS FOUNDATION 75:	-3093964		Page 5
P≥	rt IV Supporting Organizations (continued)			
		F	Yes	, No
11	libs the organization accepted a gift or combitation from any of the following persons?	1		
-	A gention with directly or indirectly controls, either alone or together with persons described in (b) and (c)			I
	helow, the governing thody of a supported organization?	11a		
	A formly member of a person described in (A) 850/467	115		
	A 35% composed entry of a person described in [a] or (b) abover? If Thes' to a, b, or c, provide carbo in Part IV.	116		<u> </u>
59C1	Ion B. Type I Supporting Organizations	,		
	B		Yes	No
1	Did the directors, guistess, or membership of one or more supported organizations have the cower to			
	regularly appoint on dept at local a majority of the organization a directors or trustees at all 6464s during the			
	tax year? If "No " describe in Part I/I how the supported organization(s) effectively operated, supervised or			
	controlled the argumentance activities. If the organization had more than one displayed urganization,			
	theselve has the powers in appears and arrive arrives are trustees were electred among the supported			
_	organizations and what conditions or restrictions, if any, applied to such powers during the lax year.	1		\vdash
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If Tres." explain in Perr			
	Whom providing such benefit correct out the purposes of the supported organization(s) that coorded,			
0-4	Number of the Supporting Operations			
30U	lon C. Type II Supporting Organizations		Yes	No
	Where a majority of the organization's directors or business during the tax year also a majority of the directors		<u> </u>	TWO
1	or Supplemental each of the organization's supported organizations)? If "No," describe in Part VI how control			
	or management of the supporting organization was vasted in the serine personal that controlled or managed			
	ти малинувания то тое хардологу этумпериот меся ческой то те выше регоста тог со точей этте одеа. Пто виростека опретивания	4		
Sect	ion D. All Type III Supporting Organizations			
	The state of the s		Yes	Мо
1	Did the organization provide to each of its supported organizations, by the last day of the Mth reorth of the	ļ	*******	7.5.
•	organization's tax year. If, a winter motion describing the type and amount of support province disting the prior bax			
	year, (a) a copy of the Form 550 that was most recently filed as of the calle of notification, and (su copies of the			
	organization's governing documents in offset on the data of notification to the settent not previously provided?	4		
2	Were any of the urganizations officers, directors, or inverses either it) appointed or elected by the supported			
-	caparization(a) or (ii) serving on the governing body of a supported organization? If 7%, " suplain in Part VI Now			
	the organization inautiered a case and continuous working relationship with the supported organization is	2		
а	By resect of the relationship described in (2), old the organization's supported organizations have a			
-	saydifasant visios in the organization's investment posities and in directing the use of the organization's			
	magine or assets at all times runny the tax year? If "Year" describe in Part VI the role the organization's			
	supported erganizations played in this regard.	3		
Sect	ion E. Type III Functionally-integrated Supporting Organizations	•		•
1	Chack the box next to the method that the organization used to self-by the fillegrei Part Test ouring the year (see Inst	писколе)		
	7			
lo	The organization is the period of each of its supported organizations. Complete line 3 between			
G	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (se	e instructions)		
2	Activities Test. Answer (a) and (b) below:		Yes	Mo
	Did substantially at of the organization's activities during the tax year offectly further the everyor purposes of			
	the supported programmetories to which the organization was responsive? If "Yes." those in Part VI identify			
	shops supported organizations and explain how these activities through furthered their exempt purcoses,			
	how the organization was responsive to those supported urganizations, and how the organization determined			
	that these activities constituted substantially at all its activities.	24		
ъ	Dut the artifacts described in (a) constitute activities that, but for the organization(s involvement, one of note			
	of the organizations supported organization(b) would have been sugaged in? If Yes," expand to Part VI the			
	research for the argumentation's position that its supported organization(s) would have engaged in these			
	activities but for the organication in environment	<u>25-</u>		
3	Parent of Supposed Organizations: Answer (s) and (b) below.	<u> </u>		
•	Oid the organization have the power to requestly appoint or elect a majority of the officers, directors, or			
	violess of each of the supported organizations? Arounds details in Part VI	38		<u> </u>
Þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported unquitables? If "Yes," describe in Part VI the role played by the organization in this require	Sta		

Schedula A (Form 990 or 990-62) 20(9 FOR KIDS FOUNDATION		75 -30 <u>92</u>	964 <u>Pequ 8</u>
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1 Chaox hard if the organization satisfied the Images! Part Test as a qualitying busi or	n Nav. 20, 1970 (amptahn in Part Wil See .	
Instructions. All other Type III non-functionally integrated supporting organizations	must complete 5	Sections A Decugn E	
Section A - Adjusted Net Income		(A) Prior Year	(6) Current, Year (optional)
1 Not short-term capita gain	. 1	·	
2 Recoveres of protyest distributions	2		
3 Other gross income (see instructions)	3		
4 Add fines 1 through 3	4		
5 Deprecation and depletion	5		
6 Porson of goerahing expenses paid or incurred for production or			Į.
collection of gross income or for memagement, conservation, or	ļļ		į
maintenance of property heat for production of income (see instructions)	<u> </u>		
7 Other expenses (see instructions)	7		
2 Adjusted Net Income (subtract fines 5, 6, and 7 from line 4)	8 :		
Section B - Minimum Asset Amount	į	(A) Pnor Year	(Bi Cuttern Year (ophoria)
Aggregate fair merket value of all non-evernglisses assets (see			
metroclions for short bet year or assets held for part of years			
Average movethy value of securities	18.		
b Average monthly cash belankee	1b		
 Earl marker value of other non-exempty, se assets 	1e ;		
d Total (add lines 1a, 1b, and 1b)	14		
 Diseasant claimed for blockage or other 			į
factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exemptions seeds			
3 Subtract line 2 from line 1d	3		
 Cash despress held for exempt use. Since 1-1 Q% of the 3 ifor greater arresuld. 			
see instructions).	4		
 Net value of non-exemptions assets (substact time 4 from line 3) 	. 5		
6 Multiply line 5 by 035	6		
7 Regrovemes of prior-year distributions	7		
8 Minimum Asset Amount (add Ins 7 to 446 6)	- 1		
Section C - Distributable Amount			Current Year
Adjusted net involve for prior year (from Sastion A, the B, Column A)	1		
2 Enter 85% of the 1	z		
3 Minimum esset amount for prior year (from Section B. fire 8, Column A)			
4 Enter greater of the 2 of the 3	4		
6 Income tax imposed in prior year	5		
8 Diebthurphie Amount, Subtract line 5 from line 4, unless subject to			
emargency femocraty reductor [899 (1977/00016)	6		<u> </u>
7 Chaire have 8 ms at more was a fine community of the service front and a number distribute	aled Tyre III see	perbine organization (see	

Schedule A (Form 930 or 991-62) 2019

Reference A (Form 500 or 990 EZ) 2019 FOR KIDS TOUNDA' Part V Type III Non-Functionally Integrated 509(a)(3)		75-3093 ons (co <u>ntinued)</u>	964 <u>Pe</u>
Section D - Distributions			Current Year
1 Amounts and to supported organizations in accomplish exempt purp	C688		
2 Amounte pard to portorm activity that directly furthers exempt purpose			
organizations, in excess of illustries from activity			
3 Administrative expenses paid to peopmoish exempt purposes of euto	ported organizations		
Amounts paid to acquire exempt use seeds			
5 Chraften sel-aude emaunts (prior IRS approval required)	-	<u></u>	
6 Other distributions (describe in Part VII). See instructions			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to abortive supported organizations to which the organizations	zator is responsive		
(provide catals in Part M). See instructions			
9 Distributable amount for 2019 from Section C, Ime 6			
10 Line 8 amount divised by line 9 amount		''	
THE CHINAL STREET, SALES	01	•	(iii)
Section E - Dietribution Allocations (see instructions)	Excess Clathibutions	Unde rdistributions Pro-2019	Distributable Amount for 2019
1 Distributable amount for 2018 from Section C, the G			
2 Underdightburiers, if any, for years phon to 2019		i	
(reasonable cause required-explain in Part VI). See	1		
instructions.			+
3 Excess distributions carryover, if any its 2019			
From 2014			
b From 2016			.
s From 2018			
d From 2017			<u> </u>
e From 2018			
f Total of tree 3e thmugh a			
g. Applied to underdistributions of prior years			<u> </u>
h Appled to 2019 distributable amount			
1 Carryover from 2014 not applied (see instructions)			
Remainder Subtrect lines 3g, 3h, and 3 from 3f.			
A Distributors for 2019 from		ľ	
Section D. Ine 7, S			
Applied to underelistibutions of prof years		[
b. Applied to 2013 distributed amount			1
 Remainder Subtrect tries 4s and 4ts from 4. 			
5 Remaining underdistributions for years order to 2019 if			;
any. Subtract lines 3g and 4e from into 2. For result.			Ī
greater than tem, segmen in Part VI. See math/coord.			
8 Remarking underdatributions for 2019, Subhact lines 3t:		1	
and 45 from line 1. For result greater from zero, experim in	,	1	
Part VI. See instructions			:
7 Excess distributions carryover to 2020. Acc inse 3			
Anc 4c			1
B Dreakdown of the 7			
s Excess from 2015			
b Excess ton 2016			
c Excess from 2017			
d Expess from 2018			
Expess from 2013			

<u>Spied</u> Je A (tem Part V I	Supplem III, line 13 B. lines 1 Ba and 3	tental I 2; Part P 1 and 2; 3b; Part	nformation /, Section Part IV, S V, line 1;	n. Provi A, lines Section C Par. V. S	de th 1, 2 , line Sactio	Bexp ,36, ≥1;P; on B,	3c, 4b, 4c art IV. Se line 1e; F	requi c. 5a, c action (Part V	6, 9a, 9b, D. knes 2 , Section I	9c, 11a, and 3, Pa D, I mes 5	10, Part II 115, and art IV, Sca . 6, and 8	3093964 , line 17e or 11c; Part IV tion E. lines , and Part V,	17b; Part Section 1c. 2s. 2	b,
	111188 2, 3	э, анн ө.	AISU GUI	приние и	на ра	irt rai	ary aou	(Oral	топа	ул. (See I	nstruction	5. j		
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental information Regarding Fundraising or Gaming Activities.

Complete if the organization answerse "Yes" on Form 990, Part IV, See 17, 18, or 19, or if the organization extend recan than \$15,000 on Form 990-82, No. 19.

Operated to honey

Amach to Form 990 or Form 990-62. P Go to www.ks.gowForm980 to instructions and the latest information.

HANCE PROGRAM SANCE	P Q o to	ични Азирам Рост РВО <u>Во</u>	instructions.	and the latest informat		- tracerdos
terre of the unpressalor					Deployer Northest	
	FOR KIDS FOUNDA	TION			75-30939	
	draising Activities, Compa n 990-EZ filers are not requ	ete if the organizatio		diffestion Form (990, Part IV, line 1	7.
	the organization raised funds throu			x el mal apoly		
■ ☐ Mai eofdis		e 🔙 Salemenon				
b Internet and	areat existince terms	f 💹 Solicitation	र्ज क्ष्म्यकारम्	nigrerês		
e Phone sofe		g 🗌 Special for	ndraising ever	706		
di in- perso n s						
or key employee	bon have a whoen or orel agreens estated in Form 1990, Part VIII or e	ntty in connection with p	rolesa onal fur	Applicated Secures;		Yes No
b II "Yes," Ind the	18 highest paid individuals or entitle least \$5,000 by the organization.	es (fundraisers) pursuê/1	to agreement	s yndor which the fund	Tuser is to be	
	ISBN BOOM OF THE CHIMICALES		Total Service T		IVI AMOUN BEC ID	(No America de la companion de
R	grow pard address of individual	IR SOME	made fabet Outdooy (F	IIV) bross receiv?	to received by:	(processed by:
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3 Lest all estates in registration or ti	which the organization is registered	o licensed to salcil co	inbularis or l	ea pean notified it is s	seempl Poin	

Schedule G (Form 960 or 990-EZ) 2019 FOR KIDS FOUNDACTION Fundralsing Events, Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more

		(ii) gotor a.	(a) Fower #2	(c) Caber swarza	(c) Tuni worts
į		DINNER (card trail	GOLE TOURNAMENU) INMAN PARTEU:	(and one up) through out (et)
		10-4-4 (378)		ina io co;	
	Grose recepts	77,318	54,111	34,222	165,65
1 :	Less Contributions	59,843	44,222	19,792	1.23,65
:	Gross merma des 1 mars Fre Zi	17,475	9, 339	14,43C	41,79
١,	I Cash provis		2,042	1	2,04
	5 Noncesh prives	""	•		
	Rentification costs	5,625	8,468	2,152	16,24
	Food and beverages			407	43
١,	Entertainment	995	1,935,	1,938	4,92
١,	Officer chreat recognises	5,456	8,191	1,408	16,05
,). Forest expense numman	Add love 4 topsol 2 m asture: (c)		. i	39,66
					95,00
<u> 11:</u>	1. Net income summary. Sub	stract, ine 13 from line 3, column (d):	<u> </u>	▶	2,12
<u> 11:</u>	1 Net income summary. Sub t #8 Gaming. Com	stract, ine 13 from line 3, column (d):		▶	2,12
i i	1 Net income summary. Sub t #8 Gaming. Com	brad ine 13 from line 3, column (d) plete if the organization answ	<u> </u>	▶	2,12
	1 Net income summary. Sub t #8 Gaming. Com	stract line 13 from line 3, column (d) plete if the organization arisw nm 990-EZ, line 6a.	vered "Yes" on Form 990, Par	nt IV. line 19, or reported	2 , 1 2 d more than show gaves less
	1 Net income summary, Sub till Gaming: Com \$15,000 on Fo	stract line 13 from line 3, column (d) plete if the organization arisw nm 990-EZ, line 6a.	vered "Yes" on Form 990, Par	nt IV. line 19, or reported	2 , 1 2 d more than show gaves less
11.11	1 Net income summary, Subtition Gaming. Com \$15,000 on Fo	stract line 13 from line 3, column (d) plete if the organization arisw nm 990-EZ, line 6a.	vered "Yes" on Form 990, Par	nt IV. line 19, or reported	2 , 1 2 d more than show gaves less
Tari	1 Net income summary, Subtem Gaming. Com \$15,000 on Fo	stract line 13 from line 3, column (d) plete if the organization arisw nm 990-EZ, line 6a.	vered "Yes" on Form 990, Par	nt IV. line 19, or reported	2 , 1 2 d more than show gaves less
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 Net income summary, Subtem Gaming. Com \$15,000 on Fo	stract line 13 from line 3, column (d) plete if the organization arisw nm 990-EZ, line 6a.	vered "Yes" on Form 990, Par	nt IV. line 19, or reported	2 , 12 d more than show genry less

	8 Net gaming income summary Subtred line / from line 1 column (c)			
1	Enter the state(s) in which the organization conducts gaming activities. Is the organization licensed to conduct gaming activities in each of these states?			Yes No
	I "No," explain: Were any of the organization's gavering licenses revoked, suspended, or sommerced during the fax year?	 		Yes No
	1 "Yes," explain:			_ I _ I_ I
		Seha	dula (i Æss	m 590 or 990-E2) 2019

Suthe	dule G (Form 880 or 680-CZ) 2019	FOR K	IDS	FOUNDA	<u>TION</u>				75 - 30	9396	4	Page 3
11	Does the organization conduct gamin	g estMes with o	коптет)	bes?							Ye	. No
12	is the organization a greater paratical	ary na trivaten af e	trust, o	r e member i	y a pariner	ship or oote	er entity					_
	formed to edimension charitable gomin	g?									Yer	⊑] Ne
13	Incloses the percentage of garning ac-										. —	_
4	The organization's facility									13a		%
ь	An outside facility									13b		<u>~</u>
14	Enter the name and encress of the precords	atson who prepa	méstre d	organization s	வோமி,250	soal events	; baqikşi ənçi	ı				
	Name ▶											
	Accrosz 🕨											
16e	Does the organization have a contract revenue?		y itom w	thom the arg	enzejion rec	osivea gam	واف				□ v _e	. 🗆 No
ь	if "Yes," order the amount of garring a		by the c	ageneeior I	, s			aro.	the			
	amount of gaming revenue relained by								•			
¢	ff "Yes," erter name and address of the	e find party		•								
	Neihe ►											
	Address •											
15	Garring manager information:											
	Name ►											
	Gerning manager compensation 🕨	s										
	Description of services provided in											
	Director/officer : E	проува		Independen	t commedica							
17	Mandatory distributions:											
•	is the organization required under stat	e law to make d	urtable	destributions	from the ga	ming proce	eds 1s				_	_
	netain the state gaming license?										Yes	, 🗌 Mo
ь	Einer the amount of distributions requi	red under state t	aw to be	delinended t	n alther exer	mpt organia	2830FE OF					
	sperk in the organization's cam exema				Ś							
Pa	1 IV Supplemental Inform Part III, lines 9, 9b. 10 See instructions.										ang	
	•											
	•											

SCHEDULE I (Form 1991)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Consider Education and Tree Conference My, Part W. Her 21 or 22

2019 Open to Public Improvious

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Operation of the Community of the Commun

Employer destRoples re en d'An ogenetier 75-2093954 FOR KIDS FOUNDATION General Information on Grants and Assistance Part Direct the origination mention records to observate the emount of the grants or seastlemes. Sin previous elegating (in the yearts or sentences, who have been provided to previous previous provided to previous discontinuations). □ y ⅓ ₩ Deputy of Ref A to proper years processed to morrowing the sent specific to 1990 Serve and Complete of the Organization and Academics Complete of the Orga Part P Fart IV, the 21, for any recipient that received more than \$5,000. Part II can be duplicated if printfored space is needed. in se paper (in se of the second of Hij Areani al com (a) Arroad G No Andreas - The Contract of the fill Perpanent System (a) name and address of repartment (b) EN a **---**ar minus Ç TO o government 191 121 ıΧ jÆ, Prior tale member of section Strick()) and government organizations toled in the end " labbi-Error type number of other unperceivable MSMs of the late Γ updates

For Paperwork Reduction Act Nation, use the Instructions. For Form 1991.

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Part III can be dupticated if add	(b) thereon of rescents	ici Anguri di Genigran	(d) Amount of concern associance	(e) Method of velocion (look PWV, appraisa, other)	ff) Description of normal econies
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W Supplemental Information P	rowde the informatio <u>n req</u>	2,79+) ured in Part I 106 2.	Pan III. column (b)	: and any other additional in	formatenn.
W Supplemental Information. P	Ynade The Pfurnato <u>n req</u>	Zy 79+1 ured in Part I fine 2. 	Pan III. column (b)	: and any other additional in	formulann.
W Supplemental Information. P	randa The efernato <u>n req</u>	ured in Part I 106 2.	Pan III. column (b)	: and any other additional r	formæknn.
W Supplemental Information. P		ured in Part I fina 2. 	Pan III. column (b)	: and any other additional r	formulenn.
W Supplemental Information. P		ured in Part I fina 2. 	Pan III. column (b)	: and eny other additional r	formulenn.
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Screens ((For: 600)(2019) FCR XIDE FC	ROTTACHT		n-3093964		Paga 2
Part II Granta and Other Assistance t Part II can be gualicated if addit	o Comento Individuale	 Complete I the org 	parizakon arrawenod	"Yes" on Form 990, Part N	7,16 e 22
Tage in grant or sessionics	(b) Munico di HOZWA	(s) Amount of	(4) Amount of numbers assurance	jej Nathod of valuation (book. PMV, appraise inhar)	I¶ Вектрого о оттемо ментем
• MSOTCAL	<u> </u>	22,554			
1 ORTHODONTIA		<u>10,</u> 546			
1 PROHOCOGROCAL/WELL BEING		2,345			
4 RENT/ROUSING/UTILITIES		322			
* SPORTS FARRICTERITOS		5,514			<u> </u>
a TOAVEL	<u> </u>	2,858			
y VELICOTR/MECHANICAN,		9 <u>,000</u>		ļ	! !
Part IV Supplemental Information Pro	vide the i <u>nformation req</u>	uired r Parti, Ing 2:	Part III, oolumn (b);	amo any <u>other additions in</u>	ernausi

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Form 990-2015) FOR KUDG TO Greens and Other Assistance Part III can be duplicated flado	i to Domestic (MCAVidue) Itoma ispaca is 1990ed.				
(a) Type of great or session on	(b) Sambles of recipients	Company of	(d) Ameuri of Horizon assessmen	(a) Nethod of substant force;	ं हैं, Cheronoton of mmooth econolisto -
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Supplemental Information P			- Clare 18 - continuos (b.)	and any other additional to	formatica
Supplemental Information P	rovide <u>the information 180</u>	<u>juneo ai Pauti, aio</u> 2	, P21 II, COUI <u>III 40,</u>	Brd Bry Otto Moorterio III	
					• •

SCHEDULE M (Form 990)

Noncash Contributions

ONUB No 1545-0001 2019

Open To Public

Cape/profit of the Thanks Indicate Manager Saffred

Complete if the organizations areswered "Yes" on Form 999, Part IV, Bree 29 or 30.

Much to Form 960

Out to www.da.gowForm990 for Instructions and the Artest information.

Inspection Emeraper identification number

Week of the regard most 75-3093964 FOR KIDS FOUNDATION Part I Types of Property Ick ंबा ГΟΙ (4) Manuach car (#bita) Number of contributions of Owner t Herror of centry will erozaki nejerini ter arre contributed manadaP portADDAGA AProunit Com 380 Peri VALANA Ig Art -- Works of art Art — Historical tressures Art - Frectione Interests Books and publications Clotting and household Cars and other vehicles Bosts and planes Intellectual proberty. Securies — Priority traded 9 Securities - Closely hald stock 10 Securities - Partnership, H.C. or used attacheds 12 Securitos Miscellaneous Qualified conservation 13 contribution — Halone structures . Qualified conservation contribution — Other Real estate — Residental 10 Real estate — Commercial Real estate - Other 17 Collectibles 18 Food invencey 19 20 Onega and medical supplies 21 Taxidemy 27 Haturical antiacta Scientific apactmens 23 Archeological artifacts 74 46,635 25 Coor > (26 Other 🟲 I 27 Other 🏲 (28 Number of Forms 8283 received by the organization during the rax year for controllors for 29 29 which the organization completed Form 8283, Part IV. Dones Advisoredgement Yes No 304 During the year, did the organization receive by contribution any property reported in Plant I, lease 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which and regularit х 30a to be used for exempt purposes for the entire holding penoti? to If 'Yes,' describe the amangement in Part II. 37 Does the propriation have a grit aprepiation policy that requires the review of any nonstandard 31 32a Does the proprietion hire or use third carries or related organizations to solett, process, or sail noncests х contributions? 324 If "Yes," describe in Parl III. If the organization drink report on amount in course (c) for a type of property for which column (a) is checked.

cesorios in Parl II.

SOUR MILE	LOS KIDS SOUTHICZ	75-3093964	Pege 2
Pert II	Supplemental Information. Provide the information required the organization is reporting in Part I, column (b), the number	by Part I, lines 30b, 32b, and 33, and whether of contributions, the number of items received,	
	or a combination of both. Also complete this part for any add	itional information.	
	•		
		•	
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SCHEDULE O (Form 990 or 880-EZ) 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.

0MB Nn 1545-0047

Separate of the Tressury Harrison Hermania Service Marie of the organization

► Attach to Form 990 or 990-EZ. Og to verw.lrs.got//Form990 for the letest information.

Open to Public Inspection Employer identification number

75-3093964

FOR KIDS FOUNDATION	75-3093964
FORM 990 - CRGANIZATION'S MISSION	
THE PURPOSE OF THIS CORPORATION IS TO SERVE MEEDY OR	
FUNDING FOR MEDICAL, DENTAL MENTAL REALIS, AND OTHE	R NECESSARY SERVICES
WHICH ARE CTHERWISE UNAVAILABLE, WITHOUT DISCRIMINATE	ON ON THE BASIS OF
RACE, RELIGION, SEX, GENDER, SEXUAL ORIENTATION, GEN	DER IDENTITY,
DISABILITY OR NATIONAL ORIGIN. IN ADDITION, THE CO	RPORATION MAY ENGAGE IN
ANY OTHER LAWFILL ACTIVITY FOR WHICH A NONDROFIT CORP.	CHATION MAY BE
ORGANIZED UNDER NEVADA LAW.	
FORM 990, PART VI, TINK THE - ORGANIZATION'S FROCESS	TO REVIEW FORM 990
BOARD OF DIRECTORS REVIEW FINANCIALS BEFORE SUBMITTED	NG TO CPA TO PREPARE
THE FORM 990. EACH BOARD MEMBER/DIRECTOR IS GIVEN A	COPY OF THE RETURN
ONCE THE RETURN IS COMPLETED.	
FORM [890, PART VI. LINE 15A - COMPRESSITION PROCESS F	OR TOP OFFICIAL
BOARD OF DIRECTORS INTERVIEW AND VOTE OF EXECUTIVE OF	TRECTORS COMPENSATION.
FORM 880, PART VI. LINE 19 - GOVERNING DOCUMENTS DIS	CLOSURE EXFLANATION
DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSIT	y AND UPON REQUEST.
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASS	ETS EXPLANATION
NONCASH DONATIONS	\$ -46,835
•	

Form 990

Department of the Treasury Internal Revenue Service Return of Organization Exempt From Income Tax

Under section 601(c), 627, 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.
 Go to www.irs.gowForm990 for instructions and the latest information.

2018 Open to Public Inspection

and ending For the 2018 calendar year, or tax year beginning D Employer identification number C. Name of organization Check If applicable: FOR KIDS FOUNDATION Address cheese 5-3093964 Doing business as Name change warriser and street for P.O. box F mail is not delivered to error accircus: 775-741-5231 834 WILLOW STREET Initial return City or town, state or province, country, and ZIP or foreign postal code Final rate and terminated 266,594 NV 89502 G. Gross receipts: \$ RENO Amended return Name and address of principal officer. H(x) is this a group return for cubordinates? Application pending ANNIE GONI-STEWERT H(b) Are all subordinates included? 834 WILLOW STREET if "No," attach a list. (see instructions) 89502 RENO X 50%(c)(3) **d** (inserting.) WWW.FORKIDSFOUNATION.ORG H(d) Group exemption number Website: 2003 M. State of legal domicle X Corporation Trust Association Form of organization: Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 9 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 6 Total number of individuals employed in calendar year 2018 (Part V, Ine 2a). 6 20 6 Total number of volunteers (estimate if necessary) 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 7b b Net unrelated business taxable income from Form 990-T, line 38 Current Year 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 455 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14. Benefits paid to or for members (Part IX, column (A), line 4) Ù 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16a Professional fundralsing fees (Part IX, column (A), line 11e) 26,680 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 52,108 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 28 41,633 111 079 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, Inc 26) File 22 Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer correct that correct, and complete. Declaration of which preparer has any knowledge. Sign EXECUTIVE DIRETOR ANNIE GONI-STEWERT Here Type or point name and the Print/Type preparer's name. Preparers signature Check Paid self-employed MARK A. JACKSON, 81-4751082 Preparer JACKSON & JACKSON CPAS, Parent most F 1755 E PLUMB LN STE 100 Use Only 775-360-5910 89502 RENO, NV * Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Pa	Part III Statement of Program Service Ac Check if Schedule O contains a res		is Part III	X
1	Briefly describe the organization's mission:		WORNAL SOLD HIS SOLD LAND WAS A	
S	SEE SCHEDULE O			NAME OF BEIND OF STREET
	***************************************		axpayers uc	1DY
	***************************************		······································	*
2	2 Did the organization undertake any significant program	services during the year which were n	ot listed on the	D 121
				Yes X No
an)	If "Yes," describe these new services on Schedule O.		and the second of	
3	3 Did the organization cease conducting, or make signific services?	ant changes in how it conducts, any p	rogram	Yes X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplish	nments for each of its three largest pro	gram services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organization	s are required to report the amount of	grants and allocations to others,	
	the total expenses, and revenue, if any, for each program	m service reported.		
0	48 (Code:)(Expenses \$ 134, CLIENT EDUCATIONAL, FINANCIA CHILDREN WITH SPECIFIC NEEDS EXHISTENT.	366 including grants of \$ AL, MEDICAL AND DET S FOR WHICH RESOUR.	NTAL ASSISTANCE TO A	SSIST OR NON
	riamanas manaras manaras meneral mener			
	4b (Code:) (Expenses \$	including grants of \$		1
1	N/A			
40	4c (Code:) (Expenses \$	including grants of \$) (Revenue \$	
1	N/A		.,	
	(10000100000000000000000000000000000000			
	7.2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			

44	4d Other program services (Describe in Schedule O.)	VILLER SECTION	10.000	
_		grants of \$) (Revenue 5)
44	4e Total program service expenses ▶	134,366		

Pa	rt IV Checklist of Required Schedules		Yes	No
4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		160	140
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)?	1.2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	47		100
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization orgage in lobbying activities, or have a section 501(h)			100
	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,			150
20.00	assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		-	
905+1	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			1
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical tressures, or other similar assets? # "Yes,"	47,75		
	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	100		1
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			300
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			100
	endowments, permanent endowments, or 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,	-		1
	VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 // "Yes."			100
	complete Schedule D, Part VI	118		X
ь	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	-		1
	of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			1
	of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	-		100
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	_	X
e	Did the organization report an amount for other liabilities in Part X, line 257 if "Yes," complete Schedule D, Part X	11e		X
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Ves," complete	1000		
	Schedule D, Parts XI and XII	12a		X
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 12s, then completing Schedule D, Parts XI and XII is optional	12b	_	X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	148		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		1	100
	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			168
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	_	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			125
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	_	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			155
	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	17.0	3300	
	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?			655
	If "Yes," complete Schedule G, Part III	19	_	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20e, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		1000
	Annual Communication Brain Communication and Market Processing Processing Communication	24		1.30

	Checkist of Required Schedules (Continued)	272	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	80040		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	_
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	W		
	organization's current and former officers, directors, trustees, key employees, and highest compensated	13		25
	employees? If "Yes," complete Schedule J	23		X
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	18885		100
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		-
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization ongage in an excess benefit	0.000		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			11.
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		1	100
	If "Yes," complete Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	-		
16	aubstantial contributor or employee thereof, a grant selection committee mamber, or to a 35% controlled			
	entity 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 Schedule L,			17
60	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28a		X
6	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		-
Ь		28b		X
0.120	Schadule L, Part IV	200		10
¢	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28c		Х
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	1	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	2.0		100
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		X
	conservation contributions? If "Yes," complete Schedule M	-	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	-	10
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	-		X
	complete Schedule N, Part II	32	-	-
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	200		100
	sections 301,7701-2 and 301,7701-37 if "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	842	1	30
	or IV, and Part V, line 1		+	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	36a	-	X
Þ	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	36b	\vdash	+
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			10
	related organization? If "Yes," complete Schedule R, Part V, Ine 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI	37	-	X
38.	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		100	
	197 Note, All Form 990 filers are required to complete Schedule O.	38	1 X	1
P	art V Statements Regarding Other IRS Filings and Tax Compliance			-
	Check if Schedule O contains a response or note to any line in this Part V		-	-
	3 47%	_	Yes	No
1a	Enter the number reported in 8cx 3 of Form 1096. Enter -0- if not applicable 1a 1		1000	-
b	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		X

Pa	rt 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	1	100	100
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	-17		1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b. provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over.			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶	- Connect		1000
55)	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			-100
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 shalter transaction?	5b		X
	If "Yes" to line 5e 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			5:83
	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).			
a	Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods			
	and services provided to the payor?	7a		_
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	1		1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	_	_
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, sirplanes, or other vehicles, did the organization file a Form 1098-C7	7h		-
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	_	-
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	-	-
10	Section 601(c)(7) organizations. Enter:	100		
a	Initiation fees and capital contributions included on Part VIII, line 12	-		100
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	
	against amounts due or received from them.)	-	1	1
12a		12a	-	-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	- 133		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		-	-
a	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.			
ь		100		
	the organization is licensed to issue qualified health plans 13b	-		
c		-	1	100
14a		14a	-	X
b		14b	1	-
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	44		200
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			100
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	-	X
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2018) FOR KIDS FOUNDATION

Section A. Governing Body and Management

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI.

ii c	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or	axpaye	1a	90	1	101	
ii c							
		H-:			100		
	f the governing body delegated broad authority to an executive committee or similar				100	1	
h t	committee, explain in Schedule O.		200000		Bee 1		
	Enter the number of voting members included in line 1a, above, who are independent		1b	9			
2 [Did any officer, director, trustee, or key employee have a family relationship or a business	s relationship with					1.5
	any other officer, director, trustee, or key employee?				2	-	X
3 1	Did the organization delegate control over management duties customarily performed by	ar under the direct			1000	/ 11	200
4	supervision of officers, directors, or trustees, or key employees to a management compa	ny or other person?			3	-	X
4	Did the organization make any significant changes to its governing documents since the	prior Form 990 was filed?			4	-	X
5	Did the organization become aware during the year of a significant diversion of the organ	nization's assets?			6	-	X
	Did the organization have members or stockholders?				6	_	Х
7a	Did the organization have members, stockholders, or other persons who had the power t	to elect or appoint					**
	one or more members of the governing body?	***************************************			7a	_	X
b	Are any governance decisions of the organization reserved to (or subject to approval by)	members,					32
- 8	stockholders, or persons other than the governing body?				7b	_	X
8	Did the organization contemporaneously document the meetings held or written actions	undertaken during the year by	the fol	lowing.	44		1
	The governing body?				8a	X	-
	Each committee with authority to act on behalf of the governing body?				8b	X	-
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who o	sannot be reached at					
- 1	the organization's mailing address? If "Yes," provide the names and addresses in Sche	dule O			9		X
Sect	tion B. Policies (This Section B requests information about policies n	not required by the Inter	nal R	evenue Co	ode.)		1
					_	Yes	-
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities	es of such chapters,			10000		1
	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 go	overning body before filing the	form?		11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form						1
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a		X
ь	Were officers, directors, or trustees, and key employees required to disclose annually in	terests that could give rise to	confile	ts?	12b		-
c	Did the organization regularly and consistently monitor and enforce compliance with the	policy? If "Yes,"			7768		
	describe in Schedule O how this was done	ALL DESCRIPTION OF THE PROPERTY OF THE PROPERT			12c		-
13	Did the organization have a written whistleblower policy?				13	_	X
	Did the organization have a written document retention and destruction policy?				14		X
	Did the process for determining compensation of the following persons include a review	and approval by			1200		
	independent persons, comparability data, and contemporaneous substantiation of the d	eliberation and decision?			1000		
a	The organization's CEO, Executive Director, or top management official				16a	X	-
b	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				14.7	100	-
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or sin	nilar arrangement				11111	
	with a taxable entity during the year?				16a		X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization	ion to evaluate its					
	participation in joint venture arrangements under applicable federal tax law, and take str	eps to safeguard the					
	organization's exempt status with respect to such arrangements?		200	and the same	16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ NON!	E					
18	Section 5104 requires an organization to make its Forms 1023 (1024 or 1024-A if appli	icable), 990, and 990-T (Secti	on 501	(c)			
1476	(3)s only) available for public inspection. Indicate how you made these available. Check						
		in in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing of		policy,	and			
	financial statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the orga-	anization's books and records	•				
0.00	NNIE GONI-STEWERT 834 WILLOW STR						
Al	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	NV 895	02	179	75-74	11-11	523

Form 990 (2018) FOR KIDS FOUNDATION

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order; individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organ (A) Name and Title	(B) Average hours per- week ()ist arry	(C) Praction (do not check reserving one) box, unless person is both an afficer and a director/hustew)				than on a both a nhustee	0	(D) Reportable companisation from the organization	(E) Reportable compensation from related dispensations (W-21099-MISC)	(F) Entroded amount of other compensation from the	
	house for volated erganizations below dotted line)	individual burbos or disector	workshired trustee	Officer	waydens yes	Highest compensated employee	Former	(W-2/1000-M/BC)	(ALC ISSUES)	organization and related organizations	
(1) EARL NIELSEN, PH	10.00	v		v				0	0	0	
BOARD CHAIR	0.00	X	-	Х	-	\vdash	+	V		-	
(2) MARCY BARBA SECRETARY	3.00	×		х				0	0	0	
(3) MARGARET CIORCIA		x						0	0	D	
TREASURER (4) CHERI HILL	0.00	1	-				\rightarrow		-		
DIRECTOR	3.00	X						0	0	0	
(6) JOHN PONZO	3.00										
DIRECTOR	0.00	X	╙	_				0	0	0	
(6) CESAR QUINTANILI	3.00 0.00	x						0	0	0	
(7) THERESE SHANKS DIRECTOR	3.00	X						0	0		
(8) TAYONA TATE	3.00				T						
DIRECTOR	0.00	X						0	.0		
(9) RENA ZATICA	3.00	V						0	0	(
DIRECTOR	0.00	X	+	-	-	+	\vdash	0			
(10) ANNIE GONI-STEWN EXECUTIVE DIRETOR	35.00			X				46,000	0	(
(11)			T								
DAA										Porm 990 (201	

(A) Name and title		(8) Average hours per week (list any	ţai ba	o noto	Pos check ess pe	tion more raon i	than or a both Vincale	na en	(b) Reportable compensated E (c) Reportable compensation from The organization	(E) Reportable compensation from related organizations (W-2/1099 WRC)	Est and comp	(F) mated ount of their enteation in the	
		hours for related organizations below stated line)	or drector	Institutional Sustee.	Citites	Key ampleyee	entropes entrop entrop entropes entrop entropes entrop entrop entrop entrop entrop entrop ent	Fatter	OX COMPOSITION	ayers C	ODW	mization related sizetions	
* 1111		Onn		_									
				_	L							_	
4110													
mi													
			-	-									
_	HISTOCOMOTE CONTRACTOR												
1b c	Sub-total Total from continuation she Total (add lines 1b and 1c)	ets to Part VII, S						* * *	46,000				
2	Total number of individuals (increportable compensation from	cluding but not lin	nited	to th	098	isted	abo	ve) v			1		mindo
3	Did the organization list any for employee on line 1s? If "Yes," For any individual listed on line organization and related organi individual	complete Schedu	de J repo	for a	uch i le co	indiv mpe	idual nsati	on ar	d other compensation from		3		x X
5	Did any person listed on line 1st for services rendered to the or												X
Sect	on B. Independent Contracto	rs											1
1	Complete this table for your five compensation from the organization	eation. Report con	nsate npen	d inc satio	iepe in fo	nder the	t con caler	tract idar	year ending with or within th	ne organization's tax year.			
_	Name as	(A) dibusiness address							Descrip	(B) Not of services		(C) Compet	solon .
					-			-					

Part V		enue O contoin	s a response or	note to any line in t	his Part VIII		П
	Check ii Schedule	Contain	a reapulise of	(A) Total revenue	(B) Related or exercit function	IC) Unrelated business Teverius	(D) Revenue excluded from tax under eachdrai
of Other Similar Amoun	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifu, grants, and sinilar amounts not included shows Noncesh contributions included in lines 1s Total, Add lines 1s—1f	1a 1b 1c 1d 1e 1e 1f	24,523 201,411 5,645	225,934	алраус	1000	
rogram Service Revenue	f All other program service rev Total. Add lines 2a-2f	enue	Busn Code				
7:	Income from investment of tal Royalties (1) 8xo (1) 8x						
Other Revenue	d Net gain or (loss) a Gross income from fundraising en (not including \$ 24 of contributions reported on line 1 See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fur a Gross income from gaming active See Part IV, line 19 b Less: direct expenses c Net income or (loss) from ga a Gross sales of inventory, les returns and allowances b Less: cost of goods sold c Net income or (loss) from sa	a b noralising eventies a b maining activities a b lates of inventor	40,660 16,139	24,521			24,521
	The second secon						
1.03	e Total. Add lines 11a-11d	25033111111111		250,455	0	6	24,523

Page 9

Form 990 (2018) FOR KIDS FOUNDATION

Part IX	Statement	of Functional	Expenses
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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 (D) (C) Management and [4] Do not include amounts reported on lines 6b, rundwining Program service Total expenses engheneses 7b, 8b, 9b, and 10b of Part VIII. costs errens опрепава Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 123,254 123,254 individuals. See Part IV. line 22. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part W, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Persion plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees): 26,680 9,200 46,000 10,120 a Management b Legal c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Q. Other, (files 11g amount excess) 10% of log 25, cd sins. (A) smount, list line 11g expenses on Schedule (I) 529 529 Advertising and promotion 2,011 388 623 Office expenses 1,144 Information technology 14 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 225 225 Conferences, conventions, and meetings 19 20 21 Payments to affiliates Depreciation, depletion, and amortization 22 1,895 895 23 Insurance Other expenses, Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24a expenses on Schedule O.) 179 BANK CHARGES 25 DUES AND SUBSCRIPTIONS c H All other expenses 134,366 14,316 26,680 175,362 Total functional expenses. Addinos 1 through 24s 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 968-720) Form 990 (2018) Form 990 (2018)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) End of year Baginning of year 111,079 61 Cash-non-interest bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L. 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 7 Notes and loans receivable, net 8 Inventories for sale or use 9 9 Prepaid expenses and detarred charges 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 10c 10b b Less: accumulated depreciation 11 Investments—publicly traded securities 12 12 Investments-other securities. See Part IV, line 11 13 13 Investments-program-related. See Part IV, line 11 14 14 Intengible assets Other assets. See Part IV, Inc 11 41,631 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L. 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D ū 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here > complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 41,631 111,079 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 41,631 33 Total net assets or fund balances 111,079 Total fiabilities and net assets/fund balances

	0(2018) FOR KIDS FOUNDATION 75-3093964			Page 1
Part :				_
	Check if Schedule O contains a response or note to any line in this Part XI	-11500		X
1 To	otal revenue (must equal Part VIII, column (A), line 12)	1		50,45
2 To	otal expenses (must equal Part IX, column (A), line 25)	2		75,36
3 R	evenue less expenses. Subtract line 2 from line 1	3		75,09
4 N	et assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	UP1	41,63
	et unrealized gains (losses) on investments	5		
6 D	onated services and use of facilities	6		
7 In	vestment expenses	7	11	
8 P	rior period adjustments	8		
9 0	ther changes in net assets or fund balances (explain in Schedule O)	9		-5,64
10 N	et assets or fund balances at and of year. Combine lines 3 through 9 (must equal Part X, line		925	38 00
	3, column (B))	10	1	11,07
Part	XII Financial Statements and Reporting			25
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
If S	coounting method used to prepare the Form 990: X Cash Accrual Other the organization changed its method of accounting from a prior year or checked "Other," explain in chedule O.			X
if re	Vere the organization's financial statements compiled or reviewed by an independent accountant? "Yes," check a box below to indicate whether the financial statements for the year were compiled or eviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	111111	2a 2b	X
lf se	Vere the organization's financial statements audited by an independent accountant? "Yes," check a box below to indicate whether the financial statements for the year were audited on a eparate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	144400	20	
H	"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? The organization changed either its oversight process or selection process during the tax year, explain in inchedule O.		2c	
tt	is a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	,,,,,,,	3a	
	"Yes," did the organization undergo the required audit or audits? If the organization did not undergo the equired audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	11111	3b	um 990 t2t

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a vection 501(c)(3) organization or a certion 4947(a)(1) nonecempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

ONB No. 1545-0047

2018

Open to Public Inspection

Internal Revenue Service

Name of the organization

FOR KIDS FOUNDATION

XDaye Tapoyu Geninested Tumber

P	art I	Reaso	on for Public Charity	Status (All organizations	s must co	mplete th	s part.) See instructions	3.
The	organ	rization is not a	private foundation because	it is: (For lines 1 through 12, ch	eck only one	bax.)		
1				ciation of churches described in			h-	
2	Н			A)(ii). (Attach Schedule E (Form				
3	Н			e organization described in sect				
4	н	and the second second second second		in conjunction with a hospital de			b//1//AV(iii). Enter the hospita	ats name.
•		city, and state		in conquired on man a magniture	racino a in e		all the dint and are used as	
				a college or university owned or	concepted by	r n novernm	antal unit described in	
9	ш			STATISTICS AND ADDRESS OF THE ACTION OF THE	operated by	y a governm	uniai urii. Odacripeo iii	
)(1)(A)(iv). (Complete Part	wemmental unit described in se-	etion 170/b	NAMES		
7	H						from the general public	
	ш		ection 170(b)(1)(A)(vi). (C	ubstantial part of its support from omolete Part II.)	ii a governii	lexilian min. Of	mon the general persons	
	П		2. 1일 2도 1. 1일 1. 1일 모든 모든 1. 1일 1. 1일 1. 1일 1. 1일 1. 1일 1. 1일 1. 1일 1. 1일 1. 1일 1. 1일 1. 1일 1. 1일 1. 1일 1. 1일	70(b)(1)(A)(vi), (Complete Part	0.5			
9	H			ribed in section 170(b)(1)(A)(i		n conjunctio	n with a land-grant college	
				fagriculture (see instructions). I				
10		receipts from support from s	activities related to its exem gross investment income an	more than 33 1/3% of its support pt functions—subject to certain d unrelated business taxable inc 0, 1975. See section 509(a)(2).	exceptions, i	and (2) no m ection 511 to	ore than 33 1/3% of its	
11	П	An organizatio	in organized and operated a	xolusively to test for public safet	y. See secti	on 609(a)(4).·	
12	П	An organizatio	n organized and operated e	xclusively for the benefit of, to p	erform the fu	inctions of,	or to carry out the purposes	
				ations described in section 509 at describes the type of support	40.64			
	a	the supporting	rted organization(s) the pow g organization. You must o	erated, supervised, or controlled wer to regularly appoint or elect a omplete Part IV, Sections A a	majority of t	he directors	or trustees of the	
	D	control or	management of the support	pervised or controlled in connecting organization vested in the se Part IV, Sections A and C.				
	c			supporting organization operated tructions). You must complete				
	d	that is not	functionally integrated. The	 d. A supporting organization oper organization generally must sate must complete Part IV, Section 	lisfy a distrib	ution require	ment and an attentiveness	
	ė	Check this	s box if the organization rec	elved a written determination fro functionally integrated support	m the IRS th	at it is a Typ		
	f		ber of supported organization		. G m Samme			
	g			e supported organization(s).				
	O) Nav	se of supported	\$1) EN	(N) Type of organization	(N) is the	organization	(V) Amount of incretary	(vi) Amount of
	**	genitation	300500	(described on lines 1–10	listed in you	ur governing	support (see	other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
_					Yes	No		
(A	1							
(B								
(C)							
(D)			-	+			
(E				-	-			
/c	_							
Tot	al							

Schedule A (Form 990 or 990-EZ) 2018 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								
Cale	ndar year (or fiscal year beginning in)	-	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2016	1013	/ (f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				LOW	ayer	5 00	M	
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	Total, Add lines 1 through 3								
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)								
6	Public support. Subtract line 5 from line 4		5 111						
	tion B. Total Support							- 11	
Cale	ndar year (or fiscal year beginning in)	-	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018		(f) Total
7	Amounts from line 4							- 7	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sourcee								
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						100		
12	Gross receipts from related activities, e	etc. (se	e instructions)					12	
13	First five years. If the Form 990 is for			second, third, fourt	h, or fifth tax year as	a section 501(c)(3)			759
2.5	organization, check this box and stop I	here							▶□
Sec	tion C. Computation of Public								100
14	Public support percentage for 2018 (lin			April 10 cm of the second of the second of	0)			14	%
15	Public support percentage from 2017 S							15.	%
16a	33 1/3% support test—2018, if the on					1% or more, check t	this		101107744
	box and stop here. The organization q								▶ □
ь	33 1/3% support test—2017. If the org					33 1/3% or more, ch	neck		2
17a	this box and stop here. The organization						december 1	disoli	
	10%-facts-and-circumstances test— 10%-or more, and if the organization m Part VI how the organization meets the organization	eets ti "facts	ne "facts-and-circu -and-circumstanc	mstances" test, ch es" test. The organ	eck this box and sto ization qualifies as a	p here, Explain in publicly supported			
ь	10%-facts-and-circumstances test— 15 is 10% or more, and if the organization Explain in Part VI how the organization	ion me meets	If the organization sets the "facts-and the "facts-and-cir	did not check a bo -circumstances" te cumstances" test.	st, check this box ar The organization qu	3b, or 17a, and line nd stop here. airlies as a publicly			
18	supported organization Private foundation, if the organization Instructions	did n	ot check a box on	line 13, 16a, 16b, 1		is box and see			

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

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

	tion A. Public Support dar year (or fiscal year beginning in)	>	(a) 2014	(b) 2015	(c) 2018	(d) 2017	(e) 2018	/ (f) Total
1	Cittle, grants, contributors, and membership				LOW		COL	2007.520
	fees received. (Da not include any "unususi grants.")		107,879	101,568	124,122	117,155	225,934	676,658
2	Gross receipts from admissions, merchands sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exampt purpose	ė						
3	Gross receipts from activities that are not an unrelated trade or business under section 51							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge.							
6	Total. Add lines 1 through 5		107,879	101,568	124,122	117,155	225, 934	676,658
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
c	Add lines 7s and 7b							
8	Public support. (Subtract line 7c from line 6.)	n						876,658
	tion B. Total Support		7/4	- 8				
Caler	dar year (or fiscal year beginning in)	▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6		197,879	101,568	124,122	117,155	225,934	676,658
10a	Gross income from interest, dividends, payments received on securities loans, rents royalties, and income from similar sources							
b	Unrelated business taxable income (le section 511 taxes) from businesses acquired after June 30, 1975	88						
c	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						23,521	23,521
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)		107,879	101,568	124,122	117,155	249,455	700,179
14	First five years. If the Form 990 is to organization, check this box and stop		rganization's first, se	econd, third, fourth,	or fifth tax year a	s a section 501(c)(3)		▶ 🗆
Sec	tion C. Computation of Publi							
15	Public support percentage for 2018 (I				0		15	98,64%
16	Public support percentage from 2017						16	100.00%
Sec	tion D. Computation of Inves							
17	investment income percentage for 20	40.8000		THE RESIDENCE OF THE PROPERTY	umn (f))		17	%
18	Investment income percentage from 2					neen more need to no	18	56
19a	33 1/3% support tests—2018. If the							(37)
	17 is not more than 33 1/3%, check the							▶ <u>X</u>
ь	33 1/3% support tests—2017. If the line 18 is not more than 33 1/3%, che	C 3 TO 10 1						•
20	Private foundation. If the organization							▶ □

Schedule A (Form 990 or 990-EZ) 2018 Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination 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)
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 fling organization's supported organizations? If "Yes," provide detail in Part VI.
- 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 Schedula L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? if "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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.
- Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section. 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 48 4b 4c 5a 5b 5c 6 6 7 8 9a 9b 9c 10a 10b	4	Yes	No
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
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3a 3b 3c 4a 4b 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a			1
3a 3b 3c 4a 4b 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a	,		
3b 3c 48 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	-		
3b 3c 48 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	3a		10
3c 48 4b 4c 5a 5b 5c 6 6 7 8 9a 9b 9c 10a			
3c 48 4b 4c 5a 5b 5c 6 6 7 8 9a 9b 9c 10a			
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a	3Ь		
4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a			
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c	3¢		_
4b 4c 5a 5b 5c 6 7 8 9a 9b 9c			
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a	48		_
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a			44
4c 5a 5b 5c 6 7 8 9a 9b 9c 10a			
5a 5b 5c 6 7 8 9a 9b 9c 10a	4b		-
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5b 5c 6 7 8 9a 9b 9c 10a	58		
5c 6 7 8 9a 9b 9c 10a			
6 7 8 9a 9b 9c			
7 8 9a 9b 9c	5c		
7 8 9a 9b 9c		100	
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9c	9a		
9c			
10a	9b		
10a	-		
	9c		_
	1		
405	10a		_
ments 1			

Par	IV Supporting Organizations (continued)	400		1-12-12-12
		. 3	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		-2211	
	below, the governing body of a supported organization?	11a	1.	
b	below, the governing body of a supported organization? A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations	200		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	15-5		1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			34
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			1000
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were ellocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	14.4		
	W how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	10.00		
	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).	4		
Secti	on D. All Type III Supporting Organizations			
400000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			-
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	100		- 15
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations	-		
1	Check the box next to the method that the organization used to satisfy the integral Part Test during the year (see Instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part W how you supported a government entity (see instructions,			
2 /	ctivities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			- 5
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identity			
	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.	28		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-74		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
FA .		_		THE OWNER OF TAXABLE PARTY.

1	Type III Non-Functionally Integrated 509(a)(3) Sup Check here if the organization satisfied the Integral Part Test as a qualifyir instructions. All other Type III non-functionally integrated supporting organizations.	ng trust on Nov. 20, 197	0 (explain in Part VI). See	î
Sec	tion A - Adjusted Net Income	Tayo	(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	I CULT	DACIO F	JUDY
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	-		
60	flection of gross income or for management, conservation, or			
	aintenance of property held for production of income (see instructions)	6		
7		7		
8	Adjusted Net Income (subtract lines 5, 8, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Yes (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	structions 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		2
	d Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			16
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exampt use. Enter 1-1/2% of line 3 (for greater amount			
50	e instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add Inc 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1,	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4		4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		11-12-11-11	
em	ergency temporary reduction (see instructions).	6		

Schedule A (Form 990 or 990-EZ) 2018

Part	V Type III Non-Functionally Integrated 509(a)(3	Supporting Organization	ons (continued)				
Section D - Distributions							
1	Amounts paid to supported organizations to accomplish exempt purpo	0985					
2	Amounts paid to perform activity that directly furthers exempt purpose		avers C	NOV			
	organizations, in excess of income from activity	I divin	ayeraw	UVY			
	Administrative expenses paid to accomplish exempt purposes of sup	ported organizations					
	Amounts paid to acquire exempt-use assets						
	Qualified set-eside amounts (prior IRS approval required)						
	Other distributions (describe in Part VI). See instructions.						
	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the organizations	zation is responsive					
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See Instructions.			. 101			
3	Excess distributions carryover, if any, to 2018						
a	From 2013						
b	From 2014						
c	From 2015						
d	From 2016						
	From 2017						
1	Total of lines 3s through e						
g	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
i	Carryover from 2013 not applied (see instructions)						
1	Remainder, Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from						
	Section D, line 7: \$						
	Applied to underdistributions of prior years						
	Applied to 2018 distributable amount						
-	Remainder, Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, 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 2018, Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j and 4c.						
8	Breakdown of line 7:						
a	Excess from 2014						
b	Excess from 2015						
C	Excess from 2016						
d	Excess from 2017						
	Excess from 2018						

Schedule A (Form	n 990 or 990-EZ) 2018	FOR KIDS	FOUNDATION		75-3093964	Page 8
Part VI	Supplemental Inf III, line 12; Part IV, B, lines 1 and 2; P 3a, and 3b; Part V	Section A, lines art IV, Section C , line 1; Part V, S	1, 2, 3b, 3c, 4b, 4c , line 1; Part IV, Section B, line 1e; P	required by Part II, line , 5a, 6, 9a, 9b, 9c, 11a, ction D, lines 2 and 3; P Part V, Section D, lines 5 lonal information, (See	11b, and 11c; Part IV, art IV, Section E, lines i, 6, and 8; and Part V, instructions.)	Section 1c, 2a, 2b, Section E,
				TONIVO	yers ook	1.3
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SCHEDULE G (Form 990 or 990-EZ)

Dopartment of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete If the organization answered "tree" as Form 880, Port IV, line 17, 10, or 10, or if the organization entered more than \$15,000 on Form 990-EZ, line 6s.

Attach to Form 890 or Form 990-EZ.

Go to www.ins.gov/Form920 for instructions and the latest information.

2019 No. 1545-0047

2018

Open to Public Inspection

FOR KIDS FOUR	MOTTON	-		Employer Identification	
rt I Fundraising Activities. Co	molete if the organization	on answere	d "Yes" on Form		
Form 990-EZ filers are not	required to complete thi	s part.			8_11
Indicate whether the organization raised fund	s through any of the following a	activities. Che	ck all that apply.		
Mail solicitations	e Solicitatio	n of non-gove	mment grants		
Internet and email solicitations	f Solicitatio	n of governme	ent grants		
Phone solicitations		indraising eve			
In-person solicitations	11 TO 12 TO 15 TO				
Did the organization have a written or oral agr or key employees listed in Form 990, Part VII) or entity in connection with pr	rofessional fur	tdraising services /	DANGING MINE CONTINUES	Yes
If "Yes," list the 10 highest paid individuals or	entities (fundraisers) pursuan	t to agreemen	ts under which the fun	draiser is to be	
compensated at least \$5,000 by the organiza (f) Name and address of individual or entry (fundrates)	(I) Activity	(EI) Did fund- rates have custody or control of contributions?	(N) Circus receipts from activity	(w) Amount paid to (or retained by) fundament (sted in cot. (i))	(vi) Amount peid to (or retained by) organization
		Yes No		54-01	
		163 160			
7 - 1		-			
		\top			
		++-			
List all states in which the organization is re	aletered or lineared to water	redriku disena eu	has been multiad it in	evernot from	1
registration or licensing.					

Schedule G (Form 990 or 990-EZ) 2018 FOR KIDS FOUNDATION Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with grass receipts greater than \$5,000.

		(a) Event #1		W.C. V.	1		$\overline{}$	
			1.	(b) Event #2	. [(c) Other events	0	
	DINN	ER		lax	Dá	IONE	C	adit opt (at through
		(event type)	-	(event type)	A	(total number)	_	cor (e))
1 Gross receipts		65,183	3					65,183
2 Less: Contributions		24,523						24,523
ine 2)		40,660			1			40,660
4 Cash prizes		350			1			350
5 Noncash prizes					1			
8 Rent/facility costs		9,977	-		1			9,977
7 Food and beverages	-				-			
8 Entertainment					-		4	
9 Other direct expenses	6	5,812			L		_	5,812
10 Direct expense summary. 11 Net income summary. Sub	Add lines 41	through 9 in column (d)	,,,,,		11.15-1			16,139 24,521
irt III Gaming, Com	plete if the	e organization ans	wered	"Yes" on Form 990, F	art I	V, line 19, or re	porte	d more
		(a) Singo		(b) Pull labs/instant	T	(s) Other garning	T	(d) Total garring (and
		770Y0		bings/progressive bingo	+	A SOUTH OF THE SECOND		col. (a) through col. (e))
1 Gross revenue			-		-			
2 Cash prizes					_		4	
3 Noncash prizes					1		_	
4 Rent/facility costs			_		╄		4	
5 Other direct expenses								
6 Volunteer labor	Yes No	%	F	Yes %	F	Yes No	%	0 5
7 Direct expense summary.	Add lines 2 t	hrough 5 in column (d)					•	
8 Net gaming income summ	ary. Subtract	t line 7 from line 1, colu	mn (d)				•	
Enter the state(s) in which the	organization	conducts gaming activi	lies			20-12-00-1-11-1-1		
is the organization licensed to	conduct gam	ing activities in each of	these	states?				Yes No
A TO SECURE A SECURE A SECURITION OF THE SECURIT				vii vii vii vii vii vii vii vii vii vii				
	2 Less: Contributions 3 Gross income (line 1 minus ine 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. 11 Net income summary. Sut int III Gaming. Com than \$15,000 c	2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 11 Net income summary. Subtract line 10 ort III Gaming. Complete if the than \$15,000 on Form 9 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor Yes 7 Direct expense summary. Add lines 2 to No 7 Direct expense summary. Add lines 2 to No 8 Net gaming income summary. Subtract line to organization is the organization licensed to conduct games the organization licensed to conduct games.	2 Less: Contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Not income summary. Subtract line 10 from line 3, column (d) 11 Not income summary. Subtract line 10 from line 3, column (d) 11 Income summary. Subtract line 10 from line 3, column (d) 11 Gross revenue 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) is the organization licensed to conduct gaming activities in each of	2 Less: Contributions 24,523 3 Gross income (line 1 minus ine 2) 40,660 4 Cash prizes 350 5 Noncash prizes 9,977 7 Food and beverages 5,812 10 Direct expenses 5,812 10 Direct expenses summary. Add lines 4 through 9 in column (d) 11 Nat income summary. Subtract line 10 from line 3, column (d) 11 Nat income summary. Subtract line 10 from line 3, column (d) 11 Nat income summary. Subtract line 10 from line 3, column (d) 11 Nat income summary. Subtract line 10 from line 3, column (d) 11 Nat income summary. Subtract line 10 from line 3, column (d) 11 Nat income summary. Subtract line 10 from line 3, column (d) 11 Nat income summary. Subtract line 10 from line 3, column (d) 11 Nat income summary. Subtract line 6a. (a) Singo 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility coets 7 No 7 No 7 Direct expense summary. 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Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Gaming. Complete if the organization answered "Yes" on Form 990, F than \$15,000 on Form 990-EZ, line 6a. (ii) Singo (iii) Put taterinstant bingsuprogramme bingsuprogramme bings 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility coets 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities: Is the organization licensed to conduct gaming activities: Is the organization licensed to conduct gaming activities: Is the organization licensed to conduct gaming activities: Is the organization licensed to conduct gaming activities: Is the organization licensed to conduct gaming activities: Is the organization licensed to conduct gaming activities: Is the organization licensed to conduct gaming activities in each of these states?	2 Less: Contributions 24,523 3 Gross income (line 1 minus inc.2) 40,660 4 Cash prizes 350 5 Noncash prizes 9,977 7 Food and beverages 8 Entertainment 9 Other direct expenses 5,812 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. 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Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 12 Net line 19, or reporter than \$15,000 on Form 990-EZ, line 6a. (h) Put label/restart harpsprogressive tempo (e) Other gazing 1 Gross revenue 1 Gross revenue 1 Gross revenue 1 Gross revenue 1 Gross revenue 1 Yes 96 No No No No No No No No No No No No No

che	dule G (Form 990 or 990-EZ) 2018	FOR F	CIDS	FOUNDATION	75-3093964	Pa	ge 3
1	Does the organization conduct gami					Yes	No
2	is the organization a grantor, benefit	ciary or trustee o	a trust,	or a member of a partnership or other entity		Yes	No
13	Indicate the percentage of gaming a						
a				Taxpa	VOCE CARV		%
b	An outside facility			rakya	7 - 13b		96
14	Enter the name and address of the records:	person who prep	ares the	organization's gaming/special events books and	1		
	Name 🕨						
	Address ▶						
15a				whom the organization receives gaming		Yes	No
b	If "Yes," enter the amount of gaming amount of gaming revenue retained	g revenue recelv	ed by the	a organization ► \$	and the		
¢	If "Yes," enter name and address of			T			
	Name 🕨						
	Address ►						
16	Garning manager information:						
	Name ►	v11+1+1+1+1++++++++					
	Gaming manager compensation	\$					
	Description of services provided >						
	Director/officer	Employee		Independent contractor			
17	Mandatory distributions:						
		state law to make	charita	ble distributions from the gaming proceeds to			
-	retain the state gaming license?					Yes	No
b	Enter the amount of distributions re	equired under st	rte law t	be distributed to other exempt organizations or	5		
1/2	spent in the organization's own exe	empt activities du	ring the	tax year ► S	The second secon		_
Pi	Part IV Supplemental Info Part III, lines 9, 9b, See instructions.	ormation. Pr 10b, 15b, 15	ovide t c, 16,	he explanations required by Part I, line and 17b, as applicable. Also provide a	2b, columns (iii) and (v); and inverse and an additional information.	1	
				440.000.000.0000.0000.0000.0000.0000.0000.0000			
				111111111111111111111111111111111111111			
_					Sebudulo Silling and and	990 ==	2010
					Schedule G (Form 990 or	220-EZ	1 4018

SCHEDULE (Form 990) Department of the Treasury Monte Revenue Service Name of the organization

Grants and Other Assistance to Organizations,

Open to Public 2018

OWB No. 1545-0947

/ Inspection Employer identification number 75-3093964

Complete If the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States ▶ Go to www.frs.gow/Form990 for the latest information. ▶ Attach to Form 990.

	FOR KIDS FOUNDATION						7.5	75-3093964	
Parti	General Information on Grants and Assistance	Assistance							
1 Does the se	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection orfiens used to avaid the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	nount of the grant ng the use of gra	s or assistar at funds in th	or assistance, the grantees' eligib funds in the United States.	viffy for the grants or a	ssistance, and		Nes	No 🗵
m	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	nestic Organ eceived more	izations than \$5,	and Domestic G 000. Part II can be	overnments. Co e duplicated if ad-	mplete if the org ditional space is	ganization answ needed.	rered "Yes" on Fo	m 990,
+	(a) Name and address of organization or government	(b) EIN	(c) PC section (r) applicable)	(d) Amount of cash grant	(e) Amount of non- cesh assistance	(0) Nethod of valuation (book, PMV, aspresed, other)	(g) Description of noncoch meditanos	(h) Purpose of grant or assistance	prant
Đ									
(2)									
(6)									
(4)									
(9)									
(9)									
(4)									
(8)									
(6)									
2 Enter	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	inizations listed in	the line 1 ta	ble					

Part III	Grants and Other Assistance to Dolliesto Individuals, Compact II can be duplicated if additional space is needed.	nal space is needed				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appreisal, other).	(f) Description of noncesh assistance
1 CARSE	1 CARSEAT/ADAPTIVE DEVICES		36,885			
2 CLOTH	Z CLOTHES/SHOES		8,270			
3 DENTAL	T		13,533			
4 DIAPE	4 DIAPERS/FORMULA INFANT		442			
5 EDUCATION	MOIT		7,851			
6 EQUIN	6 EQUINE THERAPY		4,600			
THENT	* ETIBNITHIBE/BEDDING		4.729			

32501

(f) Description of noncesh assistance Supplemental Information. Provide the Information required in Part I, line 2; Part III, column (b); and any other additional Information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 (e) Method of valuation (book, EMV, appraisal, other) noncash assistance (d) Amount of 75-3093964 4,305 133 3,000 1,601 7,198 11,910 14,660 (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients FOR KIDS FOUNDATION 3 PSCHOLOGICAL/WELL-BEING 4 RENT/HOUSING/UTILITIES 6 SPORTS PARTICIPATION (a) Type of grant or assistance 6 ANIMAL SERVICES Schedule I (Form 990) (2018) 2 ORTHODONTIA 1 MEDICAL 7 TRAVEL Part III

Part IV

1000

(f) Description of noncesh assistance Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 (e) Method of valuation (book, EMV, appraisal, other) noncash assistance (d) Amount of 75-3093964 2,626 1,511 (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients FOR KIDS FOUNDATION (a) Type of grant or assistance 2 VISION/EXAM/GLASSES * VEHICLE/MECHANICAL Schedule I (Form 990) (2018) Part III 93

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part IV

10

SCHEDULE O (Form 990 or 990-EZ) 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. 2018

DMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization ➤ Attach to Form 990 or 990-EZ.

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

ormation. Employer identification number

75-3093964

FOR KIDS FOUNDATION

FORM 990 - ORGANIZATION'S MISSION
THE PURPOSE OF THIS CORPORATION IS TO SERVE NEEDY CHILDREN BY OBTAINING
FUNDING FOR MEDICAL, DENTAL, MENTAL HEALTH, AND OTHER NECESSARY SERVICES
WHICH ARE OTHERWISE UNAVAILABLE, WITHOUT DISCRIMINATION ON THE BASIS OF
RACE, RELIGION, SEX, GENDER, SEXUAL ORIENTATION, GENDER IDENTITY,
DISABILITY OR NATIONAL ORIGIN. IN ADDITION, THE CORPORATION MAY ENGAGE IN
ANY OTHER LAWFUL ACTIVITY FOR WHICH A NONPROFIT CORPORATION MAY BE
ORGANIZED UNDER NEVADA LAW.
FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
BOARD OF DIRECTORS REVIEW FINANCIALS BEFORE SUBMITTING TO CPA TO PREPARE
THE FORM 990. EACH BOARD MEMBER/DIRECTOR IS GIVEN A COPY OF THE RETURN
ONCE THE RETURN IS COMPLETED.
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
BOARD OF DIRECTORS INTERVIEW AND VOTE ON EXECUTIVE DIRECTORS COMPENSATION.
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
DOCUMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST.
LOCUMENTS FROM STATES OF THE S
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION
NONCASH DONATIONS \$ -5,645

Taxpayers Copy 24,521 23,521 Amount ķņ. Schedule A, Part III, Line 11 Federal Statements Description 32501 FOR KIDS FOUNDATION DINNER LESS: DEDUCTIONS 75-3093964 FYE: 12/31/2018 TOTAL 32501 FOR KIDS FOUNDATION

75-3093964 FYE: 12/31/2018

Federal Statements

DINNER

Other Direct Fundraising or Gaming Expenses IS CODY

Description		Amount
SUPPLIES POSTAGE PRINTING MERCHANT PROCESSING WEBSITE/EMAIL	\$	435 1,453 1,607 1,195 1,122
TOTAL	ş	5,812

Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning

, and ending

FOR KIDS FOUNDATION

Тахрауез Сору

2021			40	
Net Asset / Fund Balance at Beginnin	ng of Year			41,631
Revenue				
Contributions	22	5,934		
Program service revenue				
Investment income				
Capital gain / loss				
Fundraising / Gaming:				
	40,660			
	16,139			
Net income		4,521		
Other income		0		
Total revenue		7	250,455	
Expenses		-		
Program services	1.3	34,366		
Management and general		4,316		
Fundraising	7	6,680		
Total expenses			75,362	
Excess / (deficit)		55		75,093
Changes			3 1	-5,645
1986 See Co. C.				111 070
Net Asset / Fund Bala	ance at End of Year		_	111,079
Total revenue per financial statements Less: Unrealized gains Donated services Recoveries Other Plus:		Less: Donated service Prior year adjus Losses Other Plus:	iments	
Investment expenses		investment exp	enses .	
Other	252 755	Other	managana P	125 260
Total revenue per return =	250,455	Total expe	enses per return	175,362
	Beginning	Balance Sheet Ending	Differences	
Assets	41,631	111,079		
Liabilities		Water areas		
Net assets	41,631	111,079	69,448	3
	Miscellaneous Inf	ormation		
	Amended return	D-0-10-2-10-5		
	Return / extended due date	05/15/19		
	Failure to file penalty	- and the state of		

Farm 8879-FC

IRS e-file Signature Authorization for an Exempt Organization

maa	RI N	W- 1	154	5-18	70
~~		м.	149	14.14	**

2018, and ording For calendar year 2018, or fiscal year beginning

2018 Do not send to the IRS. Keep for your records. Department of the Treesury Internal Revenue Service Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization Employer identification number FOR KIDS FOUNDATION 75-3093964 Name and title of officer ANNIE GONI-STEWERT EXECUTIVE DIRETOR Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 6b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here F X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) b Total revenue, if any (Form 990-EZ, line 9) 2a Form 990-EZ check here 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 5a Form 8868 check here 🕨 b Balance Due (Form 8868, line 3c) 5b Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or retund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only JACKSON & JACKSON CPAS, LTD. to enter my PIN 3964 as my signature SRO firm name Enter five numbers, but do not enter all zeros on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 88548989506 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 03/29/19 ENC's elgenture Date 1

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2018)