EXTENDED TO NOVEMBER 16, 2020

(Rev. January 2020) 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.

OMB No. 1545-0047

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

Open to Public Inspection

A F	or th	e 2019 calendar year, or tax year beginning and e	ending	il.				
Вс	heck if pplicab	C Name of organization		D Employer identific	cation number			
	Addre	KARS 4 KIDS INC.						
Ī	Name	VADCAVIDC		22-3746050				
]Initial returr Final	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 732-730-8595				
	returr termii	**************************************		THE CHARGE PROPERTY SPECIAL	133,836,354.			
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code LAKEWOOD, NJ 08701		G Gross receipts \$				
H	⊒returr ⊒Appli ⊒tion			H(a) Is this a group re	77			
/	pendi		8701	for subordinates H(b) Are all subordinates in				
<u> </u>	-0V-0V	empt status: X 501(c)(3) 501(c) ()		PER ENTER AND	list. (see instructions)			
		te: NWW.KARS4KIDS.ORG	1 027	H(c) Group exemption	(51)			
		organization: X Corporation Trust Association Other	I Year		State of legal domicile; NJ			
		Summary	L rour	51101111au011; — 14	Ctato of logar doffilolo, 212			
-	1	Briefly describe the organization's mission or most significant activities: SEE S	CHEDU	LE O				
nce	7.0	Enough assessment and on garing and an instance of grining and assessment.			· · ·			
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets.			
ove	3			3	7			
Ō	4	Number of independent voting members of the governing body (Part VI, line 1b)			6			
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			136			
Ϋ́	6	Total number of volunteers (estimate if necessary)			15			
∖cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, line 39		7b	0.			
				Prior Year	Current Year			
ē	8	Contributions and grants (Part VIII, line 1h)		77,487,994.	72,703,908.			
enr	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.			
-	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,899,861.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		65,588,133.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		32,924,035.	29,152,149.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\cdot\cdot}$		4,191,744.	4,741,873.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Ϋ́		Total fundraising expenses (Part IX, column (D), line 25) 22,690,98		22,726,791.	29,371,587.			
R - 0		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		59,842,570 .				
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,745,563.	SECTION SECTIO			
Sis	19	Revenue less expenses. Subtract line 18 from line 12	Po	N 19 HORDS 1900				
Net Assets or Fund Balances	20	Total access (Dout V. line 10)		ginning of Current Year 26,128,670.	End of Year 26,718,084.			
Asse	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		7,680,793.	19,872,811.			
let /	21	Net assets or fund balances. Subtract line 21 from line 20		18,447,877.	6,845,273.			
Pa	art II	Signature Block			5/515/2/51			
27.5	2010 100 71111	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of m	v knowledge and belief, it is			
	59	ct, and complete. Declaration of preparer (other than officer) is based on all information of whi			,			
Sigi	n	Signature of officer		Date				
Her		■ ELIYOHU MINTZ, PRESIDENT						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Paid	ı	HESHY KATZ HESHY KATZ		8/11/20 if self-employe	P00841428			
Prep	рагег	Firm's name ROTH & COMPANY, LLP		Firm's EIN ▶	11-3360065			
Use	Only	Firm's address 1428 36TH STREET SUITE 200			STANDARD SEED SEED SEED SEED SEED SEED SEED SE			
		BROOKLYN, NY 11218		Phone no. 71	8-236-1600			
May	the I	RS discuss this return with the preparer shown above? (see instructions)	ann de Albert (1970 y ann de Albert (1970 y ann de Albert)		X Yes No			

Form 990 (2019) KARS 4 KIDS INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	1.0.2.00		3-27113
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	7922		137.00
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? 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			x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Λ
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	dr 15-	х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	4040000	7.7	
252	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Λ	v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	v	Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	g	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	2.52		
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	JS 99		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

Form 990 (2019) KARS 4 KIDS INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
ZŦū	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	and an artist		
12020	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%	00		х
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		22
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		
	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			х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	4 .	
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-01		
UZ	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	637,07		0.000
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		х	
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	21	Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	Sua		
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	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 V/	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	-		
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			LLI LNI-
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 30		Yes	No
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
	1.000		700000000000	

Form 990 (2019) KARS 4 KIDS INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		*•			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	20						
	filed for the calendar year ending with or within the year covered by this return	2a 1	.36					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าธ?	3	2b	Х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?		4a		X		
b	If "Yes," enter the name of the foreign country ▶							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit						
	any contributions that were not tax deductible as charitable contributions?		0	6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts						
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).					Х		
a 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								
	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	(S)						
	to file Form 8282?			7с	Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	_{7d} 57				**		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		- 1	7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		Х		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		2000	7g 7h	Х			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
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?							
9	Sponsoring organizations maintaining donor advised funds.			0-				
a	provides to A to 100 M2 on to at the first one at the art of the contract of t		\$265.000 F	9a 9b				
10 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			90				
	Initiation fees and capital contributions included on Part VIII, line 12	10a						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-					
	Section 501(c)(12) organizations. Enter:	TOD	_					
		11a						
	Gross income from other sources (Do not net amounts due or paid to other sources against	11a	_					
D	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		-	12a				
	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.							
	Is the organization licensed to issue qualified health plans in more than one state?		- 1	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							
		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?								
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O								
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
excess parachute payment(s) during the year?								
	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 investmen	t income?		16		X		
	If "Yes," complete Form 4720, Schedule O.							

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			X
Sec	tion 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 7			.,,,
15,000	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			
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			
550	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			200,000
	more members of the governing body?	7a		х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14		
~	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5		
	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD		
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	3		
	tion Divided (mis decided by requests another about periode not required by the internal revenue dead,)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	iva		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		
12a	The second of th	12a	Х	
b		12b	X	_
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
·		12c	Х	
13	In Schedule O how this was done 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	14		
10				
100	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		х
	The organization's CEO, Executive Director, or top management official	15a		X
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		-21
46-				
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		х
	taxable entity during the year?	16a		-25
D	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	401		
<u> </u>	exempt status with respect to such arrangements?	16b		
A Secretary	tion C. Disclosure	TT	NID	νv
17	List the states with which a copy of this Form 990 is required to be filed ►AL, KS, AR, CA, CO, CT, FL, GA, HI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)	0.14/03-4-0-0		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finar	ncial	
12000000	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 ELIYOHU MINTZ - 732-730-8595			
	1805 SWARTHMORE AVENUE, LAKEWOOD, NJ 08701			

KARS 4 KIDS INC.

Form 990 (2019) Part VIII 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
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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 n	or any related	orga	aniza	ation	COI	npei	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)	//	(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one			l than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	-	cer an	aaa	liecic	ctor/trustee)		from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for	ord	99			sated		organization	(W-2/1099-MISC)	from the
	related organizations	nstee	trust		99	uedu		(W-2/1099-MISC)		organization and related
	below	lual tr	tional	acc	nploy	st cor				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			or garnization o
(1) ELIYOHU MINTZ	25.00								2	
CEO		Х		Х				48,000.	49,000.	19,701.
(2) SHIMSHON BANDMAN	2.00							20	M742	
TRUSTEE		Х						0.	0.	0.
(3) JOSEPH E. WEINBERGER	0.50									
TRUSTEE		Х						0.	0.	0.
(4) REUVEN KANAREK	2.00									-
TRUSTEE		Х						0.	0.	0.
(5) JEFFREY RUBIN	2.00									
TRUSTEE	0 00	Х		X				0.	0.	0.
(6) RON COLEMAN	2.00	77						_	0	0
TRUSTEE	40.00	Х						0.	0.	0.
(7) SHOSHANA JOSELIT	40.00			х				EE E01	0.	0
TREASURER (8) BENTZION TURIN	20.00			Λ				55,501.	0.	0.
(8) BENTZION TURIN GENERAL COUNSEL	17.00			x				0.	89,151.	20,348.
(9) ROBERT MOSKOWITZ	40.00			Δ				0.	09,131.	20,340.
PRESIDENT	40.00			х				77,724.	0.	0.
(10) ESTHER LANDAU	40.00							77,721		
000	10.00			х				85,566.	0.	0.
				555				33,033.		= = = = = = = = = = = = = = = = = = = =
-										
-										
	1,1									
<u> </u>										

Page 7

Par	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st (Compensated Employe	es (continued)				
1.0	(A)	(B)			(0	C)			(D)	(E)	12		(F)	
	Name and title	Average hours per week	box	not c	ss pe	more erson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from relate	on	on amount		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatior (W-2/1099-MI	ns	compensa from the organizat and relat organization		e ion ed
÷														
3														
()														
.,														
ÿ 														
1b	Subtotal		<u> </u>				<u> </u>		266,791.	138,1	51.	4	0,0	49.
c	Total from continuation sheets to Part V	II, Section A							0. 266,791.	138,1	0.	2		
//-	Total (add lines 1b and 1c) Total number of individuals (including but r							no r	16 7/1			-	0,0	47.
<u>.</u>	compensation from the organization												Yes	No
3	Did the organization list any former officer											•	100	Х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si	um of reportab	 le co	omp	ensa	ation	n and	d ot	her compensation from	the organization	i	3		
•	and related organizations greater than \$15								S AS SECURITION OF THE SECURIT			4		Х
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	W				- 5		eiai	ted organization or indiv		S	5		Х
8	ion B. Independent Contractors Complete this table for your five highest co	mnensated in	dene	ende	ent c	ont	racto	ors t	that received more than	\$100 000 of cor	mnens:	ation 1	from	
	the organization. Report compensation for										Т			
	(A) Name and business	All and the second							(B) Description of s	services	C	ompe	C) nsatio	n
	ICK, 140 EAST 45 STRE K, NY 10017	ET 25TH	FI	LOC	OR	,]	NEĪ		LEGAL SERVIC	ES	3	3,503,984.		
JT	& SONS LLC	CODDANI	יסיו	•	77	0	101					524,184.		
4312 SANTA RITA ROAD, EL SOBRANTE, CA 94803TRANSP							IVANSLOKIALI	OIA		22	Ψ,⊥	04.		

ORRICK, 140 EAST 45 STREET 25TH FLOOR, NEW
YORK, NY 10017

LEGAL SERVICES

3,503,984.

JT & SONS LLC
4312 SANTA RITA ROAD, EL SOBRANTE, CA 94803TRANSPORTATION

GOOD GUYS TOWING
4553 ABRUZZI CIRCLE, STOCKTOWN, CA 95206

AMA TOWING, 1122 MILLSTONE RIVER ROAD,
HILLSBOROUGH, NJ 08844

TRANSPORTATION

147,047.

WALLACE TOWING
5839 SUNFLOWER COURT, ELLENWOOD, GA 30294

TRANSPORTATION

138,875.

Total number of independent contractors (including but not limited to those listed above) who received more than
\$100,000 of compensation from the organization

6

Pa	rt VII	Check if Schedule O contains a response	se or note to any lin	e in this Part VIII			
e -		Officer in Octobule C Contains a respons	se of flote to ally in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns 1a 1b 1b 1b 1c Fundraising events 1c 1c Related organizations 1d	72,703,908. 72,003,589.	72,703,908.			
15.00			Business Code				
Program Service Revenue	2 a b c d e f	All other program service revenue	10)				
_	g	Total. Add lines 2a-2f	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	4 5	other similar amounts) Income from investment of tax-exempt bone Royalties	d proceeds				
	b	(i) Real Gross rents Less: rental expenses Rental income or (loss) (i) Real 6a 6b 6c	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis					
Revenue	С	and sales expenses 7b Gain or (loss) 7c Net gain or (loss)	>				
Other	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	За				
		5 1/2024882/1944/194926 2489 4489/2864830	Bb				
	9 a		Эа				
		L	9b				
	10 a	Gross sales of inventory, less returns and allowances1	Oa 61,132,446. Ob 70,925,807.	ż			
		Net income or (loss) from sales of inventory	Activ	-9,793,361.			-9,793,361.
Sn			Business Code				
Miscellaneous Revenue	11 a		-				
ellar	p	e - -	-				
lisc. Re	c d	All other revenue	-	i.	-		
2		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		62,910,547.	0.	0.	-9,793,361.

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 respor	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	29,005,599.	29,005,599.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	146,550.	146,550.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	266,791.	85,131.	65,065.	116,595.
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	4,100,856.	28,955.	2,757,406.	1,314,495.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				100 000
10	Payroll taxes	374,226.	9,775.	241,833.	122,618.
11	Fees for services (nonemployees):				
а	Management				
	Legal	3,901,353.		3,901,353.	
	Accounting	65,618.		65,618.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	,			6
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	204,054.		204,054.	
12	Advertising and promotion	23,735,913.			20,967,674.
13	Office expenses	591,191.	7,660.	436,994.	146,537.
14	Information technology				
15	Royalties	,	<		
16	Occupancy				
17	Travel				*
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	35,351.		35,351.	
23	Insurance	37,052.		37,052.	
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 Schodula (A).				
_	amount, list line 24e expenses on Schedule 0.) REPAIRS AND MAINTENANCE	676,423.		676,423.	
a	MERCHANT FEES	92,252.		92,252.	
D	REFERRALS	23,070.		52,252.	23,070.
c d	LICENSES & PERMITS	9,310.		9,310.	20,0,0
	All other expenses	J, 010 .		5,510.	
25	Total functional expenses. Add lines 1 through 24e	63,265,609.	31,997,875.	8,576,745.	22,690,989.
26	Joint costs . Complete this line only if the organization	3		, , , , , , , , , , , , , , , , , , ,	
5040167W097	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)	23,735,913.	2,714,205.	54,034.	20,967,674.

Form 990 (2019) Part X Balance Sheet

A.		Check if Schedule O contains a response or not	e to an	v line in this Part X			
		oriodici e doricano al coporto ori not	0.00	, into in time t dat X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,606.	1	229,365.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net	1,771,533.	3	1,621,856.		
	4	Accounts receivable, net		2,696,853.	4	1,750,448.	
	5	Loans and other receivables from any current or	POTENTIAL DE PARO DE PARO DE PARO DE LA RECU		1000010 10 100 m 100 m 100 m		
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disquali					
	(50	under section 4958(f)(1)), and persons described				6	
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			16,250.	9	0.
		Land, buildings, and equipment: cost or other	 		STOROGOZIO PORTINO SI PINA SI SI PI		**************************************
		basis. Complete Part VI of Schedule D	10a	1,419,100.			
	b	Less: accumulated depreciation	10b	120,809.	128,239.	10c	1,298,291.
	11	Investments - publicly traded securities		20 10		11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13	,	
	14	Intangible assets	23 (1 1 1 2 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4		14		
	15	Other assets. See Part IV, line 11		21,513,189.	15	21,818,124.	
	16	Total assets. Add lines 1 through 15 (must equal			26,128,670.	16	26,718,084.
X - 3	17	Accounts payable and accrued expenses			4,663,381.	17	5,612,652.
	18	Grants payable			3,000,000.	18	3,000,000.
	19	Deferred revenue	525 (*PONC 5090A) (*PONC 5090A) 729	19	555 A• PGA SONGA 4• PGA SONGA 200		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete I				21	
Ø	22	Loans and other payables to any current or form		AND PRODUCTION AND PROPERTY OF			
Liabilities		trustee, key employee, creator or founder, subst					
ig		controlled entity or family member of any of thes				22	
Ë	23	Secured mortgages and notes payable to unrela				23	,
	24	Unsecured notes and loans payable to unrelated		Expression control of the control of		24	
	25	Other liabilities (including federal income tax, pa					
	:F-:80	parties, and other liabilities not included on lines	100000000000000000000000000000000000000	SAMPLE SALESAN CHAIR PARAMETERS INC.			
		of Schedule D		The state of the s	17,412.	25	11,260,159.
	26	Total liabilities. Add lines 17 through 25			7,680,793.	26	19,872,811.
		Organizations that follow FASB ASC 958, che	ck her	e 🕨 X	is a track which are is some and		Chine Arthur D. H. of Arthur 1911 of City
Ses		and complete lines 27, 28, 32, and 33.					
ä	27				18,447,877.	27	6,845,273.
Bal	28	TO ANNUAL SEASON AND ANTHRON DELIVERS AND ANTHROPIAN AND ANTHROUGH AND ANTHROPIAN AND ANTRANTAN ANTRANTAN AND ANTRANTAN ANTRANTAN ANTRANTAN ANTRANTAN ANTRANTAN ANTRANTAN ANTRANTAN ANTRANTAN ANTRANTAN ANTRANTANTAN				28	
Ē		Organizations that do not follow FASB ASC 9					
Ē		and complete lines 29 through 33.					
SOI	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or ed				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			18,447,877.	32	6,845,273.
_	33	Total liabilities and net assets/fund balances			26,128,670.	33	26,718,084.

Form	990 (2019) KARS 4 KIDS INC.	22-	3746	050	Pag	ge 12
Pai	rt XI Reconciliation of Net Assets					
10.	Check if Schedule O contains a response or note to any line in this Part XI					X
		Î	200 20	925 - 1800/01		99712871195
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,91		
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 26		
3	Revenue less expenses. Subtract line 2 from line 1	3		-35		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18	,44	7,8	77.
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	-11	,24	7,5	42.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	6	,84	5,2	73.
Pai	rt XII Financial Statements and Reporting	. 22				
	Check if Schedule O contains a response or note to any line in this Part XII					X
	9 D X 2 X 7		00		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		1.1			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,			
	consolidated basis, or both:					
	Separate basis X 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 th	e audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule (o.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	dit			28-45-453
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2019)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

KARS 4 KIDS INC.

Employer identification number

22-3746050 Part I 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, 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). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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 I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2019 KARS 4 KIDS INC. 22-37460 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		•	•			
7000	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(-)	(-,	(7,	(-,	(-)	(9, 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
45	membership fees received. (Do not						
	include any "unusual grants.")	39,071,455.	53,017,775.	70,256,696.	77,487,994.	72,703,908.	312,537,828.
2	Tax revenues levied for the organ-						3
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	39,071,455.	53,017,775.	70,256,696.	77,487,994.	72,703,908.	312,537,828.
	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.						312,537,828.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	39,071,455.	53,017,775.	70,256,696.	77,487,994.	72,703,908.	312,537,828.
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.)						
	Total support. Add lines 7 through 10					f senan	312,537,828.
	Gross receipts from related activities,	The second secon	man in an analysis	er nou that outside th	enan B	12	
13	First five years. If the Form 990 is for	920 920			400	45 1945 19	
Sac	organization, check this box and stop ction C. Computation of Publi	c Support Pe	rcentage				
	The state of the s	The state of the s	V40	alcusars (6))	Ī	14	100.00 %
	Public support percentage for 2019 (li Public support percentage from 2018						100.00 %
	33 1/3% support test - 2019. If the c					COSAN	1505
TOG	stop here. The organization qualifies						
h	33 1/3% support test - 2018. If the co						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
11111000	and if the organization meets the "fac	THE PROPERTY OF THE PROPERTY O			Section Seasons, Sent Advisor (Sen		AND
	meets the "facts-and-circumstances"		STEEDER STORY STORY CO.	Annual Control of the		Control of the Contro	2
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	2010 St. 10 10 10 10 10 10 10 10 10 10 10 10 10			March March No. 10	to The VLEAGO AS	
	organization meets the "facts-and-circ		59		25.7		22
18	Private foundation. If the organizatio						maranananan A

Schedule A (Form 990 or 990-EZ) 2019 KARS 4 KIDS INC. 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.)

Se	ction A. Public Support			200	74	A10	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and		A				
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						74.
3	Gross receipts from activities that						2
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities))	
•	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	a Amounts included on lines 1, 2, and						-00
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received	4		a .			
_	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year Add lines 7a and 7b						
							-
	Public support. (Subtract line 7c from line 6.)			5			¥-
_	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(a) 2017	(4) 2010	(a) 2010	/f) Total
	Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gross income from interest.	0					0
100	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources Unrelated business taxable income						
L	(less section 511 taxes) from businesses						
	anguired ofter June 20, 107E						
		,					y:
	Add lines 10a and 10b Net income from unrelated business						- 0
	activities not included in line 10b.						
	whether or not the business is						
10	regularly carried on			a a		e.	_
12	Other income. Do not include gain or loss from the sale of capital						
waren.	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	***************************************	* *** 25 252	Tas and as constant	<u></u>	** CALIFORNIA (1981) 85	
14	First five years. If the Form 990 is fo	0.75				22 4542 45 SZRE	V
<u> </u>	check this box and stop here						>
_	ction C. Computation of Publ			presentation of the same		F second	Contract of the Contract of th
	Public support percentage for 2019 (15	<u>%</u>
	Public support percentage from 2018					16	%
	ction D. Computation of Inve			8 Is 8 50		200	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2019. If the	A Marie - Discovers and the Contract of the Co					17 is not
	more than 33 1/3%, check this box a						
t	33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che						▶∐
20	Drivate foundation If the organization	an did not check a	hay on line 14 10	a or 10h chack ti	hie hay and eac in	etructione	

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 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).
- 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 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.
- c 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.
- 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 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
		163	NO
	1		
	2		
	3a		
	3b		
	N=-000		
	3c		
	4		
	4a		
	4b		
		6 P	
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	euron.		
	9b		
	9c		
	10-		
	10a		
	10b		
m 9	90 or 99	0-EZ	2019
		,	

Pai	ort IV Supporting Organizations (continued)			<i>J</i>
	··· · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above?/f "Yes" to a, b, or c, provide detail in Part VI.	11c		
0.00	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 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				
	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		
Sec	ction C. Type II Supporting Organizations			
	The state of the s		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		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
i	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (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		
Sec	ction E. Type III Functionally Integrated Supporting Organizations	**		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instru	uctions).		
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.			
C	: Left The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instructions	s).	
2	Activities Test. Answer (a) and (b) 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 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.			
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? 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		

rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI). See instructions. All
other Type III non-functionally integrated supporting organizations must co	mplete S	ections A through E.	
tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		,
Add lines 1 through 3.	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		v v
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		· · · · · · · · · · · · · · · · · · ·
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		· · · · · · · · · · · · · · · · · · ·
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by .035.	6		
Recoveries of prior-year distributions	7		V
Minimum Asset Amount (add line 7 to line 6)	8		
ion C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
Enter 85% of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
	6		
	ly integrat	ted Type III supporting ord	ganization (see
instructions).	-,,	ander to service on the confidence of the service o	The second of the second secon
	Check here if the organization satisfied the Integral Part Test as a qualifyin other Type III non-functionally integrated supporting organizations must cotion A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) Ion B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) ion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1. Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3. Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	Check here if the organization satisfied the Integral Part Test as a qualifying trust on other Type III non-functionally integrated supporting organizations must complete S ion A - Adjusted Net Income Net short-term capital gain 1 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 Add lines 1 through 3. 4 4 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 Other expenses (see instructions) 7 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 8 Ioin B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities 1a Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035. 6 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 Ion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 Enter 85% of line 1. 2 c Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3. 4 Income tax imposed in prior year (from Section B, line 8, Column A) 6 Check here if the current year is the organization's first as a non-functionally integrated for the current year is the organization's first as a non-functionally integrated for the current year is the organization's first as a non-functionally integrated for the current year is th	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in other Type III non-functionally integrated supporting organizations must complete Sections A through E. Ion A - Adjusted Net Income Recoveries of prioryear distributions Other gross income (see instructions) 3

Schedule A (Form 990 or 990-EZ) 2019

	1 ype in Non-i directionally integrated 509	(a)(o) Supporting Orga	(continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
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	ne organization is responsive)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			3
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-		1	
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
727	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
1250	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

KARS 4 KIDS INC.

Employer identification number 22-3746050

Pa	rt I Organizations Maintaining Donor Advise	od Funds or Other Similar Fund	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		The state of the s
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		3
	for charitable purposes and not for the benefit of the donor of	10 151 d is	
D-	impermissible private benefit?		Yes No
Pa			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (for example, recrea	Take to the control of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	NOTES NOTES 14.10
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic str		1 () () () () () () () () () (
d	(-Z J	15	
_	listed in the National Register		110001111111111111111111111111111111111
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year -		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per	1504Y N N N N 550	
_	violations, and enforcement of the conservation easements in		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and emorcing con	iservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and entarging conserve	ntian agramanta during the year
7	S	aling of violations, and emorcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	to acticfut he requirements of eastion 170	O/N/AVDV()
0	DE NO AND PROPERTY SERVICES CONTROL FOR THE SERVICE SE	26 19	
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservati		
3	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.		ionis that describes the
Pai	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	200	
1a	If the organization elected, as permitted under FASB ASC 95		and balance sheet works
	of art, historical treasures, or other similar assets held for put		
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
355	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
2	If the organization received or held works of art, historical tre		
No. TH	the following amounts required to be reported under FASB A		
а		AND	> \$
	Assets included in Form 990, Part X		500 St. 500 St

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection thems (check all that apply): a Public shibilition b Schotary research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During they say, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During they say, did the organization's collection's make splain how they further the organization's exempt purpose in Part XIII. 6 Part IV Excert was Clustedial Arrangements. Complete the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X. line 21. 6 If "Yes, explain the arrangement in Part XIII and complete the following table: 7 Beginning balance 8 Beginning balance 9 Distributions during the year 10 Ending balance 10 Ending balance 10 Ending balance 10 If "Yes, explain the arrangement in Part XIII and complete the following table: 11 Ending balance 12 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 13 Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 14 Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 15 Part V Endowment Funds. Complete if the organization and part XIII. 16 Committed organizations 17 Administrative expenses 9 End of year balance 18 Description of property 19 Committed organizations 19 Part V I Land, Buildings, and Equipment 10 Complete if the organizations answered "Yes" on Form 990, Part IV, line 10. 10 Unrelated organizations 11 Part V I Land, Buildings, and Equipment 12 Complete if the organization answered "Yes" on Form 990, Part IV, line 11. 21 Description of property 22 Provide the andowment Lands. (0) Book value depends on the passe fo	Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tr	easures, d	r Other	Similar As	ssets(continued)				
a Public achibition d	3	Using the organization's acquisition, accession	on, and other record	s, check a	any of the	following tha	t make sigi	nificant use o	f its				
b Scholarly research e Other District Preservation for future generations Preservation for future generations Preservation for future generations Other Preservation for future generations Other Othe		collection items (check all that apply):											
to Preservation for future generations 4 Provide a description of future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be meintained as part of the organization's collection?	а	Public exhibition	d	L L	oan or exc	hange progra	ım						
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection? Part VIII Escrow and Custodial Arrangements. Complete if the organization answered "Vee" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b Is the organization than a management in Part XIII and complete the following table: Complete the arrangement in Part XIII and complete the following table: Complete the arrangement in Part XIII and complete the following table: Complete the arrangement in Part XIII and complete the following table: Complete the arrangement in Part XIII and complete the following table:	b												
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	C												
to be sold to raise funds rather than to be minitalined as part of the organization's collection?	4	TO DESCRIPTION OF THE PROPERTY											
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10. Complete If the organization and part of the current year end balance (line 1g, column (a)) held as: Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete If the organization and IV, line 1g, column (a)) held as: Part V Endowment Funds. Complete IV Part V P	5	During the year, did the organization solicit or	receive donations of	of art, hist	orical trea	sures, or oth	er similar a	ssets					
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1 Ending balance 1 Ending balance include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions 1 Administrative expenses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasie-indowment ▶		to be sold to raise funds rather than to be ma	intained as part of t	he organi	zation's co	ollection?			Yes No				
1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Complete the following table:	Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the c	organizatio	n answered '	'Yes" on Fo	orm 990, Part	IV, line 9, or				
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount		reported an amount on Form 990, Par	t X, line 21.					***					
Description of property Part XIII and complete the following table:	1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for co	ontribution	ns or other as	sets not in	cluded					
C Beginning balance C Amount C C C C C C C C		on Form 990, Part X?							Yes No				
C Beginning balance 1	b												
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Contributions b Contributions c Net investment earnings, gains, and losses d Grants or scholarships d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶									Amount				
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Contributions b Contributions c Net investment earnings, gains, and losses d Grants or scholarships d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	С	Beginning balance						1c					
e Distributions during the year f Ending balance f Ending balance general part V								1d					
f Ending balance								1e					
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization has been provided on Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back of Contributions (c) Net investment earnings, gains, and losses of Grants or scholarships (e) Other expenditures for facilities and programs (f) Administrative expenses (g) End of year balance (g) End of year (g)								1f					
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back								?	Yes No				
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	has been	provided on	Part XIII						
1a Beginning of year balance	Par	t V Endowment Funds. Complete if	the organization an	swered "`	Yes" on Fo	orm 990, Part	IV, line 10	6	A**				
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ye b Permanent endowment ye The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b if "Yes" on line 3a(i), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 120,541. b Buildings 1,084,862. 12,878. 1,071,984. c Leasehold improvements 122,993. 71,394. 1,599. d Equipment 15,704. 15,704. 10.	19	·	(a) Current year	(b) Pri	or year	(c) Two year	s back (d)	Three years b	ack (e) Four years back				
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ye b Permanent endowment ye The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b if "Yes" on line 3a(i), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 120,541. b Buildings 1,084,862. 12,878. 1,071,984. c Leasehold improvements 122,993. 71,394. 1,599. d Equipment 15,704. 15,704. 10.	1a	Beginning of year balance			***	4							
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d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		The second secon				la:	i.						
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment													
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		CASE 40 CASE CONTRACTOR CONTRACTO											
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		49											
Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Description of property (b) Cost or other basis (investment) Complete in Property (a) Cost or other basis (investment) Description of property (b) Cost or other basis (investment) Description of property (c) Leasehold improvements 125,000 . 20,833 . 104,167 . 6 Ct. 24 Pet Jo Cother Buildings Cother Description of Property (a) Cost or other basis (investment) Description of Property (b) Cost or other basis (other) 1	f												
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶													
Board designated or quasi-endowment	0.044.00		ent vear end balanc	e (line 1a.	column (a	a)) held as:	I						
b Permanent endowment			,			,							
Term endowment			%										
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land 120,541. b Buildings 1,084,862. 12,878. 1,071,984. c Leasehold improvements 125,000. 20,833. 104,167. d Equipment 72,993. 71,394. 15,704. 0.													
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Part VI Land, Buildings, and Equipment.	h												
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 120,541. 120,541. 120,541. b Buildings 1,084,862. 12,878. 1,071,984. c Leasehold improvements 125,000. 20,833. 104,167. d Equipment 72,993. 71,394. 1,599. e Other 15,704. 15,704. 0.		25-70							00				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation				WITHOUT TO	nus.								
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 120,541.) Part IV	line 11a S	See Form 990	Part X lin	ne 10					
basis (investment) basis (other) depreciation 1a Land 120,541. 120,541. b Buildings 1,084,862. 12,878. 1,071,984. c Leasehold improvements 125,000. 20,833. 104,167. d Equipment 72,993. 71,394. 1,599. e Other 15,704. 15,704. 0.	9	X(1) 24 (24) (29) (2)	F 47 57 800 79 97	20	04/32/2013/2013	99.0	22 27 17	101 JZ W.	(d) Book value				
1a Land 120,541. 120,541. b Buildings 1,084,862. 12,878. 1,071,984. c Leasehold improvements 125,000. 20,833. 104,167. d Equipment 72,993. 71,394. 1,599. e Other 15,704. 15,704. 0.		Description of property							(d) book value				
b Buildings 1,084,862. 12,878. 1,071,984. c Leasehold improvements 125,000. 20,833. 104,167. d Equipment 72,993. 71,394. 1,599. e Other 15,704. 15,704. 0.	10	Land	A SAME AND DECEMBER OF STREET	ione,	DOMESTIC STREET	A CONTROL OF SECURITY	шорго	Jacon	120 541.				
c Leasehold improvements 125,000. 20,833. 104,167. d Equipment 72,993. 71,394. 1,599. e Other 15,704. 15,704. 0.				+			1	2.878					
d Equipment 72,993. 71,394. 1,599. e Other 15,704. 15,704. 0.	n	Lesshold improvements	**	es.	- 15								
e Other 15,704. 15,704. 0.			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						(5)				
			*					the transfer of the best controlled					
				X column		And the last the same through		, , , , , ,					

Schedule D (Form 990) 2019 KARS 4 KIDS	INC.	22	-3746050 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	TO THE STREET CONTROL OF THE STREET STREET, STREET STREET, STR	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	-		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)	1		
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	Tra. 656 Form 656, Fair 76, into 16.	(b) Book value
	D FOR SALE		5,542,280
	ESTMENT		7,421,003
(3) OTHER RECEIVABLES			103,904
(4) DONATED VEHICLES - HELD F	OR SALE		8,750,937
	OK BIIDD		0,100,501
(5)			
<u>(6)</u>		2	
(7)			
<u>(8)</u> (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	0.15)		21,818,124
Part X Other Liabilities.	<i>3 10.)</i>	······	21,010,124
Complete if the organization answered "Yes"	on Form 000 Port IV line:	11a av 11f Caa Farm 000 Bart Vilina 05	
CO Province Control of the Control o	Off Form 990, Fart IV, line	The or Th. See Form 990, Fait A, line 23	(b) Book value
			(b) Dook value
(1) Federal income taxes (2) SECURITY DEPOSITS			12 617
			12,617 11,247,542
2 TO CONTROL DE LA CONTROL DE			11,441,344
(4)			
(5)			
(6)			
(8)			
(9)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII..

11,260,159.

Par	t XI	Reconciliation of Revenue per Audited Financial Sta	atements With Reven	iue per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total	revenue, gains, and other support per audited financial statements		্ৰ	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b	Donat	ed services and use of facilities	2b		
c		veries of prior year grants			
d		(Describe in Part XIII.)			
е		nes 2a through 2d		2e	
3	Subtr	act line 2e from line 1		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	tment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	nes 4a and 4b		4c	
		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			
Par	rt XII	Reconciliation of Expenses per Audited Financial St	atements With Expe	nses per Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.	77 75	
1	Total	expenses and losses per audited financial statements		*1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donat	ted services and use of facilities	2a		
b	Prior y	year adjustments	2b		
c		losses			
d		(Describe in Part XIII.)			
е	Add li	nes 2a through 2d		2e	
3		act line 2e from line 1			
4		nts included on Form 990, Part IX, line 25, but not on line 1:			
		tment expenses not included on Form 990, Part VIII, line 7b	4a		
а	Invest	intent expenses not included on Form 550, Fait Vill, line 75			
		(Describe in Part XIII.)			
b	Other		4b	4c	
b c 5	Other Add li Total	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 1	4b		
b c 5	Other Add li Total	(Describe in Part XIII.) nes 4a and 4b	4b		
b c 5	Other Add li Total r t XIII	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 1	4b 8.)	5	XI,
b c 5 Par Provi	Other Add li Total r t XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 1. Supplemental Information.	4b 8.) 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par Provi	Other Add li Total r t XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par Provi	Other Add li Total r t XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par Provi	Other Add li Total r t XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par Provi	Other Add li Total r t XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par Provi	Other Add li Total r t XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par Provi	Other Add li Total r t XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par Provi	Other Add li Total r t XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par Provi	Other Add li Total r t XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par Provi	Other Add li Total r t XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par Provi	Other Add li Total r t XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par Provi	Other Add li Total r t XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par Provi	Other Add li Total r t XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par Provi	Other Add li Total r t XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par Provi	Other Add li Total r t XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par Provi	Other Add li Total r t XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par Provi	Other Add li Total r t XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par Provi	Other Add li Total r t XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par Provi	Other Add li Total r t XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par Provi	Other Add li Total r t XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par Provi	Other Add li Total r t XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par Provi	Other Add li Total r t XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	XI,
b c 5 Par Provi	Other Add li Total r t XIII de the	(Describe in Part XIII.) nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. Supplemental Information. descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4b 8.) 4; Part IV, lines 1b and 2b;	5	XI,

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

2019
Open to Public Inspection

Name of the organization

Employer identification number

KARS	4 KIDS INC				2	2-374605	50
Part I	General Info	rmation on A	ctivities Ou	tside the United States. Comple	te if the organizat	ion answered "	Yes" on
	Form 990, Part I\	/, line 14b.					
	(E) VI. (190. 1909 93). (1	1 0 0		ds to substantiate the amount of its gra		200 10 10	-
th	e grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	grants or assistar	nce? 🗀	Yes X No
2 Fc	or grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and other	assistance out	side the
	nited States.		and the contract of the		state sitos		
3 Ac				an be duplicated if additional space is r		(:_4 - al :.a (al)	(6) Tatal
	(a) Region	(b) Number of offices	employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro-	(e) If activity is a progran	and the second process of the second	(f) Total expenditures
		in the region	agents, and independent	gram services, investments, grants to	\$6 P o f	151	for and
			contractors in the region	recipients located in the region)	of service(s) in	n the region	investments in the region
		is S	III the region				
IIDDLE	EAST	0	29	OUTREACH			146,550.
		5.					
3 a Su	ıbtotal	0	29				146,550.
	tal from continuation	525640	yeass				A940
	eets to Part I	0	0				0.
	otals (add lines 3a nd 3b)	0	29				146,550.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST	OUTREACH	146,550.	WIRE TRANSFER	0.		
			recognized as charities by the					200
by the IRS, or for which	ch the grantee or cou	unsel has provided a sec	ction 501(c)(3) equivalency lette			} .		<u>1</u> 1
3 Enter total number of	other organizations	or entities						1

Page 2

Schedule F (Form 990) 2019

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2019 Part IV Foreign Forms

i	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

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.

2019

Open to Public Inspection

Name of the organization KARS 4 KI	DS INC.						Employer identification num 22-374605	ber 0
Part I General Information on Grants a	and Assistance							
Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pro-	stance?						<u> </u>	No
Part II Grants and Other Assistance to	Domestic Organ	izations and Domesti	c Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
recipient that received more than	\$5,000. Part II car	be duplicated if addit	tional space is need		(6) Mathed of	T:		
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
OORAH INC.								
1805 SWARTHMORE AVENUE								
LAKEWOOD, NJ 08701	22-3746051	501(C)(3)	28,859,244.	0.			SEE SCHEDULE I, PART IN	V
2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization							_	1. 1.

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.						
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance					
Part IV Supplemental Information. Provide the information red	uired in Part I, lin	ie 2; Part III, column	ı (b); and any other a	dditional information.						
PART I, LINE 2:										
KARS 4 KIDS MONITORS AND REVIEWS C	ORAH'S I	NTERNAL CO	NTROLS TO	ENSURE THAT						
THEY OPERATE AND DISTRIBUTE FUNDS	IN ACCOR	DANCE WITH	THE ORGAN	IZATION'S						
OBJECTIVES. KARS 4 KIDS ALSO REVIE	WS THE R	ESULTS OF	AN ANNUAL	AUDIT						
PERFORMED BY INDEPENDENT AUDITORS.	8									
PART II, LINE 1(H):										
FUNDED PROGRAMS INCLUDE: SCHOOL PL	ACEMENT	AND TUITIC	N ASSISTAN	CE,						
SUMMER CAMP PROGRAMS, HOLIDAY FOOD	AND GIF	T PACKAGES	FOR APPRO	XIMATELY						

Part IV Supplemental Information
2,250 FAMILIES FOUR TIMES A YEAR, PARENT EDUCATION AND COUNSELING,
RECREATIONAL PROGRAMS AND OUTINGS, AFTER SCHOOL PROGRAMS, TUTORING AND
HOMEWORK ASSISTANCE, DISBURSEMENT OF FOOD AND CLOTHING DONATIONS AND
EMERGENCY CASH ASSISTANCE.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization KARS 4 KIDS INC. Employer identification number 22-3746050

rai		туре	S OF FTOPHILY										
				(a) Check if	(b) Number of contributions or		(c) sh contri ts report			hod of	d) determinir		
				applicable	items contributed				noncasi	i contr	ibution am	ount	5
1	Art -	Works of	fart				·	- V					
2			l treasures						44.				
3			al interests										
4			ublications										
5			household goods										3
6			er vehicles	X	145,072	67	,275	,147.	VALUED	ΑT	SALES	P)	RIC
7			anes	X	1,693				VALUED				
8			operty										
9			ublicly traded										
10			losely held stock			er e			A ₁				
11			artnership, LLC, or										9
			3										
12			liscellaneous										
13			servation contribution -										
	Histo	oric struc	tures										
14			servation contribution - Other	3		er .							
15	Real	estate - l	Residential	X	7			,000.					
16			Commercial	X	10			,600.					
17			Other	X	55	1	,503	,177.	NRV				
18	Colle	ectibles				į.			44				
19			ry										18
20			edical supplies			er.							
21	Taxio	dermy											
22	Histo	orical arti	facts										
23	Scie	ntific spe	cimens										
24	Arch	eological	l artifacts	,		js.			rt.				
25	Othe	er 🕨	()										
26	Othe	er 🕨	()			er							
27	Othe	er 🕨	()										
28	Othe		(
29	Num	ber of Fo	orms 8283 received by the organi	ization durin	g the tax year for o	contribution	າຣ						
	for w	thich the	organization completed Form 82	283, Part IV, I	Donee Acknowled	gement		29					
												es/	No
30a	Duri	ng the ye	ar, did the organization receive b	y contribution	on any property rep	orted in P	art I, line	es 1 throu	gh 28, that it				
			at least three years from the dat		<i>3</i> 1								
	exen	npt purp	oses for the entire holding period	l?							. 30a		_X_
b			cribe the arrangement in Part II.										
31			anization have a gift acceptance								. 31		<u> </u>
32a	Does	s the orga	anization hire or use third parties	or related or	rganizations to soli	cit, proces	s, or sell	l noncash					
		ributions									32a	Х	
b			cribe in Part II.										
33	If the	e organiza	ation didn't report an amount in c	column (c) fo	r a type of propert	y for which	column	(a) is che	ecked,				
	desc	cribe in Pa	art II.										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2019
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

KARS 4 KIDS INC.

Employer identification number 22-3746050

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

KARS 4 KIDS, INC. FUNDS EDUCATIONAL AND YOUTH PROGRAMS FOR JEWISH

CHILDREN AND FAMILIES IN COMMUNITIES ACROSS THE UNITED STATES. OUR FULL

SUITE OF PROGRAMS INCLUDES SCHOOL PLACEMENT AND TUITION ASSISTANCE,

MENTORSHIP AND EXTRACURRICULAR PROGRAMS, FAMILY RETREATS AND SUMMER

CAMPS. OUR WIDE ARRAY OF SERVICES IS DESIGNED TO IMPACT EVERY ASPECT OF

A CHILD'S DEVELOPMENT FROM THE ACADEMIC TO THE SOCIAL AND CULTURAL.

THIS HOLISTIC APPROACH INVOLVES SCHOOL, FAMILY AND COMMUNITY WORKING

TOGETHER TO DEVELOP OUR YOUTH INTO PRODUCTIVE AND RESPONSIBLE ADULTS.

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

THE CPA FIRM SENDS THE CONTROLLER A DRAFT COPY OF THE COMPLETED FORM 990.

THE CONTROLLER REVIEWS THE FORM 990 AND SENDS IT TO THE BOARD OF DIRECTORS

FOR REVIEW AND COMMENTS. AFTER THE BOARD OF DIRECTORS REVIEWS THE FORM 990,

THEY NOTIFY THE CONTROLLER OF ANY COMMENTS THEY HAVE REGARDING THE FORM

990. THE CONTROLLER SENDS THE FORM 990 BACK TO THE CPA FIRM WITH THE

COMMENTS. THE CPA FIRM INCORPORATES THOSE COMMENTS INTO THE FORM 990, AND

SENDS A NEW DRAFT OF THE COMPLETED FORM 990 TO THE CONTROLLER FOR APPROVAL.

AFTER THE CONTROLLER APPROVES THE FORM 990 HE NOTIFIES THE CPA FIRM AND A

FINAL VERSION OF THE FORM 990 IS SENT TO THE PRESIDENT TO BE SIGNED AND

FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

EMPLOYEES AND BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICT
OF INTEREST ON AN ANNUAL BASIS. FAILURE TO DISCLOSE A POTENTIAL CONFLICT OF
INTEREST, OR ENGAGING IN A PRACTICE DETERMINED TO BE A CONFLICT OF INTEREST

KARS 4 KIDS INC.	22-3746050
MAY RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING TER	MINATION.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
AL, KS, AR, CA, CO, CT, FL, GA, HI, IL, ND, KY, ME, MA, MI, MN, MS, NH, NJ,	NM, NY, NC, VA, WV, ND
OH,OK,OR,PA,RI,SC,TN,UT,WA,WI	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON WRITTEN REQUEST, MEMBERS OF THE PUBLIC MAY ARRANGE T	O VIEW THE
ORGANIZATION'S GOVERNING DOCUMENTS AND RELATED DOCUMENTS	AT THE ADDRESS
LOCATED ON PAGE 1 OF FORM 990.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
LOSS ON LITIGATION	-11,247,542.
PART XII LINE 2C	
THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	
¥	
¥	
¥	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

2019

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

KARS 4 KIDS INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity	
K4K LLC - 37-1763240						
1805 SWARTHMORE AVE						
LAKEWOOD, NJ 08701	REAL ESTATE	NEW JERSEY	-627,229.	14,271,526.	KARS 4 KIDS INC.	
K4K MEDIA LLC - 81-3696626						
1805 SWARTHMORE AVE						
LAKEWOOD, NJ 08701	ADVERTISING	NEW JERSEY			KARS 4 KIDS INC.	
CARSANDMORE2001 LLC - 84-2913350						
L805 SWARTHMORE AVE						
LAKEWOOD, NJ 08701	HOLDING COMPANY	NEW JERSEY			KARS 4 KIDS INC.	
JFY CAPITAL LLC						
1805 SWARTHMORE AVE						
LAKEWOOD, NJ 08701	HOLDING COMPANY	NEW JERSEY			KARS 4 KIDS INC.	

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled ity?	
<u>, </u>		576AA. 1993A - S	P4 25	501(c)(3))	2	Yes	No	
OORAH INC 22-3746051								
1805 SWARTHMORE AVE								
LAKEWOOD, NJ 08701	OUTREACH	NEW JERSEY	501(C)3	LINE 7			X	
						2		
			7			Tag.		
7								
					2		*	

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

Schedule R (Form 990) KARS 4 KIDS INC. 22-3746050

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
4K LTD					
HARTUM STREET					
ERUSALEM, ISRAEL	BACK OFFICE	ISRAEL	22,714.	303,149.	
				5	

Identification of Related Orgorganizations treated as a part		ship. Complete if t	the organization answe	ered "Yes" on Forr	m 990, Part IV, line	34, becaus	e it had one or mor	re related	Welson

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	n) ortionate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managir partner	(k) Percentage ownership
8-		country)	,	sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes N	0
											33
£											
s*											
9											
t .			*	<u> </u>						+ +	
;											
£ .											-3

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(t contr ent	(i) Section 512(b)(13) controlled entity?	
7		odanii yy						Yes	No	
				u.			2			
3-										
aaaaaaaa										
3										
3										

Page 3

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity												
b Gift, grant, or capital contribution to related organization(s)												
c Gift, grant, or capital contribution from related organization(s)												
d Loans or loan guarantees to or for related organization(s)												
e Loans or loan guarantees by related organization(s)												
	, , , , , , , , , , , , , , , , , , , ,	algebrik beregan bebrik beregan bebrik beregan bebrik beregan bebrik beregan bebrik beregan bebrik beregan beb	der der Veren gesteller der einsteller der eine Steller Veren sicher der Veren einsteller der einsche der der									
f Dividends from related organization(s)												
g Sale of assets to related organization(s)												
h Purchase of assets from related organization(s)												
i	i Exchange of assets with related organization(s)											
j Lease of facilities, equipment, or other assets to related organization(s)												
k	k Lease of facilities, equipment, or other assets from related organization(s)											
I Performance of services or membership or fundraising solicitations for related organization(s)												
m Performance of services or membership or fundraising solicitations by related organization(s)												
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)												
o Sharing of paid employees with related organization(s)												
p Reimbursement paid to related organization(s) for expenses												
q Reimbursement paid by related organization(s) for expenses												
0.76	enantaria-propagativa partiera. Professoria F. William Controllera											
r Other transfer of cash or property to related organization(s)												
s Other transfer of cash or property from related organization(s)												
Visa	If the answer to any of the above is "Yes," see the instructions for information on w	9 9	9774 9775 97 97 20 20	60 60 50 40 50 50 10 10 10 10 10 10 10 10 10 10 10 10 10								
	(a)	(b)	(c)	(d)								
	Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved							
	25	type (a-s)										
		3/					3					
1)												
2)												
3)												
							-					
4)												
5)												
							_					
6)												
3216	3 09-10-19			Schedule	R (For	n 990)	2019					

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners s 501(c)(t orgs.? Yes N	(f) Share of total income	(g) Share of end-of-year assets	(h Dispre tion allocat Yes	n) opor- ate ions?	of Schedule K-1	Genera manag partne Yes N	(k) Percentage ownership
							5 5	le .		¥ =	

FORM 990 PAGE 10 990

					_		000 000 H 100	275	The sale Process	*	100 N 000 N	CAL PSY ST	200 16		TO STORY AND
Asset No.	Description	Date Acquired	Method	Life	O n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	FURNITURE	06/01/05	SL	7.00		16	7,998.				7,998.	7,998.		0.	7,998.
2	VEHICLE	06/01/05	SL	5.00		16	18,175.				18,175.	18,175.		0.	18,175.
3	EQUIPMENT	10/01/10	SL	5.00		16	38,795.				38,795.	31,242.		0.	31,242.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						64,968.				64,968.	59,051.		0.	59,051.
	OTHER														
4	SOFTWARE	04/01/11	SL	5.00		16	15,704.				15,704.	15,637.		0.	15,637.
5	FURNI TURE	07/01/16	SL	7.00		16	8,025.				8,025.	4,505.		1,146.	5,651.
	* 990 PAGE 10 TOTAL OTHER						23,729.				23,729.	20,143.		1,146.	21,289.
	* GRAND TOTAL 990 PAGE 10 DEPR						88,697.				88,697.	79,194.		1,146.	80,340.