# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

AF	A For the 2024 calendar year, or tax year beginning and ending							
В	heck if			wer identifi	cation number			
. 8	pplicab	e:	D Linpi	yer labitati	cation number			
	Addre	KARS 4 KIDS INC.	1		#: 1			
	Name	TAR GATTRO	22	-37460	50			
	Initial	Number and street (or P.O. box if mail is not delivered to street address)  Room/		one numbe				
$\vdash$	Final	100E CHADINIDE ATTENTE		2-730-				
_	return termir							
	ated  Amen	City or town, state or province, country, and ZIP or foreign postal code  LAKEWOOD, NJ 08701	G Gross re		185,152,996.			
$\vdash$	_ return  Applic			is a group re				
_	tion _pendi		. I	ubordinates				
_			1 1 1 1 1 1 1 1 1	subordinates in				
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or		-	list. See instructions			
	Vebsi			up exemptio				
		organization: X Corporation Trust Association Other L	Year of formation	: 2000  N	A State of legal domicile; NJ			
ë e	rtii.							
0		Briefly describe the organization's mission or most significant activities: KARS 4 F						
Ę		EDUCATIONAL AND YOUTH PROGRAMS FOR JEWISH CH						
Ĕ	2	Check this box if the organization discontinued its operations or disposed of a	more than 25%	of its net ass	ets.			
8		Number of voting members of the governing body (Part VI, line 1a)			5			
G ~	4	Number of independent voting members of the governing body (Part VI, line 1b)	•••••	4	4			
Activities & Governance	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	•••••	5	74			
Ž	6	Total number of volunteers (estimate if necessary)		6	4			
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
•		Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.			
			Prior \	'ear	Current Year			
	8	Contributions and grants (Part VIII, line 1h)	99,91	2,838.	94,807,263.			
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.			
)Ve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	80,555.			
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-10,81		-14,140,493.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	89 09	7,897.	80,747,325.			
		Country and similar and simila		2,067.	36,693,172.			
		Benefits paid to or for members (Part IX, column (A), lines 1-3)	30,17	0.	0.			
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5 50	3,507.	6,373,243.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	3,30.	0.				
ë			See See .	V •	0.			
X			44 00	001	45 FOC BC4			
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,981.	45,596,764.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	86,66		88,663,179.			
	19	Revenue less expenses. Subtract line 18 from line 12		5,342.				
S or			Beginning of C		End of Year			
Net Assets Fund Baland		Total assets (Part X, line 16)		9,989.	28,150,066.			
		Total liabilities (Part X, line 26)		3,358.	4,695,236.			
칉		Net assets or fund balances. Subtract line 21 from line 20	31,414	1,631.	23,454,830.			
-		Signature Block						
Unde	r pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to t	he best of my	knowledge and belief, it is			
true,	correc	t, and complete. Declaration of preparer wither that state is based on all information of which pre	parer has any kno	wledge.				
				05-	14-25			
Sign Signature of officer Date								
Here	Here ELIYOHU MINTZ, CEO							
	Type or print name and title							
Preparer's name Preparer's signature Date Check PTIN								
Paid ZACHARIA WAXLER ZACHARIA WAXLER 05/12/25 self-employed P00502633								
Preparer Firm's name ROTH & COMPANY, LLP Firm's EIN 11-336006								
Use Only Firm's address 1428 36TH STREET, SUITE 200								
		BROOKLYN, NY 11218	P	none no.71	8-236-1600			
Mav	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No			
	LHA For Paperwork Reduction Act Notice, see the separate instructions.  432001 12-10-24  Form 990 (2024)							

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's 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
) <del></del>	ASSISTANCE, MENTORSHIP AND EXTRACURRICULAR PROGRAMS, FAMILY RETREATS
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 41,747,637. including grants of \$ 36,693,173. ) (Revenue \$)
	KARS 4 KIDS FUNDS EDUCATIONAL, DEVELOPMENTAL, AND RECREATIONAL PROGRAMS
	FOR JEWISH YOUTH AND THEIR FAMILIES. OUR GOAL IS TO FOSTER A GENERATION
	OF WELL-BALANCED, PRODUCTIVE ADULTS.
	OUR MEANS TO ACCOMPLISH THIS GOAL IS TO PROVIDE CHILDREN AND THEIR
	FAMILIES WITH A STRONG NETWORK OF PERSONAL GUIDANCE AND EDUCATIONAL
	RESOURCES, INDIVIDUALIZED TO THEIR NEEDS. OUR WIDE ARRAY OF SERVICES IS
	DESIGNED TO MAXIMIZE EACH FACET OF A CHILD'S DEVELOPMENT - ACADEMIC,
	SOCIAL AND CULTURAL.
	KARS 4 KIDS'S OVERALL AREAS OF ACTIVITY CONSIST OF EDUCATIONAL
	PROGRAMMING, SCHOOL PLACEMENT, TUITION ASSISTANCE, MENTORSHIP PROGRAMS,
	CULTURAL ACTIVITIES, WEEKEND RETREATS, RELIGIOUS INSTRUCTION, SUMMER
	CAMPS, RECREATION AND GUIDANCE COUNSELING.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
1	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 41,747,637.

# Form 990 (2024) KARS 4 KIDS INC. Part IV Checklist of Required Schedules

			Yes	No
i	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	-	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? # "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			· ·
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			THE SAME
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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		<u>X</u>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	2000000	77	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	W
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	77	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		Х	
46	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	Λ	-
15		15	Х	
16	foreign organization? # "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	21	
10	or for foreign individuals? # "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,	10		
No.	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? # "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
	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			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

Form	990 (2024) KARS 4 KIDS INC. 22-374	6050	Р	age 4
Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		82.02	
	Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1000000		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			,,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	600000		1 37
100.000	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%			<sub>v</sub>
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	0.7		X
00	entity (including an employee thereof) or family member of any of these persons? /f "Yes," complete Schedule L, Part III	27		Δ
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
100	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #	00-		X
10	"Yes," complete Schedule L, Part IV	28a	Х	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Λ	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? #	00-		X
~	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c 29	Х	Δ.
29 30	Did the organization receive more than \$25,000 in noncast contributions? If "Yes," complete scriedule M.  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	.21	
30	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			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	- 01		1
OZ.	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	02		-
-	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	- 00	/	
٠.	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	oou		
	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?	305		
	ff "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
1000000	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			

# Note: All Form 990 filers are required to complete Schedule O Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
		2. 0	12		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	38			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gamin	ıg 📗			
	(gambling) winnings to prize winners?		The state of the s	te l	Х	

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2h X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? ...... b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country \_\_\_ISRAEL See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). 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 required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? X 15 If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

KARS 4 KIDS INC. 22-3746050 Page 6 Form 990 (2024) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section 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 ..... 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. 4 b Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a b Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 ...... 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe X 12c on Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

- - X Own website X Another's website X Upon request Other (explain on Schedule O)
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records ELIYOHU MINTZ - 732-730-8595
  - 1805 SWARTHMORE AVENUE, LAKEWOOD, NJ

KARS 4 KIDS INC. 22-3746050

### Form 990 (2024) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0 in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)  Name and title	(B) Average hours per week	(do box	not c	(C Posi heck r	C) ition more	191	one nan	(D)  Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
	(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/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ELIYOHU MINTZ CEO	25.00 25.00	х		Х				118,250.	0.	62,185.
(2) ROBERT MOSKOWITZ PRESIDENT	40.00			Х				157,442.	0.	0.
(3) ESTHER LANDAU	40.00			Х				118,732.	0.	19,676.
(4) MARK ARAKANCHI MANAGER OF K4K OPERATIONS	40.00					Х		130,037.	0.	0.
(5) DAVID J WOLIN SALES AND BUSINESS DEVELOPMENT	40.00					Х		117,566.	0.	0.
(6) DAVID SHWEKY SCHEDULE TEAM	40.00					Х		110,340.	0.	0.
(6) BRAD GORDESKY REAL ESTATE DEVELOPMENT	40.00					Х		111,611.	0.	0.
(7) DAN ABITTAN PERFORMANCE & SYSTEM ANALYSIS	40.00					Х		103,491.	0.	0.
(8) SHOSHANA JOSELIT SECRETARY/TREASURER	25.00			Х				59,040.	0.	0.
(10) SHIMSHON BANDMAN TRUSTEE	2.00	Х						0.	0.	0.
(11) REUVEN KANAREK TRUSTEE	0.50	Х						0.	0.	0.
(12) JEFFERY RUBIN TRUSTEE	2.00	Х						0.	0.	0.
(13) JOSEPH WEINBERGER TRUSTEE	2.00	Х						0.	0.	0.
(14) BENTZION TURIN GENERAL COUNSEL	20.00 17.00			Х				0.	0.	0.

Page 7

Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)	(C) Position		(D)	(E)	(F)		<b>(F)</b>					
Name and title	Average		not c	heck r	more	than c		Reportable	Reportable	Account to the second s		timated	
	hours per week					s both r/trust		compensation from	compensation from related			ount of	
	(list any	stor						the	organization			pensatio	n
	hours for	r dire				ted		organization	(W-2/1099-MI			om the	
	related	stee	iruste			pensa		(W-2/1099-MISC/	1099-NEC)			anization	
	organizations below	ual tru	lional		ploye	t com	4	1099-NEC)		100000000000000000000000000000000000000		l related nization	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	-orme				orga	riization	,
		Ī											_
	7												
													_
1													—
		_											
													_
1b Subtotal	1,026,509. 0. 81,861.												
c Total from continuation sheets to Part VII	, Section A							0.		0.			<u>.</u>
d Total (add lines 1b and 1c)								1,026,509.	2	0.	81	.,861	
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	3			٥
compensation from the organization											Ī	Yes N	10 10
3 Did the organization list any former officer,	director, truste	ee, k	ey e	lame	oye	e, or	hiq	hest compensated emp	lovee on	1			
line 1a? If "Yes," complete Schedule J for st											3	1	X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	dule	Jf	for such individual			4	Х	
5 Did any person listed on line 1a receive or a								ed organization or individ	dual for services				
rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ich i	oers	on .					5		X
Section B. Independent Contractors  1 Complete this table for your five highest cor	anonacted ind	lono	ndo	at oc	ntre	octor	~ +k	not received mare than \$	100 000 of com		ion fro	m	—
1 Complete this table for your five highest counties the organization. Report compensation for t										Jerisai	ion no	Ш	
<b>(A)</b> Name and business	addross							<b>(B)</b> Description of s	ervices	C	(C	) isation	
GOOGLE	2001000						$\dashv$	Description or a	CI VICCO	$\overline{}$	ompor	isation.	_
P.O. BOX 883654, LOS ANGE								MARKETING		22	,508	3,970	) <u>.</u>
	MARKETING ADVANTAGE PLUS LLC, 4125 HOPYARD						)						
RD SUITE 225, PLEASANTON, CA 94588 MARKETING 4,334,113. BING ADS						<u>, .                                    </u>							
PO BOX 847543, DALLAS, TX							_	MARKETING		3	<u>, 477</u>	7,118	<u>.</u>
HYBRID MEDIA SERVICES, LLC 357 MAIN ST, ARMONK, NY 10504 MARKETING 438,879						<b>.</b>							
	357 MAIN ST, ARMONK, NY 10504 MARKETING 438,879 SIRIUS SATELLITE RADIO							•					

MARKETING

424,429.

25601 NETWORK PLACE, CHICAGO, IL 60673

\$100,000 of compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

48

Form 990 (2024) KARS 4 KIDS INC.
Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any	line in this Part VIII			
i			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D)</b> Revenue excluded from tax under sections 512 - 514
9 9	1 a	Federated campaigns1a				
ant	ı a h	Membership dues 1b				
9	c	Fundraising events 1c				
fts,	q	Related organizations 1d				
io ia	u o	Government grants (contributions) 1e				
Sis	-f	All other contributions, gifts, grants, and				
it e	5	similar amounts not included above 1f 94,807,263	3.			
₽Ę	a	Noncash contributions included in lines 1a-1f  1g \$ 94,564,626				
Contributions, Gifts, Grants and Other Similar Amounts	9 h	Total. Add lines 1a-1f	94,807,263.			
		Business Cod				
a a	2 a		2/3			
Κį	b					
Ser	C	· · · · · · · · · · · · · · · · · · ·				
Program Service Revenue	d	2				
P. B.	е	2.				
Pr	f	All other program service revenue				
		Total. Add lines 2a-2f	81			
	3	Investment income (including dividends, interest, and				
		other similar amounts)	80,555.			80,555.
	4	Income from investment of tax-exempt bond proceeds	0	6		
	5	Royalties		V	v ·	
		(i) Real (ii) Personal				
	6 a	Gross rents6a				
	b	The state of the s				
	С	Rental income or (loss) 6c				
	d	Net rental income or (loss)			9	
	7 a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory <b>7a</b>				
	b	Less: cost or other basis				
e e		and sales expenses <b>7b</b>				
ther Revenue	С	Gain or (loss)7c				
æ	d	Net gain or (loss)				
þe	8 a	Gross income from fundraising events (not				
ŏ		including \$ of				
		contributions reported on line 1c). See				
		Part IV, line 18 8a	_			
		Less: direct expenses8b				
ŀ		Net income or (loss) from fundraising events				
	9 a	Gross income from gaming activities. See				
		Part IV, line 19 9a	_			
		Less: direct expenses 9b				
		Net income or (loss) from gaming activities				
	10 a	Gross sales of inventory, less returns				
	20	and allowances 10a 90, 265, 178 Less: cost of goods sold 10b 04, 405, 673				
						14140402
	С	Net income or (loss) from sales of inventory  Business Cod	• • • • • • • • • • • • • • • • • • • •			-14140493
န္	44	200100-000-000-000-000-00-00-00-00-00-00-				
jeo He	11 a					
llar ven	b					
Miscellaneous Revenue	0	All other revenue		<u>8</u>	2	
Ξ	u ^	Total, Add lines 11a-11d				
d <del>)</del>	12	Total revenue. See instructions	STATES AND STATES AND SERVICE	0.	0.	-14059938

# Form 990 (2024) KARS 4 KIDS II Part IX Statement of Functional Expenses

Secti	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								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	36 186 772.	36,186,772.						
0	Grants and other assistance to domestic	30,100,112.	50,100,112.						
2	A STANDARD OF THE STANDARD STA								
	individuals. See Part IV, line 22			<u> </u>					
3	Grants and other assistance to foreign								
	organizations, foreign governments, and foreign	E06 400	E06 400						
200	individuals. See Part IV, lines 15 and 16	506,400.	506,400.						
4	Benefits paid to or for members								
5	Compensation of current officers, directors,	111 666	455 004	00 074	165 000				
	trustees, and key employees	414,666.	157,904.	90,874.	165,888.				
6	Compensation not included above to disqualified								
	persons (as defined under section 4958(f)(1)) and	0.5 54.0	40.540	40 555	00 010				
	persons described in section 4958(c)(3)(B)	96,710.	19,342.	48,355.	29,013. 1,736,139.				
7	Other salaries and wages	5,353,376.	66,618.	3,550,619.	1,736,139.				
8	Pension plan accruals and contributions (include				*				
	section 401(k) and 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes	508,491.	28,662.	322,098.	157,731.				
11	Fees for services (nonemployees):								
а	Management			y	2				
b	Legal	623,676.		623,676.					
C	Accounting	80,000.		80,000.					
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25,								
·	column (A), amount, list line 11g expenses on Sch O.)	391,825.		391,825.					
12	Advertising and promotion	41,505,368.	4,727,157.	8,093.	36,770,118.				
13	Office expenses	2,382,243.	36,950.	2,059,550.	285,743.				
14	Information technology								
15	Royalties								
16	Occupancy	84,254.		84,254.					
17	Travel				·				
18	Payments of travel or entertainment expenses				- 1				
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	57,569.	17,832.	39,737.					
23	Insurance	313,162.		313,162.					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),								
	amount, list line 24e expenses on Schedule 0.)								
а	REPAIRS AND MAINTENANCE	158,667.		158,667.					
b									
С									
d									
	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	88,663,179.	41,747,637.	7,770,910.	39,144,632.				
26	Joint costs. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								
	Check here X if following SOP 98-2 (ASC 958-720)								
					000				

Form 990 (2024)
Part X | Balance Sheet

Par	tΧ	Balance Sheet			
76		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	2,202,609.	1	1,876,002.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	1,975,704.	3	1,832,210.
	4	Accounts receivable, net	2,070,848.	4	2,126,327.
	5	Loans and other receivables from any current or former officer, director,	574.		10/2   10/20/45 20/9/2006   10/06/2014 20/9 25
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
w	6	Loans and other receivables from other disqualified persons (as defined			
	-	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net	902,968.	7	1,737,961.
Assets	8	Inventories for sale or use	12,142,877.	8	11,031,959.
Ass	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or other		Ŭ	
		basis. Complete Part VI of Schedule D 10a 9,380,640.			
	h	Less: accumulated depreciation 10b 282,644.	16,207,860.	10c	9,097,996.
	11	Investments - publicly traded securities		11	- / /
	12	Investments - other securities. See Part IV, line 11		12	101,784.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	115,907.	14	115,907.
	15	Other assets. See Part IV, line 11	141,216.	15	229,920.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	35,759,989.	16	28,150,066.
+	17	Accounts payable and accrued expenses	4,328,409.	17	4,679,387.
	18	Grants payable	1/020/105.	18	2701570011
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
122	22	Loans and other payables to any current or former officer, director,			
Liabilities	~	trustee, key employee, creator or founder, substantial contributor, or 35%			
pili		controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		27	
	2.0	parties, and other liabilities not included on lines 17-24). Complete Part X			
		101-11-0	16,949.	25	15,849.
	26	Total liabilities. Add lines 17 through 25	4,345,358.		4,695,236.
	20	Organizations that follow FASB ASC 958, check here	1/010/000.	20	1/030/2001
Se		and complete lines 27, 28, 32, and 33.			
JUC.	27	Net assets without donor restrictions	31,414,631.	27	23,454,830.
Sale	28	Net assets with donor restrictions		28	
JQ E	20	Organizations that do not follow FASB ASC 958, check here			
Fur		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
18S	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	31,414,631.	32	23,454,830.
z	33	Total liabilities and net assets/fund balances	35,759,989.	33	28,150,066.
	w	Total habilities and not assets/fully balances	00/100/000	w	20/10000

Form **990** (2024)

Form	990 (2024) KARS 4 KIDS INC.	22-	3746	050	Pa	ge <b>12</b>
Pai	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,74		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,66		
3	Revenue less expenses. Subtract line 2 from line 1	3		,91		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31	,41	4,6	<u>31.</u>
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		- 4	3,9	<u>47.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	23	,45	4,8	<u>30.</u>
Pai	t XII Financial Statements and Reporting					11 23
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				17.000	
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis 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 the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule C				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2024)

#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support

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

Employer identification number Name of the organization KARS 4 KIDS INC. 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b 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 Provide the following information about the supported organization(s). (iv) Is the organization listed (vi) Amount of other (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Dublic Cupport			
fails to qualify under the tests listed below, p	olease complete Part III.)		
(Complete only if you checked the box on lin	ne $5, 7,$ or $8$ of Part I or if the organi	ization failed to qualify unde	er Part III. If the organization

Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	107313885	121549389	101321704	99912838.	94807263.	524905079	
2	Tax revenues levied for the organ-						-,,	
	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	107313885	121549389	101321704	99912838.	94807263.	524905079	
	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.						524905079	
Section B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total	
7	Amounts from line 4	107313885	121549389	101321704	99912838.	94807263.	524905079	
8	Gross income from interest,						4-	
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources					80,555.	80,555.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)						·	
11	<b>Total support.</b> Add lines 7 through 10						524985634	
	Gross receipts from related activities,					12		
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, t	ourth, or fifth tax y	ear as a section 5	01(c)(3)		
	organization, check this box and stop							
	ction C. Computation of Publi					T I	00.00	
	Public support percentage for 2024 (I					14	99.98 %	
	Public support percentage from 2023						100.00 %	
16a	33 1/3% support test - 2024. If the			16	14 is 33 1/3% or m	ore, check this bo		
	stop here. The organization qualifies	50 St	1 <del>0</del> 1					
b	33 1/3% support test - 2023. If the	C125			line 15 is 33 1/3%	or more, check thi	is box	
	and stop here. The organization qual			ascas				
17a	10% -facts-and-circumstances test	N ST. WAS TAKEN AND REALTH AND			ac e-scholate verbreiberendstate e-sackdrade bi		12.00 m m m m m m m m m m m m m m m m m m	
	and if the organization meets the fact					VI how the organiz	ation	
72	meets the facts-and-circumstances te							
b	10% -facts-and-circumstances test						10% or	
	more, and if the organization meets the		85					
	organization meets the facts-and-circle				BENEFICATION OF COMMISSION			
18	Private foundation. If the organization	on did not check a l	oox on line 13, 16a	a, 1610, 1/a, or 1715	o, check this box a	na see instructions	·	

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

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

Calendar year (or fiseal year beginning in) 1 Gitts, grants, contributions, and membership fees received. (On or include any "unusual grants.") 2 Gross receipts from achiesione, merchandise sold or senices performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included in lines 2 and fine serviced to more trans disqualified persons b Amounts included in lines 2 and fine serviced to more transitional persons b section B. Total Support.  Section B. Total Support Calendar year (or fiseal year beginning in) 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans; entar, royatties, and income from similar sources (less section 511 times) from businesses appulied affect lines by an animal person of the control of t						
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regularly carried on  12 Other income. Do not include gain or loss from the sale of capital						
or loss from the sale of capital						
accord (Expression Fig. VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,						
check this box and stop here						
Section C. Computation of Public Support Percentage						
15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))						
16 Public support percentage from 2023 Schedule A, Part III, line 15						
Section D. Computation of Investment Income Percentage						
7 Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f))						
18 Investment income percentage from 2023 Schedule A, Part III, line 17						
18 Investment income percentage from 2023 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
18 Investment income percentage from 2023 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
18 Investment income percentage from 2023 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						

# Schedule A (Form 990) 2024 KARS | Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

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Par	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	340.00		
800	provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
000	uon b. Type i oupporting organizations		Vaa	NI.
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		Yes	No
ď	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2	,	
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	22		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000	aon b. An Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	1-		
a	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization is the parent of each of its supported organizations. Complete line's pelow.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
U	entity (see instructions).			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
OWN	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
I Base	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	งม		

Pa	rt V   Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	izations		
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instruc					
	All other Type III non-functionally integrated supporting organizations mu		201 AND DE 19 100 10 100 100 100 100 100 100 100 1	25	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3		0	
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2		v	
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
<u> </u>	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	nally integrate	d Type III supporting orga	nization (see	

Schedule A (Form 990) 2024

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 5 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2024 from Section C, line 6 9 10 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2024 Amount for 2024 Distributable amount for 2024 from Section C, line 6 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2024 a From 2019 **b** From 2020 c From 2021 d From 2022 e From 2023 f Total of lines 3a through 3e g Applied to under distributions of prior years h Applied to 2024 distributable amount i Carryover from 2019 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2024 from Section D. line 7: a Applied to underdistributions of prior years b Applied to 2024 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2025. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2020 b Excess from 2021 c Excess from 2022

Schedule A (Form 990) 2024

d Excess from 2023 e Excess from 2024

432028 01-14-25

## **SCHEDULE C** (Form 990)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. 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

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

_	COLIOITO	ortograp, top, or top organization	iono. Compicio i dit in.					
Name	e of orga	nization			Emp	loyer identification number (EIN)		
		KARS 4	KIDS INC.			22-3746050		
Par	t I-A	Complete if the org	anization is exempt und	ler section 501(c) o	or is a section 527 o	rganization.		
2	Political		ation's direct and indirect polition ures gn activities			\$		
Par	t I-B	Complete if the org	anization is exempt und	ler section 501(c)(3	3).			
			incurred by the organization un			\$		
			incurred by organization manag					
			n 4955 tax, did it file Form 4720					
		describe in Part IV.						
_	t I-C	Complete if the org	anization is exempt und	ler section 501(c),	except section 501(	c)(3).		
1	Enter the	amount directly expended	by the filing organization for se	ection 527 exempt functi	on activities	\$		
2	Enter the	amount of the filing organ	ization's funds contributed to o	ther organizations for se	ction 527	-		
	exempt 1	unction activities				\$		
3	Total exe	empt function expenditures	. Add lines 1 and 2. Enter here	and on Form 1120-POL,				
						\$		
			1120-POL for this year?					
	Enter the names, addresses, and EINs of all section 527 political organizations to which the filling organization made payments. For each organization listed, enter the amount paid from the filling organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.							
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0.		

1,000,000. 1,000,000. 1,000,000. 1,000,000. 4,000,000. 2a Lobbying nontaxable amount b Lobbying ceiling amount 6,000,000. (150% of line 2a, column(e)) 96,000. 8,000. 104,000. c Total lobbying expenditures 250,000. 250,000. 250,000. 250,000. 1,000,000. d Grassroots nontaxable amount e Grassroots ceiling amount 1,500,000. (150% of line 2d, column (e)) f Grassroots lobbying expenditures

Schedule C (Form 990) 2024

# Schedule C (Form 990) 2024 KARS 4 KIDS INC. 22-37460 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(a)		(b)	
of the	e lobbying activity.	Yes	No	Amo	unt	
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?					
	Mailings to members, legislators, or the public?					
	Publications, or published or broadcast statements?					
	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i					
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5	), or sec	tion		
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		COOLERS OF THE PARTY OF THE PAR			
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5	), or sec	tion		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'answered "Yes."	'No;" OR	(b) Part	III-A, line	3, is	
1	Dues, assessments, and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		3.0.0			
	expenses for which the section 527(f) tax was paid):					
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3			425			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds	ess	1,400			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical				
	expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
Par	t IV Supplemental Information					
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II-A	A. lines 1 a	nd 2 (see		
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.		2			
	,					

### SCHEDULE D (Form 990)

(Rev. December 2024)
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

Par	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		ınds or Acc	ounts. Complete if the
( <del></del>	organization answered Yes on Form 990, Part IV, III	(a) Donor advised funds		Funds and other accounts
4	Total number at and of year	(a) Bonor advised farius	(6)	Turido aria otrici accodino
1 2	Total number at end of 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 N	writing that the assets held in donor	advised funds	-
J	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a			
. 0	for charitable purposes and not for the benefit of the donor o	200 A A B 180 A 180 A		
	impermissible private benefit?	100/ (50 (3)		• — —
Par				
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recrea	tion or education) Preserva	tion of a historic	cally important land area
	Protection of natural habitat			d historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the	form of a cons	ervation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
			Y a	2b
C	Number of conservation easements on a certified historic stru	ucture included on line 2a		2c
d	Number of conservation easements included on line 2c acqui	ired after July 25, 2006, and not		· ·
	on a historic structure listed in the National Register		L	2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated	by the organiza	tion during the tax
	year			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handli	ng of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, $\\$	handling of violations, and enforcing	g conservation	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing cor	servation ease	ments during the year
1	<del></del>		4 70 (1 ) (1) (1) (1)	
8	Does each conservation easement reported on line 2d above	67 7459	R 2/81 2/81 6/3/82	Name N
•	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn organization's accounting for conservation easements.	note to the organization's linancial's	atements that	describes the
Par	t III   Organizations Maintaining Collections of	Art. Historical Treasures.	or Other Sin	nilar Assets.
	Complete if the organization answered "Yes" on Form			
	If the organization elected, as permitted under FASB ASC 95	2000-06A-04E-0-3 5-0031	nent and baland	ce sheet works
	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finar			
b	If the organization elected, as permitted under FASB ASC 95			heet works of
	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 treatment			
v. <del></del>	the following amounts required to be reported under FASB A			FP SWARDADO
а	Revenue included on Form 990, Part VIII, line 1	The control of the co		\$
	Assets included in Form 990, Part X			

Par	rt III   Organizations Maintaining Co	ollections of Ar	t, Historical T	reasures, or	Other S	imilar Asse	ets (contin	iued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of th	e following that i	make signi	ficant use of it	s	
	collection items (check all that apply).							
а	Public exhibition	d	Loan or e	xchange progran	n			
b	Scholarly research	е	Other	92.57 % 92.57				
С	Preservation for future generations		Art Contration of					
4	Provide a description of the organization's co	llections and explain	n how they further	the organization	n's exempt	purpose in Pa	art XIII.	
5	During the year, did the organization solicit or	receive donations	of art, historical tre	easures, or other	similar ass	sets		
	to be sold to raise funds rather than to be ma		- 1	26		2	Yes	☐ No
Par	rt IV Escrow and Custodial Arrang						, line 9, or	
	reported an amount on Form 990, Par		***			- 13		
1a	Is the organization an agent, trustee, custodia	an, or other intermed	diary for contributi	ons or other ass	ets not inc	luded		
	on Form 990, Part X?					[	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a							
							Amount	E <sup>st</sup>
c	Beginning balance					1c		
d	A March 1911 A Diversity of the Proposition of the Auditor of the State of the Stat					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo					[	Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has bee	n provided in Pa	ırt XIII			
Par	rt V Endowment Funds Complete if	the organization ans	swered "Yes" on F	orm 990, Part IV	/, line 10.		17	
		(a) Current year	(b) Prior year	(c) Two years	back <b>(d)</b>	Three years ba	ck <b>(e)</b> Four	years back
1a	Beginning of year balance							
b	Active water				,			
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	6 d							
	and programs							
f	Administrative expenses							
g	End of year balance		0					
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column	(a)) held as:				
а	Board designated or quasi-endowment	8	_%					
b	Permanent endowment	<u>%</u>						
C	Term endowment	<del>/</del> 6						
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.						
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are held	and administere	d for the		<u>-</u>	
	organization by:							Yes No
	(i) Unrelated organizations?						3a(i)	
	(ii) Related organizations?							
b	If "Yes" on line 3a(ii), are the related organizate							
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.					
Par	rt VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990	), Part IV, line 11a	See Form 990,	Part X, line	∋ 10.		
	Description of property	(a) Cost or o	other (b) Co	st or other	(c) Accu	ımulated	(d) Bool	k value
	77 VO 707 38	basis (investr	The state of the s	is (other)	depre	ciation	1000 CH2F	
1a	Land	8,091,						1,756.
	Buildings					4,500.		1,359.
	Leasehold improvements		1	25,000.		0,119.	1	4,881.
d	Equipment			8,025.		8,025.		0.
	Other	545-0						
Total	I. Add lines 1a through 1e. (Column (d) must ed	gual Form 990 Part	X line 10c colum	nn (B))		000000 000000 00 000000000	9,09	7,996.

Part VII Investments - Other Securities		8 99 89 88 88 XXXXXX 89 89 88 88	,
Complete if the organization answered "Yes" of	1997 99		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990 Port IV line	11a Soc Form 990 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1)	(-,	(-)	,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
Part X Other Liabilities			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	a. B. d. d.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			15 040
(2) SECURITY DEPOSITS			15,849.
(3)			
(4)			
(5)			
(6)			
(8)			
(9)	- Worldook		15 040
Total. (Column (b) must equal Form 990, Part X, line 25, col.	(B))		15,849.

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

Pai	rt XI Reconciliation of Revenue per Audited Financial	Statements With Revenue per Ret	urn
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	s	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а		2a	
b	- Court to be force the activities of the court of the co		
c			
d	PARTIES THE PARTIES OF THE PARTIES O		
е		ENTRE BURNALES OF THE PROPERTY	2e
3	Subtract line 2e from line 1	1878 C. (1488 1984 C. (1488 1984 1984 1984 1984 1984 1984 1984	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а		4a	
b	The property of the property o		
С	Add lines 4a and 4b	25	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	11.17 CONTRACTOR SERVICE OF THE CONTRACTOR OF TH	5
	rt XII   Reconciliation of Expenses per Audited Financial	Statements With Expenses per Re	eturn
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 12a.	
1	Total expenses and losses per audited financial statements		×4
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a		2a	
b	The state of the s	AND	
c	2.1		
d			
e		5.500 (0.55) (0.50) (0.50)	2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а		4a	
b	- 50° 50 - 500 - 500° 30 - 500 - 5000 500 500 500 500 500 500 5	75 A A SECTION AND A SECTION AS A SECTION AND	
С	Add lines 4a and 4b		4c
5			5
Pa	rt XIII Supplemental Information		
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4; Part IV, lines 1b and 2b; Part V, line 4;	Part X, line 2; Part XI,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	de any additional information.	
		,	
_			

### SCHEDULE F (Form 990) (Rev. December 2024)

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

KARS 4 KIDS INC					22-374605	
Part I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "Y	es" on
Form 990, Part IV	/, line 14b.					
1 For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	ints and other a	assistance,	
the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	tance?X	Yes No
2 For grantmakers. Desc	ribe in Part V the	organization's p	procedures for monitoring the use of its	grants and ot	her assistance outsi	de the
United States.						
			n be duplicated if additional space is n			
(a) Region	(b) Number of	(c) Number of	THE TOTAL PROTECT OF THE PROTECT OF		vity listed in (d)	(f) Total expenditures
	offices in the region	employees, agents, and independent	(by type) (such as, fundraising, program services, investments, grants to	50 1	gram service, e specific type	for and
	in the region	contractors	recipients located in the region)		(s) in the region	investments
		in the region	roofpronte roodlog in the rogiony	010011100	(o) III tilo rogion	in the region
					HAS FOREIGN	
				OFFICES THA	T PROVIDE	
MIDDLE EAST AND		Limina		Substitution Committee Court Value	INISTRATIVE	2000-01-01 W.M. AND AND A 2000-01-0-0
NORTH AFRICA	1,	38	PROGRAM SERVICES	SERVICES TH	AT HELP KARS	1423401.
MIDDLE EAST AND						
NORTH AFRICA			GRANTMAKING			506,400.
,						
233 MIN. 29 AG CAD MA	Ag.	12.20				
3 a Subtotal	1	38				1929801.
<b>b</b> Total from continuation	12	12				328
sheets to Part I	0	0				0.
c Totals (add lines 3a		P2902				40-000
and 3b)	1	38				1929801.

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

Schedule F (Form 990) (Rev. 12-2024)

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 r	needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)		(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	506,400.	WIRE TRANSFER	0.		
			I ecognized as charities by the for or counsel has provided a sect					1

3 Enter total number of other organizations or entities

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	d if additional space is neede				_		
(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)

ð	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 the 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 the 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 the Instructions for Form 5471)	X Yes	☐ 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 the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? # "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the 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 the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) (Rev. 12-2024)

### Part V | Supplemental Information

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

PART I, LINE 2:
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
THE ORGANIZATION PERFORMS ONGOING REVIEWS OF GRANTEES TO ENSURE THAT THEY
ARE PROPERLY RECOGNIZED TAX-EXEMPT ENTITIES AND THAT THEIR REQUIRED
FINANCIAL FILINGS ARE IN ORDER. IN ADDITION, THE ORGANIZATION RESERVES
The control of the co
THE RIGHT TO REVIEW THE BOOKS AND RECORDS OF THE GRANTEES.
PART I, LINE 3, COLUMN (E):
REGION: MIDDLE EAST AND NORTH AFRICA
(E) SPECIFIC TYPES OF SERVICES IN REGION: THE ENTITY HAS FOREIGN OFFICES
THAT PROVIDE VARIOUS ADMINISTRATIVE SERVICES THAT HELP KARS 4 KIDS INC
FULFILL ITS EXEMPT PURPOSE.
<del>,</del>

#### SCHEDULE I (Form 990)

(Rev. December 2024) 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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number			
	KARS 4 KIDS INC.									
Part I General Information on Grants a		W 12 2 W	12.72	50 50 000 00 MING	W 820 70 JS	2 20 2 2				
criteria used to award the grants or assistance? No  No  No  No										
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any										
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
OORAH INC. 1805 SWARTHMORE AVENUE						HOUSEHOLD				
LAKEWOOD, NJ 08701	22-3746051	501(C)(3)	35379157	750,685.	PMV	GOODS	SEE SCHEDULE I, PART IV			
and the state of t	22 37 10032	501(0)(0)	00017101	130,003.		50025	par bearboar it, itmit it			
3										
8										
V-										
X-										
21 <u>-</u>										
2 Enter total number of section 501(c)(3) a	nd government org	ganizations listed in the	e line 1 table				1.			
3 Enter total number of other organizations	672						0.			

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
·									
	0								
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.					
PART I, LINE 2:	אווים דא	IMEDNAT CON		MOIDE MIAM					
KARS 4 KIDS MONITORS AND REVIEWS OF THEY OPERATE AND DISTRIBUTE FUNDS									
OBJECTIVES. KARS 4 KIDS ALSO REVIEW									
PERFORMED BY INDEPENDENT AUDITORS.	WE THE RE	DOLLE OF 1	H 1H(1011H 11	ODII					
·									
PART II, LINE 1(H):									
FUNDED PROGRAMS INCLUDE: SCHOOL PLA									
SUMMER CAMP PROGRAMS, HOLIDAY FOOD									
2,250 FAMILIES FOUR TIMES A YEAR, 1									
RECREATIONAL PROGRAMS AND OUTINGS,									
HOMEWORK ASSISTANCE, DISBURSEMENT (	OF FOOD A	ND CLOTHIN	IG DONATION	S AND					
EMERGENCY CASH ASSISTANCE.									
,									

## **SCHEDULE J** (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Name of the organization

# **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

KARS 4 KIDS INC.

Part I Questions Regarding Compensation

Employer identification number 22-3746050

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	,	Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a	,	Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 (1958-6/c)2	a		

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

Schedule J (Form 990) (Rev. 12-2024)

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

5		<b>(B)</b> Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	other deferred benefits	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ELIYOHU MINTZ	(i)	118,250.	0.	0.	0.	28,511.		0.
CEO	(ii)	0.	0.	0.	0.	33,674.		0.
(2) ROBERT MOSKOWITZ	(i)	157,442.	0.	0.	0.	0.	157,442.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
ve.	(i)		,				,	
	(ii)							
	(i)							
3	(ii)					-		
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# <del></del>	(ii)							<u> </u>
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
<del>-</del>
<u> </u>

#### **SCHEDULE L**

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

# **Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

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

Employer identification number

KARS	4 KI	DS INC.					22	-37	460	50		
Part I Excess Benefit Trar	sactio	ons (section 50	01(c)(3	), secti	ion 501(c)(4), and sec	ction 501(c)(29) orga	nizatio	ons on	ly)			
Complete if the organizati	on ansv	vered "Yes" on F	orm 9	90, Pa	art IV, line 25a or 25b	; or Form 990-EZ, P	art V, I	ine 40	b.			
1 (a) Name of disqualified person	(b) F	Relationship betw person and or			ified (d	c) Description of tran	nsactio	n		100		cted?
(1)		person and or	yaı ııza	ation	8	<u></u>				+ Y	es	No
(2)										+	<u> </u>	
(3)												
(4)										1		
(5)										T		
(6)												
2 Enter the amount of tax incurred be section 4958	A SPACE OF		with <del>Control of the Control of the </del>		qualified persons duri	STREET STREET STREETS FOR THOSE STREET		\$				
3 Enter the amount of tax, if any, on	line 2,	above, reimburs	ed by	the org	ganization			\$	<u> </u>			
Part II Loans to and/or Fro		anastad Dana										
FAMILIAN AND STATE OF THE STATE					225 347 435 8272 63		<u> 20 06</u>	2000		940		
Complete if the organizati					, Part V, line 38a, or l	Form 990, Part IV, III	ne 26;	or if th	ne orga	ınızatı	on	
reported an amount on Fo		(c) Purpose		2. oan to or	(e) Original	(6) Dolongo duo	10	\ lo	<b>(h)</b> Ap	proved	63 VA	ritten
interested person with orga			fror	n the zation?	principal amount	(f) Balance due		) In ault?	(h) Ap by bo comm	ard or	agree	ment?
Seminary Method in a constant records a Popular content of the constant of th	C 10.11.12 to 10.00.12.13.14.17.14	2000 P200 NAV-6000 CF1		From	3 ************************************		Yes	No	Yes	No	Yes	
(1)			10	I TOIT			103	NO	103	NO	103	INO
(2)												
(3)												
(4)												
(5)												
(6)						o .						
(7)												
(8)												
(9)												
(10)												
Total					\$							
Part III Grants or Assistand	e Ben	efiting Inter	este	d Per	sons							
Complete if the organizati	on ansv	vered "Yes" on F	orm 9	90, Pa	art IV, line 27.	0				190		
(a) Name of interested person	9	(b) Relationship interested pers the organiza	on an		(c) Amount of assistance	<b>(d)</b> Type assistan				) Purp assista		
(1)												
(2)						· .						
(3)												
(4)												
(5)												
(6)												
_(7)												
(8)								$\rightarrow$				
(9)												

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

Schedule L (Form 990) (Rev. 12-2024)

Part IV Business Transactions Involvi	ng Interested Persons				
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
		06 565		Yes	No
(1)YISACHAR B BROYDE	FAMILY MEMBER OF JO	96,565.	PAYROLL		Х
(2)					
(3)					
(4)				1	
(5) (6)					
(7)					
(8)					
(9)					
(10)					
Part V Supplemental Information Provide additional information for response	nnses to questions on Schedule I. See i	nstructions			
SCH L, PART IV, BUSINESS TI			D PERSONS:		
(A) NAME OF PERSON: YISACH					
(B) RELATIONSHIP BETWEEN II		ORGANIZATI	ON:		
FAMILY MEMBER OF JOSEPH WE	INBERGER TRUSTEE				
·					

### **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, line 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

Pai	t I Types of Property										
data.	,	(a) Check if applicable	(b) Number of contributions or items contributed	Noncasl amount Form 990,	s repor	ted on	Meth noncash	<b>(d)</b> nod of de contribu			3
1	Art - Works of art										
2	Art - Historical treasures			,							
3	Art - Fractional interests										
4	Books and publications			)							
5	Clothing and household goods	Х		1,	,122	,826.	SALE OF	' COM	PAR/	BLI	3 I
6	Cars and other vehicles	Х	104,756	86,	, 458	,971.	VALUED	AT S	ALES	J PI	RIC
7	Boats and planes	Х	874				VALUED				
8	Intellectual property					*					
9	Securities - Publicly traded										
10	Securities - Closely held stock			,							
11	Securities - Partnership, LLC, or										
	trust interests	Х	1		97	,875.	FMV				
12	Securities - Miscellaneous		7000			# 100 W Hall M	Annual and surface for the				
13	Qualified conservation contribution -										
	Historic structures										
14	Qualified conservation contribution - Other			) )							
15	Real estate - Residential	Х	7		543	,469.	NRV				
16	Real estate - Commercial	X	9	2		,520.					
17	Real estate - Other	X	38			,988.					
18			30		, 501	7300.					
19	Collectibles										
20	Food inventory			V V			*				
21	Drugs and medical supplies										
22	Taxidermy										
23	Historical artifacts										
	Scientific specimens										
24	Archeological artifacts										
25	Other ()			V.			b				
26	Other ()										
27	Other ()										
28	Other ( )										
29	Number of Forms 8283 received by the organi.		AF ACTIVITIES AND ASSOCIATION ACTIONS FOR		8						
	for which the organization completed Form 82	83, Part V, L	onee Acknowleag	ement		29				S.2	
			13		2. 2. 22	121.00				Yes	No
<i>3</i> 0a	During the year, did the organization receive by										
	must hold for at least 3 years from the date of	2	50	i.							v
	exempt purposes for the entire holding period	?							30a		Х
	If "Yes," describe the arrangement in Part II.	90 M 11 March 11 - 1	The Market Marcolland of the Committee o	Transaction of the Company of the Co	14 Sept. 1994 1994 1994 1994	all of the converger of the converger			10 <u>-</u> 2404	v	
31	Does the organization have a gift acceptance	reculariones alto abotitic	and company of the property of	STATES THE STATES AND SECURIOR OF			tions?		31	Х	
32a	Does the organization hire or use third parties contributions?								32a	Х	
b	If "Yes," describe in Part II.							enetyl silettävä			
33	If the organization didn't report an amount in o	olumn (c) fo	r a type of property	for which o	column	(a) is che	cked,				
	describe in Part II.	20020	(5)(0) 1) 1 5			100 EX	**				
Ear I	Panerwork Reduction Act Notice see the Inst	rustiana far	. Corm 000				Cal	redule M	1 /Corn	- 0001	2024

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

Schedule M (Form 990) 2024

Schedule M (Form 990) 2024 KARS 4 KIDS INC.	22-3746050	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33	, and whether the organiza	tion
is reporting in Part I, column (b), the number of contributions, the number of items received, or a coml	bination of both. Also comp	olete
this part for any additional information.		
SCHEDULE M, PART I, LINE 32B:		
THE ORGANIZATION UTILIZES THIRD PARTY TOWING COMPANIES AND	AUCTION	
HOUSES TO TOW, EVALUATE, AND SELL OR SCRAP DONATED VEHICLE		
<del>:</del>		
<u>,                                    </u>		
·		
-		
,		

#### SCHEDULE O (Form 990)

(Rev. December 2024)

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 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

FORM 990 PART 1 DESCRIPTION OF ORGANIZATION MISSION: LINE 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 TO ARRAY OF SERVICES IS DESIGNED IMPACT EVERY ASPECT OF A CHILD'S DEVELOPMENT FROM THE ACADEMIC TO THE SOCIAL AND CULTURAL. THIS HOLISTIC INVOLVES SCHOOL, FAMILY AND COMMUNITY WORKING TOGETHER TO DEVELOP OUR YOUTH INTO PRODUCTIVE AND RESPONSIBLE ADULTS.

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

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 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 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 CEO TO BE SIGNED AND

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 MAY RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION PROCESS FOR OFFICERS

THE COMPENSATION OF THE PRESIDENT, CEO AND OTHER OFFICERS ARE BASED ON WHAT OTHER INDUSTRIES PAY FOR JOBS WITH THE SAME OR SIMILAR TYPES OF RESPONSIBILITIES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL,AK,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,ME,MA,MI,MN,MS,NV,NH,NJ,NM,NY,NC,ND,OH
OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

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

UPON WRITTEN REQUEST, MEMBERS OF THE PUBLIC MAY ARRANGE TO 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:

CREDIT LOSSES

-43,947.

#### SCHEDULE R (Form 990)

(Rev. January 2025)

Department of the Treasury Internal Revenue Service

### **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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 22-3746050 KARS 4 KIDS INC. Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)		740	entity
K4K LLC - 37-1763240					
1805 SWARTHMORE AVE					
LAKEWOOD, NJ 08701	REAL ESTATE	DELAWARE	17312633.	17350302.	KARS 4 KIDS INC.
K4K MEDIA LLC - 81-3696626			5 ( )	-	
1805 SWARTHMORE AVE					
LAKEWOOD, NJ 08701	ADVERTISING	DELAWARE		180,226.	KARS 4 KIDS INC.
CARSANDMORE2001 LLC - 84-2913350					
1805 SWARTHMORE AVE					
LAKEWOOD, NJ 08701	HOLDING COMPANY	DELAWARE	1,271,767.	502,847.	KARS 4 KIDS INC.
JFY CAPITAL LLC					
1805 SWARTHMORE AVE					
LAKEWOOD, NJ 08701	HOLDING COMPANY	NEW JERSEY			R4R LLC

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 Part II organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section 5 contr enti	olled ity?
OORAH INC 22-3746051				301(0)(3))		Yes	No
1805 SWARTHMORE AVE							
LAKEWOOD, NJ 08701	OUTREACH	NEW JERSEY	501(C)3	LINE 7			Х
JUNK FOR JOY - 85-1751785							
3320 BADOLINO LANE							
PLANO, TX 75023	OUTREACH	TEXAS	501(C)3	LINE 7			Х
·							
,							

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

Schedule R (Form 990) (Rev. 1-2025)

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

Part I Continuation of Identification of Disregarded Entities

<b>(a)</b> Name, address, and EIN	<b>(b)</b> Primary activity	(c) Legal domicile (state or	(d) Total income	(e) End-of-year assets	(f) Direct controlling
of disregarded entity	Filliary activity	foreign country)	Total income	Entroryear assets	entity
ROLLING BROOK LLC - 47-5139467					
1805 SWARTHMORE AVE					
AKEWOOD, NJ 08701	REAL ESTATE	DELAWARE			R4R LLC
HARITABLE HOLDINGS LLC					
805 SWARTHMORE AVE					
AKEWOOD, NJ 08701	REAL ESTATE	DELAWARE			R4R LLC
E 4 KIDS LLC					
805 SWARTHMORE AVE					
AKEWOOD, NJ 08701	REAL ESTATE	DELAWARE			K4K LLC
ARS4KIDS HOLDINGS LLC					
805 SWARTEMORE AVE					
AKEWOOD, NJ 08701	REAL ESTATE	DELAWARE			R4R LLC
4K LTD - 98-1559720					
HARTUM STREET					
ERUSALEM, ISRAEL	BACK OFFICE	ISRAEL		39,011.	KARS 4 KIDS INC.
ARS RESOURCES LTD - 98-1603021					
HARTUM STREET					
ERUSALEM, ISRAEL	BACK OFFICE	ISRAEL		96,357.	KARS 4 KIDS INC.

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

organizations troated as a par												
(a) Name, address, and EIN of related organization	(b) Primary activity	<b>(c)</b> Legal domicile	<b>(d)</b> Direct controlling entity	(e) Predominant income	(f) Share of total income	<b>(g)</b> Share of end-of-year	Disprop	<b>h)</b> ortionate	(i) Code V-UBI	(j Gener mana	ral or P	(k) Percentage
or related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	assets	alloca					ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
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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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year æssets	(h) Percentage ownership		tion b)(13) rolled tity?
								N.	24

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

Yes No

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)				1b	X	
c Gift,	grant, or capital contribution from related organization(s)				1c		X
d Loar	s or loan guarantees to or for related organization(s)				1d	1,:	Х
e Loar	s or loan guarantees by related organization(s)				1e		X
f Divid	lends from related organization(s)				1f		Х
g Sale	of assets to related organization(s)				1g		X
h Purc	hase of assets from related organization(s)				1h		Х
i Excl	ange of assets with related organization(s)				1i	1,:	Х
j Leas	e of facilities, equipment, or other assets to related organization(s)				1i		X
k Leas	e of facilities, equipment, or other assets from related organization(s)				1k		X
	ormance of services or membership or fundraising solicitations for related organ				_11_		Х
m Perf	ormance of services or membership or fundraising solicitations by related organ	nization(s)			1m		Х
n Shar	ing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n	Х	
o Shar	ing of paid employees with related organization(s)				10	Х	
<b>p</b> Rein	bursement paid to related organization(s) for expenses				1p	Х	
	bursement paid by related organization(s) for expenses				1q	Х	
r Othe	r transfer of cash or property to related organization(s)				1r		X
s Othe	r transfer of cash or property from related organization(s)				1s		X
2 If the	answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	is line, including covered re	elationships and transaction thresholds.			
	(a)	(b)	(c)	(d)			
	(a) Name of related organization	Transaction	Amount involved	Method of determining amount inv	olved		
		type (a-s)					
(1)							
(2)							
(3)			To the state of th				
(4)							
(5)							
(6)							
132163 10-23	-24			Schedule R (Form	990) (F	lev. 1-	2025)

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	Are a partners 501 (c orgs Yes	sec. 1(3) ?	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	Disp tio alloca	n) ropor- nate tions?	(j) Genera manag partne Yes I	(k) Percentage ownership
							i da			
							ia .	i.e e		

Schedule R	(Form 990) (Rev. 1-2025) KARS 4 KIDS INC.  Supplemental Information	22-3746050 Page 5
Part VII	Supplemental Information	
A.	Provide additional information for responses to questions on Schedule R. See instructions.	
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