294930601₆₇₀₂₀₀

Return of Organization Exempt From Income Tax

20

2018

Form 990 (2018)

Department of the Treasury .

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.

Open(to Public

A F	or the	2018 calendar year, or tax year beginning Dec / , 2018, and o	ending Nov 3	D ,20 19
		pplicable C Name of organization CHEF FOR KIDS, ZNC	3 // 0 / 0	D Employer identification no
	idress c		·	86 086058
$\overline{}$			Room/suite	E Telephone number
$\overline{}$	ame cha	0.00	1 NOON SUITE	L TOTOPHONE HOUSE
\equiv	tial retu			G Gross receipts
\equiv		referminated City or town, state or province, country, and ZIP or foreign postal code return Las Vegas Wevzda \$-9/2.3		d Gloss receipts
=	nended		11/45	for subordinates? Yes No
Ll A	plicatio	n pending F Name and address of principal officer	H(a) is this a group return H(b) Are all subordina	
				
		ot status		h a list (see instructions)
	ebsite		H(c) Group exemption	
		ganization Corporation Trust Association Other L Year of formation	M State of le	gal domicile
<u>:</u> Par		Summary		
	1	Bnefly describe the organization's mission or most significant activities		
9		Nutrition for Needy Children		
au		· · · · · · · · · · · · · · · · · · ·		
ēr			<u> </u>	
Activities & Governance	2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of		. سر ا
ø ø	3	Number of voting members of the governing body (Part VI, line 1a)		
es	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	- / / V F
Ž.	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		
\cti	6	Total number of volunteers (estimate if necessary)	6	
•	7a	Total unrelated business revenue from Part VIII, column (C), line 12		a - o -
	b	Net unrelated business taxable income from Form 990-T, line 38	7	b
			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	111,392	139, 964
ne	9	Program service revenue (Part VIII, line 2g)		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17.	PERSON
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	192, 9.58	- SEIVER
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30434	221, 112
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u> ŏ _	JAN 2 3 200 700
	14	Benefits paid to or for members (Part IX, column (A), line 4) $\cdots \cdots \cdots \cdots$	<u> </u>	2020 0
v	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
Expenses	16a	Professional fundraising fees (Part iX, column (A), line 11e)		JUEN, UT
per	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	377 P. 14 18 18 18	
Ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	336,466	232,574
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	336,466	232574
	19	Revenue less expenses Subtract line 18 from line 12	(32 116>	× 11, 127>
- Sec			Beginning of Current Yea	r End of Year
ets	20	Total assets (Part X, line 16)	99.589	88,127
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		
Zet English	22	Net assets or fund balances Subtract line 21 from line 20	99.589	88.127
	41114	Signature Block		
Par	CHILE	······································	to the condition of the	
Par Under	penalt	es of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my	knowledge and belief, it is	
Par Under true	penalt	es of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	knowledge and belief, it is	3/ / 2/ 2/2
Par Under true o	penalti orrect,	es of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	knowedge and bellet, it is	X/-21-2020
Par Under true of Sigr	penalti orrect,	es of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		X/-2/-2020
Par Under true of Sigr	penalti orrect,	and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
Par Under true of Sigr	penalti orrect,	and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
Sigr	penalti orrect,	And complete, Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Type or print name and title Print/Type preparer's name Preparer's signature (2) (2) Date		
Sigr	penalti orred,	And complete, Deciration of preparer (other than officer) is based on all information of which preparer has any knowledge	Check d	ate `
Rar Under Sigr Here	penalborrect,	And complete. Deciration of preparer (other than officer) is based on all information of which preparer has any knowledge	Check diself-employed	PTIN
Rar Under Son Sign Sign Hero	penalbi correct,	Type or print name and title Print/Type preparer's name Preparer's signature Leland Williams Leland Williams	Check In a self-employed	ate `
Sigr Sigr Here	penalbi correct,	And complete. Deciration of preparer (other than officer) is based on all information of which preparer has any knowledge	Check diself-employed	PTIN

For Paperwork Reduction Act Notice, see the separate instructions.

	1 990 (2018) Page 2
Ŗa	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 weeky Children
	NUTYITION FOR NEEDY CHILDREN
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? · · · · · · · · · · · · · · · · · · ·
	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
	the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	The Organization prepares meals for needy children
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► Form 990 (2018)



Form 990 (2018) [Rarti] W Checklist of Required Schedules

	• •		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	*	_
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	97	_
3	candidates for public office? If "Yes," complete Schedule C, Part I	3	•	丛
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			~
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
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		a
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			_
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	麵		3
	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		×
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			X
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>~</u>
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			w
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </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	١		.
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	-	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	-	2
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	420		*
	Schedule D, Parts XI and XII	12a	_	-
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	125		×
12		13	 -	<u>x</u>
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		K
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	 14	 	
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		メ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		s.
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	<u>l</u>	×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			<u> </u>
	If "Yes," complete Schedule G, Part III	19		X_
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		K
b		20b		×
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			\ \u00a4
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

<u>Fa</u>	TIV. Checklist of Required Schedules (continued)			1
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		15
22	Pàrt IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	-22		<i>()</i>
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	23		,
24a	employees? If "Yes," complete Schedule J			
248	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		R
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ū	to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		2
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		_	
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		ል
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	,*		•
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			X
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		.
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			X
	complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			J
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			<u>ب</u> ا
	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		א
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			X
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	20		\times
David	19? Note. All Form 990 filers are required to complete Schedule O	38		
Par				
	Check if Schedule O contains a response or note to any line in this Part V	• • •		l l
,a .	Establis sumbar anadad in Bay 2 of Farm 1000. Established		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		•	ľ .
b		-	'	
С		10		
	reportable gaming (gambling) winnings to prize winners?	1c		L

Form	990 (2018)		F	age 5
ĮŖα	rt V/ Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	177	51.4	4.7
	Statements, filed for the calendar year ending with or within the year covered by this return			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		13.00	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X_
b	If "Yes," enter the name of the foreign country		NO.	199
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	5.4	100	14
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		У
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
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).	¥13.7		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	344	102	
	and services provided to the payor?	7a		×
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of fangible personal property for which it was			_
	required to file Form 8282?	7c		×
d	If "Yes," indicate the number of Forms 8282 filed during the year	200	reas	
0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70	14.14	*
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		·~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	V	IA
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	~	VA
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	372.2	170	D. B.
•	sponsoring organization have excess business holdings at any time during the year?	8	(42) C.W	X
9	Sponsoring organizations maintaining donor advised funds.	1977 S.	Tive P	F.Car
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	LV	K
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter	50.49	हिन्द <u>ि</u>	TA TY
	Initiation fees and capital contributions included on Part VIII, line 12		3.4	
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			500
11	Section 501(c)(12) organizations. Enter	-	13.4	
	Gross income from members or shareholders	12.0	100	9
a		422		1
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	TAX.		1
120		12a	E-311724	(LEAR)
12a	Section 4947(a)(1) non-exempt charitable trusts Is the organization filing Form 990 in lieu of Form 1041?	542	DE STATE	TETA
b	<u> </u>		技術	3.7
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	420	1.24.76	1
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	3 27:37:83	978472
_	Note. See the instructions for additional information the organization must report on Schedule O		44.4	NEW A
b	Enter the amount of reserves the organization is required to maintain by the states in which		TEST TEST	N.
	the organization is licensed to issue qualified health plans		NO.	数数
С	Enter the amount of reserves on hand	75500	1847	157.6
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		ļ
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		ļ
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year	15	OFFICE WALL	4simue
	If "Yes," see instructions and file Form 4720, Schedule N	Z.F.	33.74	18.34
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O	THE	3.3	120

Form	990	(2018)

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	. Check if Schedule O contains a response or note to any line in this Part VI			. 🗌
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			٠- آ
	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 in Schedule O			-
b	Enter the number of voting members included in 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 officer, director, trustee, or key employee?	2		.8
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		\propto
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		%
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		/
6	Did the organization have members or stockholders?	6		عد
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		,	
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			7]
	the year by the following			,]
а	The governing body?	8a	人	
b	Each committee with authority to act on behalf of the governing body?	8b	7	A
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		\approx
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	L
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	. 1]
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X_{\perp}	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u>X</u> _	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c .	<u>X</u>	L
13	Did the organization have a written whistleblower policy?	13	ム	L
14	Did the organization have a written document retention and destruction policy?	14	$\boldsymbol{\times}$	L
15	Did the process for determining compensation of the following persons include a review and approval by	- 1		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			,
а		15a	N	<u> </u>
b	Other officers or key employees of the organization	15b	الم	A
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)]		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		24
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			1
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		16b		<u> </u>
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

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Page 7

1 01111 000 (201							_
Part VIII	Compensation of Officers,	Directors,	Trustees,	Key Employees	, Highest Compensate	d Employees, and	t
	Indèpendent Contractors						

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related	organization i	compe	nsat	ed a	ny c	urrent	offic	er, director, or trust	ee	
(C)										
(A)	(B)	Position						(D)	(E)	(F)
		' '				an one		Reportable	Reportable	Estimated
Name and Title	Average hours per					both ar		compensation	compensation from	amount of
	week (list any	officer and a director/trustee)						from	related	other
	hours for	اء ا			- x	о т	Ę	the	organizations (W-2/1099-MISC)	compensation from the
	related organizations	호텔	ıtder	Officer	ey	mpl	Forme	organization (W-2/1099-MISC)	(44-2) 1099-141130)	organization
	below dotted	ecto	non	۳ ا	ğ	est c	면	(and related
	line)	٦ ق	al to		Key employee	gmo				organizations
		Individual trustee or director	Institutional trustee		"	Highest compensated employee				
			е			ated			İ	
(1) Chris Johns		×							- 0 -	0 -
(2) 1 12 d 7 M 1 1 + 2 = 7										<u> </u>
(2) Linda Montaya		ス						~ • -		
(3) Jeffrey Markell		×							~-	- 6
(4) Richard Cento		٨							- e -	
<u>(5)</u>										
<u>(6)</u>										
<u>(7)</u>										
(8)										
(9)			•							
(10)										
<u>(11)</u>										
(12)										
(13)										
(14)										

	(A) Name and title		(B) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimated nount of other	
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr org an	pensation rom the janization d related anizations	
15)													
16)											1		
17)													
18)													
19)													
20)													
21)													
22)													
23)													
24)													
25)													
1b c d 2	Sub-total	n A	 	 	 		 	<u>▶</u>	7 × -	7 0 -	- 1	-	
	reportable compensation from the organization		<u>-</u>									Yes	No
3 4 5	Did the organization list any former officer, director, or employee on line 1a? <i>If</i> "Yes," complete Schedule J for For any individual listed on line 1a, is the sum of reporganization and related organizations greater than \$15 individual	r such individu ortable compe 50,000? If "Ye	ual ensatio es," cor	n an nple	 d oth te So 	 ner c ched	ompe ule J f	nsat	on from the		3 4	75	
	for services rendered to the organization? If "Yes," control B. Independent Contractors			-			-				5		×
1	Complete this table for your five highest compensate compensation from the organization. Report compenses												_
	(A) Name and business address								Description of			(C) pensation	
	Total number of independent contractors (including b												

Form 99							<u> </u>		Page 9
Part)	<u>VIII.</u>	Statement of Revenu							
Service of the Service	والمراجع والاح	Check if Schedule O contains	a response or	note	to any line in this		/ps	(0)	· · · · · · · · <u> </u>
						(A) Jotal čevanus _i	(R) Uniated or oxempt function revenue	(C) Unrelated business rovenuo	(D) 7 Rovenue 9xcluded from tax under sections 512 514
र इ	1a	Federated campaigns · · ·		1a					
ran	Ь	Membership dues · · · · ·	· · · · · <u> </u>	1b					
A,G	C	Fundraising events · · · ·		1c	139,964				
흁	d	Related organizations · · ·	 	1d	·				
Sim's	e	Government grants (contributio	ļ	1e					
	f	All other contributions, gifts, gra	1		Grando.				
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not include	_	1f	81,140				
Sor	g	Noncash contributions included		•		7 2 4 1 1 0		的被告给	
	h h	Total. Add lines 1a-1f				221, 112		SERVICE TO A CONTROL OF THE PERSON NAMED IN CONTROL OF THE PER	The second second
ē	2a			`	Business Code	A SECTION AND A SECTION ASSESSMENT	C. Branch C. Strandster	350500 TETANO PERSONA	
even	ь			-		-			
Program Service Revenue	C			-					
Š	d			-		-	,		
E S	е			_					4*
rogr	f	All other program service revenu	е	-					
	g	Total. Add lines 2a-2f						PERMIT	
•	3	Investment income (including div and other similar amounts)			▶ ds ▶				
	5	Royalties		• • •		Victoria Completia completica	days a stable (francisco) which are not	And the second state of the second se	arte and the State of the Park and the State of the State
			(ı) Real	_	(II) Personal				
	ĺ	Gross rents · · · · · ·							
	1	Less rental expenses · · · ·				229-741			
	Ι,	Rental income or (loss) · · · [# E-12 CO T 1 F 7 CO	NAME OF THE OWNER, WHEN THE PARTY OF THE PAR	\$2,40\#\#\\$2\#\\$3.	
	l	- Γ		· · ·	· · · · · · •	weekingsome aut me	THE TOTAL CONTRACTOR OF THE TA	SHEARING CONTINUES	ACTION FOR THE CASE
		Gross amount from sales of assets other than inventory	(i) Securities		(II) Other				
	b	Less cost or other basis and sales expenses · · · ·							
	С	Gain or (loss)		\dashv			434		
	ł	Net gain or (loss)		• • •			Manager of the Safe and Manager 17.28	- Control Control	
ine		Gross income from fundraising	•	Γ		CAN SHOW			
Other Revenue		events (not including \$							
æ		of contributions reported on line	1c)						
her		See Part IV, line 18 · · · · · ·		а					
ŏ		• •			<u>-</u>				
	i	Net income or (loss) from fundra	-	٠ <u>-</u>	<u>` ▶</u>				
	9a	Gross income from gaming activ							
		See Part IV, line 19 · · · · · ·							
	J	Less direct expenses · · · ·		Ь√		A CONTRACTOR OF			
	С	Net income or (loss) from gaming	g activities •	٠	<u></u>	An State and a few parts of the last one world	of the state of th	a A to a promoder to post to be and my	TO SHOOT TO THE WAS A CONTROL OF THE SHOOT O
-		Gross sales of inventory, less returns and allowances		-					
		Less cost of goods sold · · ·					心病疾患的		MARIE TO THE AN
		Net income or (loss) from sales of	of inventory .	• • •		The forester provided to result through	-serve sirenesses m	THE RESERVE THE PROPERTY OF THE PARTY OF THE	ca. Objects Eller met Her
	44.5	Miscellaneous Revenue		-	Business Code	THE THE WAY TO SEE			A A COLONIA DE LA COLONIA DE L
•	11a b			- -	- ·				
	٦			-	, ,,,,		·		
	ď	All other revenue · · · · · ·		- -		ļ			
	J	Total. Add lines 11a-11d		_ 					
	l	Total revenue. See instructions				22/11/18	ARTHURST AND ARE MINESTER MET & The	And the Control of the Party of	AND A ST. COMMENT OF E. CARROL SERVED. ST.
EEA	-	<u></u>				14 11 "	·	,	Form 990 (2018)

Form 990 (2018) Partix Statement of Functional Expenses

Section 501(c)(3) and 50	1(c)(4) organizations must comple	te all columns. All other organizations must complete column (A)	

	Check if Schedule O contains a response or note to	any line in this Part IX			,
	not include amounts reported on lines 6b, 7b, 0b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	·	ехрелзез	Market State Committee	
•	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
_	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	·		Service of Annual Service	THE PRESENCE OF SERVICE SERVICES AND ADDRESS.
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				,
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17		海神電影響館	DAMES OF THE STATE	,
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column	-			
	(A) amount, list line 11g expenses on Schedule O) · ·				
12	Advertising and promotion				
13	Office expenses · · · · · · · · · · · · · · · · · ·				
14	Information technology				
15	Royalties	=			
16	Occupancy				
17	Travel	•			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance		and the second state of th		And I also says a substitution for
24	Other expenses litemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule (O)				
а	SCH*1	232,574			
b			<u> </u>	<u> </u>	<u> </u>
С					<u> </u>
d	·				
е	All other expenses	ا بسر			
25	Total functional expenses. Add lines 1 through 24e	132.57			
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 If	222 - 254			
	following SOP 98-2 (ASC 958-720)	disdis 17		<u> </u>	<u> </u>

		Check if Schedule O contains a response or note to any line in this Part X			<i>.</i>
-			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	99589	1	88,127
	2	Savings and temporary cash investments		2	, 1
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	i	4	t
	5	Loans and other receivables from current and former officers, directors,	表面的表现的基础	经	THE STATE OF THE S
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section		14.12	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoning organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions) Complete Part II of Schedule L)	6	
,,	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges		9	
]	10a	Land, buildings, and equipment cost or		建 盃	
		other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b	America World Cole Transport of the Cole Cole Cole	10c	AND THE RESERVE AS A PARTY OF THE PARTY OF T
	11	Investments - publicly traded secunties		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
'	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	İ	15	(
	16	Total assets. Add lines 1 through 15 (must equal line 34)	99,589	16	88,127
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	(
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	1
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ဖွ	22	Loans and other payables to current and former officers, directors,		规以	THE STATE OF THE S
Liabilities		trustees, key employees, highest compensated employees, and			100 DE 110 D
abi		disqualified persons Complete Part II of Schedule L	1 to move the second se	22	
ן כ	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			
		parties, and other liabilities not included on lines 17-24) Complete Part X	,		
		of Schedule D	<u> </u>	25	
İ	26	Total liabilities. Add lines 17 through 25		26	- p: -
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and		2	
Ses		complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets		27	
Bal	28	Temporanly restricted net assets		28	
פ	29	Permanently restricted net assets		29	
J.	•	Organizations that do not follow SFAS 117 (ASC 958), check here		24	
ō		complete lines 30 through 34	WE WELL		
ets	30	Capital stock or trust principal, or current funds	i	30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	1	31	1
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds $aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$		32	
Z	33	Total net assets or fund balances	99.589	33	88, 127
	34	Total liabilities and net assets/fund balances	99.589	34	88,127
EEA		,	• • • •		Form 990 (2018)

	n 990 (2018)			P	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	$\cdot \square$
1	Total revenue (must equal Part VIII, column (A), line 12)	a	21	ملل	2
2	Total expenses (must equal Part IX, column (A), line 25)	2 2	32	157	+
3	Revenue less expenses Subtract line 2 from line 1	3 ₹	11.	46	2
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	; ;	29	58	9
5	Net unrealized gains (losses) on investments	5	77		
6	Donated services and use of facilities	; [
7	Investment expenses	· [
8	Prior period adjustments	3			
9	Other changes in net assets or fund balances (explain in Schedule O)) 5	- X	1 4.	· >'
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line		- 1		_
	33, column (B))	0 8	18	12)	<u> </u>
Pä	rtXII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>	<u></u>	$\cdot \square$
		•		Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other			,	f '
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O			<u>;</u>	.
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		-	1	
	reviewed on a separate basis, consolidated basis, or both			1	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X.
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		.	1	ľ :
	separate basis, consolidated basis, or both			,	•
	Separate basis Consolidated basis Both consolidated and separate basis		, '	, 1	1
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		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in		, ,		
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		.		×
	the Single Audit Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	i '	

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Form 990 (2018)

SCHEDULE A

Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

(Form 990 or 990-EZ)
Department of the Treasuly

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.

2018
Open to Rublic Inspection

Employer identification number

KIDS, INC *ያ*ያ -086058 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 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3) Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) instructions) above (see instructions)) document? Yes No (A) (B) (C) (D) (E) NITES TO STREET THE TAXABLE PARTY. Total

Pa	Support Schedule for Org	nanizations De	escribe	d in Se	ctions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)	,	
1,64	(Complete only if you chec								
	Part III If the organization	fails to qualify i	under t	he tests	listed below, p	lease complete	e Part III)	′ /	
Sec	tion A: Public Support	, , , , , , , , , , , , , , , , , , , ,					,		_
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2	.015	(c) 2016	(d) 2017	(e) 2018	(f) Total	_
		- 1-7							
1	Gifts, grants, contributions, and membership fees received (Do not						· /		
	include any "unusual grants ") · · · · ·	177584	239	199	238,390	336466	221 1/2	1212,7	5/
_	Tax revenues levied for the	1	•	<u> </u>	ì	4	","		
2	organization's benefit and either gaid				}	•			
	to or expended on its behalf			1					,
3	The value of services or facilities				1	•	i		
3	furnished by a governmental unit to the	,		•	,	/	į	•	
	organization without charge	. `		1			į		
4 ·	Total. Add lines 1 through 3	177.584	239	199	238,390	336 466	22/112	1,212,7	<u>5</u> /
5	The portion of total contributions by		137		TIZE OF THE	7.7			
	each person (other than a			4.20		14 /4			
	governmental unit or publicly			72.44	1777	<i>\$ (4.22.33.23)</i>			
	supported organization) included on		1.42			//			
	line 1 that exceeds 2% of the amount			1971					
	shown on line 11, column (f) · · · · · ·	3.45.55.55.75.75.75.75.75.75.75.75.75.75.75	11100	(美)(数	1. W. 9./a.i.				_
6	Public support. Subtract line 5 from line 4 · ·			1. 1. 11. 15.5	18 See 1 /2 51				
	tion B. Total Support	1		ļ		,	T	I	
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2	` 	(c) 2016	(d) 2017	(e) 2018	(f) Total	_
7	Amounts from line 4	177 584	239	199	2/38/390	336,466	22/,112	1,212,2	5/
8	Gross income from interest, dividends, payments received on securities loans,	` '		\ ,					
	rents, royalties and income from	,							
	similar sources			X					
9	Net income from unrelated business					,		1	
	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	,							
11	(Explain in Part VI)	(2.11.3 C.22./3	学育等	STEEN DAY	STATE STATE	ALEGERIA DE L	ENFORMATION AT THE		
12	Gross receipts from related activities, etc. (se	7-1-1	司的等地位	***********	September 1	STANTA - WATER-WATER	12	1	—
		/ /			501	-1 504(-)(2)			_
13	First five years. If the Form 990 is for the org organization, check this box and stop here					Ction 501(c)(3)		▶ [1
Sec	tion C. Computation of Public Su								
14	Public support percentage for 2018 (line 6, c	``'/ 		column (f)	· · · · · · · ·		14	%	
15	Public support percentage from 2017 Sched				,		15	%	
16a	33 1/3% support test - 2018. If the organizati	•		ne 13. and	I line 14 is 33 1/3% (or more, check this	<u> </u>		_
	box and stop here. The organization qualifies							▶ []
b	33 1/3% support test - 2017. If the organizati				a, and line 15 is 33 1	/3% or more, check			
	this box and stop here. The organization qua						\.	▶ []
17a	10%-facts-and-circumstances test - 2018.	-				b, and line 14 is			
	10% or more, and if the organization meets th	=							
	Part VI how the organization meets the "facts								
	organization							▶ []
b	10%-facts-and-circumstances test - 2017.	If the organization di	d not che	ck a box c	n line 13, 16a, 16b,	or 17a, and line			
	15 is 10% or more and if the organization me	=					\		
	Explain in Part VI how the organization meet						`		٠
	supported organization							▶ []
18	Private foundation. If the organization did no	ot check a box on line	e 13, 16a	, 16b, 17a,	or 17b, check this b	oox and see			_
	instructions	<u> </u>	· · · · ·	<u></u> .				🔖 [
EEA							Schedule A (Fo	rm 990 or 990-EZ) 2	018

۲a	Support Schedule for Org					ام مریماند، بیماء	r Dort II
	(Complete only if you chec	ked the box on	ine 10 of Pari	i or if the orga	nization falled	to quality unde \	ranii
500	ction A. Public Support	uality under the	e tests listed be	elow, please cc	mpiete Part II	,	
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	177,584	149	238,390	336, 766	1	/ , 212,75
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 · · · · · · · ·						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons · · · ·						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·	177.584	239 199	238,390	336,466	221, 112	1,212,75
8	Public support. (Subtract line 7c from line 6)		X				
	ction B. Total Support			//			
_	endar year (or fiscal year beginning in)	(a) 2014	(b) 20 5	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6 · · · · · · · · · · · · · · · · · ·		/	Χ			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources · ·						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b `· · · · · · · · · · ·			`			
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · · · · · ·	172584	239,199	238,390	336,466	221, 112	1,212,751
	7		· · · · · · · · · ·	fth tax year as a sec		<u>\</u>	▶ 📋
Sec	ction C. Computation of Public Su	 		<u> </u>		1 1	
15	Public support percentage for 2018 (line 8, co	•				15	<u>%</u>
16 Sar	Public support percentage from 2017 Scheduction D. Computation of Investme					16	
17	Investment income percentage for 2018 (line 1			n (f)) • • • • •		17	%
 18	Investment income percentage from 2017 Scho		-			18	%
19a	33 1/3% support tests - 2018. If the organization 17 is not more than 33 1/3%, check this box an	on did not check the d stop here. The or	box on line 14, and ganization qualifies	l line 15 is more thai as a publicly suppor	n 33 1/3%, and line ted organization		▶ 📋
b	33 1/3% support tests - 2017. If the organization 18 is not more than 33 1/3%, check this box	on did not check a b	ox on line 14 or line	19a, and line 16 is	more than 33 1/3%,		▶ □

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

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2018

Open to Public

Name of the organization	Employer identification number
Name of the organization FIEF FOR KIDS, TWO.	88-0860581
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