Form **990**

(Rev.	January 2	.020)
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Department of the Treasury

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Interr	nal Rev	venue Service Go to www.irs.gov/Form990 for instructions and		mation.		Inspection
A F	or th	ne 2019 calendar year, or tax year beginning $07/01$, 2019, and	d ending		06/30, 2	
R ^	hool: if	applicable: CLOPAL KIDC INC		D Employer ident		ber
	_	GLOBAL KIDS, INC.		13-3629	485	
	Addr chan	nge Doing business as				
	Nam	ie change / / / / / / / / / / / / / / / / / / /	om/suite	E Telephone num		
	-		2FL	(212) 226	-0130	
	term	City or town, state or province, country, and ZIP or foreign postal code			-	
	retur			G Gross receipts		,850,812
	_ Appi _ pend			H(a) Is this a group subordinates?	return for	Yes X N
		SAME AS C ABOVE		H(b) Are all subordina		Yes
		exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No," attac	ch a list. (see ins	structions)
-		site: WWW.GLOBALKIDS.ORG		H(c) Group exempti		
		of organization: X Corporation Trust Association Other	L Year of format	tion: 1991 M St	tate of legal de	omicile: NY
Pa	art I					
	1	Briefly describe the organization's mission or most significant activities: SEE SCHE	DULE O.			
JCe						
rnai						
Governance	2	Check this box b if the organization discontinued its operations or disposed of		1	1	1.0
	3	Number of voting members of the governing body (Part VI, line 1a)		· · · · · · · ⊢	3	18
es 6	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	18
Activities &	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			5	151
cti	6	Total number of volunteers (estimate if necessary)			6	30
<	7a	a Total unrelated business revenue from Part VIII, column (C), line 12			7a	0
	b	Net unrelated business taxable income from Form 990-T, line 39	<u></u>		7b	
				Prior Year		rrent Year
e	8	Contributions and grants (Part VIII, line 1h)		6,117,716		,716,522
Revenue	9	Program service revenue (Part VIII, line 2g)		243,871		126,098
Rev	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		224		166
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)).	7,622
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,361,811		,850,408
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		24,550		23,000
	14	Benefits paid to or for members (Part IX, column (A), line 4)).	0
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,606,521		,087,902
ens		a Professional fundraising fees (Part IX, column (A), line 11e)	••••	l).	0
Expenses		o Total fundraising expenses (Part IX, column (D), line 25) ► 249,616.		1 020 025	. 1	
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	••••	1,838,035		,659,602
			· · · ·	6,469,106		,770,504
- s	19	Revenue less expenses. Subtract line 18 from line 12		-107,295		79,904
Net Assets or Fund Balances			Begin	ning of Current Ye		d of Year
Sse Bala	20	Total assets (Part X, line 16)	••••	2,811,230		,736,114
nd E	21	Total liabilities (Part X, line 26)	· · · ·	714,579		,559,559
		Net assets or fund balances. Subtract line 21 from line 20		2,096,651	2	,176,555
	rt II					
true	aer pe e, corr	enalties of perjury, I declare that I have examined this return, including accompanying schedules a rect, and complete. Declaration of preparer (other than officer) is based on all information of which p	reparer has any k	and to the best of r nowledge.	my knowledge	e and belief, it
Sig	n	Signature of officer		Date		
He			XEC DIRECT			
		Type or print name and title	LC DIRECT			
			Date		F PTIN	
Paic	1	Print/Type preparer's name Preparer's signature SANDRA L FEINSMITH Immutorial	05/11/202	Check i i 21 self-employed)64157
Pre	barer		JU, II, ZUZ	Firm's EIN ▶13		
Use	Only	Firm's name ►BDO USA, LLP Firm's address ►100 PARK AVENUE NEW YORK, NY 10017-5001			2-885-8	
Mar	/ the	■ IRS discuss this return with the preparer shown above? (see instructions)				
		erwork Reduction Act Notice, see the separate instructions.		<u></u>		rm 990 (2019
. 01	ape	היאטית הטמעטוטה אטר הטווטים, אכב גווב אבאמומוב ווואנו ענווטווא.			F01	
JSA						

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Туре о	Name of exempt organization or other filer, see instru	ictions.		Taxpaye	ridentificatio	on number (TIN)			
print	GLODAL KIDS ING	GLOBAL KIDS, INC.							
File by the		·			13-36	29485			
due date f filing your return. Se	137 EAST 25 STREET NO. 2NI		lions.						
instruction		oreign add	ress, see instructions.						
Enter th	ne Return Code for the return that this application is for (fil	e a separat	te application for each return)						
Applica	ation	Return	Application			Return			
ls For		Code	Is For			Code			
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 9	90-BL	02	Form 1041-A			08			
Form 4	720 (individual)	03	Form 4720 (other than individual)			09			
Form 9	90-PF	04	Form 5227			10			
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069					11				
Form 990-T (trust other than above) 06 Form 8870					12				
 If thi box 1 the set of the se	e organization does not have an office or place of business s is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until ne organization named above. The extension is for the org ▶ calendar year or ▶ tax year beginning JUL 1, 2019 the tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta MAX anization's , an	mption Number (GEN) I uch a list with the names and TINs of <u>x 17, 2021</u> , to file return for: d ending <u>JUN 30, 2020</u>	f this is fo all memb	r the whole (ers the exter npt organizat	group, check this			
	3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 3a any nonrefundable credits. See instructions. 3a \$								
_	this application is for Forms 990-PF, 990-T, 4720, or 6069), enter an	refundable credits and		- -	0.			
	stimated tax payments made. Include any prior year over			3b	\$	0.			
	alance due. Subtract line 3b from line 3a. Include your pa								
u	sing EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.			
Caution instruct	n: If you are going to make an electronic funds withdrawal ions.	(direct det	bit) with this Form 8868, see Form 84	153-EO an	d Form 8879	9-EO for payment			
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8	8868 (Rev. 1-2020)			



	GLOBAL KIDS, INC.	13-3629485
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Ρ	Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: SEE SCHEDULE O.	
2	Did the organization undertake any significant program services during the year which were not listed or 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 proservices?	
4	Describe the organization's program service accomplishments for each of its three largest program expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants the total expenses, and revenue, if any, for each program service reported.	· · · · · ·
4a	a (Code:) (Expenses \$4,648,304. including grants of \$) (Revenue \$	42,723.)
	GLOBAL KIDS' SCHOOL BASED PROGRAMS OFFER A COMPREHENSIVE	
	CURRICULUM COMBINING INTERNATIONAL AFFAIRS EDUCATION, CIVIC	
	ENGAGEMENT, AND ACADEMIC SKILL BUILDING. GLOBAL KIDS USES MULTIPLE	
	STRATEGIES INCLUDING CONTENT-RICH WORKSHOPS, GUEST SPEAKERS, FIELD	
	TRIPS, AND EDUCATION THEATRE AND OTHER CREATIVE ARTS, THAT BUILD	
	ON YOUNG PEOPLES' INTERESTS AND TALENTS AND MOTIVATE THEM TO	
	LEARN, DEVELOP ACADEMIC SKILLS, AND EDUCATE OTHERS. THE PROGRAM	
	PROVIDES STUDENTS WITH AN UNDERSTANDING OF COMPLEX GLOBAL ISSUES	
	THAT ARE SHAPING THE WORLD. WITH TRAINING AND SUPPORT, STUDENTS	
	CREATE SOCIAL ACTION PROJECTS FOCUSING ON ISSUES OF CONCERN.	

4b	(Code:) (Expenses \$	357,145. including grants of \$	23,000.) (Revenue \$	o.)
	GLOBAL	KIDS' LEADERSHIP AN	D PEER EDUCATION PROGRAMS	HELPS STUDENTS	
	EXPLORI	E ISSUES ON GLOBAL H	EALTH, POVERTY AND CHILDRE	N'S RIGHTS	
	THROUGH	H WORKSHOPS, SERVICE	PROJECTS, FIELD TRIPS, GU	JEST SPEAKERS	
	AND MEI	TORING. THE PROGRAM	FOCUSES ON CREATING A COL	LEGE GOING	
	CULTURI	E, BUILDING COLLEGE	KNOWLEDGE, VISITING COLLEG	E CAMPUSES,	
	NAVIGAT	TING THE COLLEGE ADM	ISSIONS/FINANCIAL AID PROC	ESS AND	
	PROVID	ING EXPOSURE TO VARI	ED CAREERS. GLOBAL KIDS YO	OUTH ORGANIZE	
	AN ANNU	JAL YOUTH CONFERENCE	ON MAJOR GLOBAL ISSUES, D	DESIGN/LEAD	
	WORKSHO	OPS FOR HUNDREDS OF	STUDENTS AND TEACHERS.		

4c	(Code:) (Expenses \$ 472,715. including grants of \$ 0.) (Revenue \$	83,375.)
	LAUNCHED IN 2010, GLOBAL KIDS-DC PROGRAM IMPLEMENTS FIVE	
	SCHOOL-BASED PROGRAMS, THE MARION BARRY YOUTH LEADERSHIP	
	INITIATIVE IN PARTNERSHIP WITH DC DEPARTMENT OF EMPLOYMENT	
	SERVICES, GLOBAL GATEWAYS SUMMER INSTITUTE, AND A CITYWIDE PROGRAM	
	AT ITS DC HEADQUARTERS.	
١d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 326,092. including grants of \$ 0.) (Revenue \$ 0.)	
1e	Total program service expenses ► 5,804,256.	
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GLOBAL KIDS, INC.

Form 990 (2019)

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 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? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
		11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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	х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	124		
~	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
N N	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
16		4.0		Х
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	4-		v
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		37	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			37
JSA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part	V Checklist of Required Schedules (continued)			
22	Did the experimetion report more than #5,000 of grants or other appietance to an far demostic individuals on		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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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 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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
لہ	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
25 a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		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 entity (including an employee thereof) or family member of any of these			37
00	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
u	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
	conservation contributions? <i>If "Yes," complete Schedule M</i>	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes,"</i>	31		
32	complete Schedule N, Part II.	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1.	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
27	related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		X
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 23	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		v	
JSA	reportable gaming (gambling) winnings to prize winners?	1c	X 990	(2019)
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GLOBAL KIDS, INC.

Form 990 (2019)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 151			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_	Х	
_	and services provided to the payor?	7a	x X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	~	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		х
	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			1
Ū	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
-	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
a	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
~	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 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		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	-		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

Form §	90 (2019) GLOBAL KIDS, INC. 13-362	485	F	Page 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Seci	ion A. Governing Body and Management		Yes	No
4.	Enter the number of voting members of the governing body at the end of the tax year $ \mathbf{1a} $ 18			
Id	Enter the number of voting members of the governing body at the end of the tax year $1a$ $\perp \circ$ 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			
b	committee, explain on Schedule O. 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 officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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,			v
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Х	
a	The governing body?	8b	X	
b 9	Each committee with authority to act on behalf of the governing body?			
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? <i>If "Yes," provide the names and addresses on Schedule O</i> .	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		v	
	describe in Schedule O how this was done	12c	X X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
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?	15a	Х	
a b	The organization's CEO, Executive Director, or top management official	15a 15b	X	<u> </u>
b	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			
ivu	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	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		
Sect	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright^{\mathrm{MY}}$.			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O)	(Sec	tion 5	501(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	f inter	est p	oolicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record EVIE HANTZOPOULOS 137 EAST 25TH STREET, 2ND FLOOR NEW YORK, NY 10010 212-226-0130	s 🕨		
JSA 9E1042	2.000	Form	990	(2019)

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

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

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

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

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

(A) Name and title	(B) Average hours per week	Po (do not chec box, unless p		(C) Position heck more than one ss person is both an d a director/trustee)				(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) EVIE HANTZOPOULOS	40.00									
PRESIDENT & EXEC. DIRECTOR	0.			Х				117,882.	0.	6,268.
(2) YVONNE BRATHWAITE	40.00									
ACTING EXECUTIVE DIRECTOR	0.			Х				102,830.	0.	5,233.
(3) RICHARD ROBERTS	3.00									
BOARD CHAIR	0.	X		Х				0.	0.	0.
(4) WERNER AHLERS	3.00									
VICE CHAIR	0.	x		Х				0.	0.	0.
(5) BROOKE JUNIPER	3.00									
SECRETARY	0.	X		Х				0.	0.	0.
(6)TIM FOLEY	3.00									
TREASURER	0.	X		Х				0.	0.	0.
(7) CAROLE ARTIGIANI	1.00									
DIRECTOR/FOUNDER & PRESIDENT	0.	X						0.	0.	0
(8) VIKAS BHARATHWAAJ	1.00									
DIRECTOR	0.	X						0.	0.	0
(9) CINDY GOODWIN	1.00									
DIRECTOR	0.	X						0.	0.	0
(10) SUNITI KANODIA	1.00									
DIRECTOR	0.	X						0.	0.	0.
(11) COURNEY MEHROTRA	1.00									
DIRECTOR	0.	X						0.	0.	0
(12) KEN MILLER	1.00									
CHAIR EMERITUS	0.	X						0.	0.	0
(13) SAHEEDA MOJALAGBE	1.00									
DIRECTOR	0.	Х						0.	0.	0
(14) ALEXANDRA MOOSALLY	1.00									
DIRECTOR	0.	Х						0.	0.	0

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	(A) Name and title	(B) Average hours per week (list any hours for	officer and a director/truste					an ee)	(D) Reportable compensation from the	(E) Reportable compensation fron related organizations	other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
5)	JEFFREY MORSE	1.00								0	
6)	DIRECTOR RANDOLPH NELSON	0.	X						0.	0.	
	DIRECTOR	0.	x						0	0.	
7)	OSAMUYIMEN OMOROGBE	1.00	21						0	0.	
	DIRECTOR	0.	x						0	0.	
8)	PAMELA PARIZEK	1.00									
	DIRECTOR	0.	x						0	0.	
9)	PETER W. QUINN	1.00									
	DIRECTOR	0.	X						0.	0.	
0)	ERIK UMLAUF	1.00									
	DIRECTOR	0.	X						0.	0.	
		-+	1								
		-+									
		-+	-								
1b	Sub-total								220,712.	0	. 11,50
С	Total from continuation sheets to Part VII,	Section A		•••		•••		•	0.	0	•
	Total (add lines 1b and 1c)						<u></u>	►	220,712.	0	. 11,50
3	Total number of individuals (including but no reportable compensation from the organization Did the organization list any former offi employee on line 1a? <i>If "Yes," complete Sche</i>	on ► cer, directo	or, or	2 tru	Iste	e,	key e	mp	loyee, or highes	compensated	Yes N
4	For any individual listed on line 1a, is the organization and related organizations g <i>individual</i> . Did any person listed on line 1a receive o	sum of rep reater than	oortab \$15	ile c 0,00	om 00?	pen If	satior "Yes	aı ,"	nd other compens complete Schedu	sation from the le J for such	4
	for services rendered to the organization? If "										5
	ction B. Independent Contractors Complete this table for your five highest cor	nnensated i	ndene	nde	ent d	CON	tracto	rs t	hat received more	than \$100 000	of
	compensation from the organization. Report year.										
	(A) Name and business ad	ldress							(B) Description of se	rvices	(C) Compensation

		Check if Schedule O contains a re	sponse	e or note to an	y line in this Part V	/		
			•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b		1b					
٥Ĕ	c	· ·	1c	40,914.				
r A	d	-	1d					
igi	e	-	1e	5,478,981.				
Sins	f	All other contributions, gifts, grants,						
er			1f	1,196,627.				
Ţ	g	Noncash contributions included in						
d	5		1g \$					
an Co	h				6,716,522.			
			· · · ·	Business Code				
e	2a	TECHNICAL AND TRAINING		611600	126,098.	126,098.		
Ξ.								
Se	b							
an	C A							
Program Service Revenue	d							
Prc	f e	All other program service revenue	-					
	g	Total. Add lines 2a-2f			126,098.			
	3	Investment income (including divider						
		other similar amounts)			166.			166
	4	Income from investment of tax-exempt I			0.			
	5	Royalties	•		0.			
		(i) Real		(ii) Personal				
	6a	Gross rents 6a						
	b	Less: rental expenses 6b						
	c	Rental income or (loss) 6c						
	d	Net rental income or (loss)		►	0.			
	7a	Gross amount from (i) Securiti		(ii) Other				
		sales of assets		. ,				
		other than inventory 7a						
a	ь	Less: cost or other basis						
Revenue		and sales expenses 7b						
eve	c	Gain or (loss) 7c						
_	d	Net gain or (loss)			0.			
Other		Gross income from fundraising	· · · ·					
õ	8a	events (not including \$40,914.						
		of contributions reported on line						
		1c). See Part IV, line 18	8a	404.				
	b	Less: direct expenses	8b	404.				
	c	Net income or (loss) from fundraising ev			0.			
	9a	Gross income from gaming						
	Ju	activities. See Part IV, line 19	9a	0.				
	ь	Less: direct expenses	9b	0.				
	c	Net income or (loss) from gaming activity		►	0.			
	10a	Gross sales of inventory, less						
			10a	0.				
	b		10b	0.				
	c	Net income or (loss) from sales of invento	ory	. .	0.			
s			T	Business Code				
eon	11a	MISCELLANEOUS INCOME		900999	7,622.			7,622
enu	b							
Sell	с		[
Miscellaneous Revenue	d	All other revenue	L					
<	е	Total. Add lines 11a-11d		►	7,622.			
	12	Total revenue. See instructions		►	6,850,408.	126,098.		7,788
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Form 990 (2019) GLC
Part VIII Statement of Revenue

GLOBAL KIDS, INC.

Part IX Statement of Functional Expenses

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

		1			
	not include amounts reported on lines 6b, 7b, 9b, 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 and domestic governments. See Part IV, line 21	23,000.	23,000.		
2	Grants and other assistance to domestic		- ,		
2	individuals. See Part IV, line 22	Ο.			
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
	Compensation of current officers, directors,				
	trustees, and key employees	234,495.	161,941.	60,462.	12,092.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	3,902,578.	3,584,025.	168,483.	150,070.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	77,011.	62,109.	11,980.	2,922.
9	Other employee benefits	544,528.	421,435.	61,218.	61,875.
10	Payroll taxes	329,290.	298,040.	18,293.	12,957.
11	Fees for services (nonemployees):				
á	a Management	0.			
I	• Legal	0.			
	CAccounting	41,413.	31,859.	9,554.	
0	J Lobbying	0.			
•	Professional fundraising services. See Part IV, line 17.	0.			
	f Investment management fees	0.			
9	Other. (If line 11g amount exceeds 10% of line 25, column	501 100	405 500	115 410	
	(A) amount, list line 11g expenses on Schedule O.)	521,133.	405,720.	115,413.	F 0.0
12	Advertising and promotion	4,034.	2,750.	756.	528.
13	Office expenses	185,854.	154,850.	25,028.	5,976.
14	Information technology	98,004.	81,264.	14,465.	2,275.
15	Royalties	0.	260 765	218,644.	
16		487,409. 91,507.	268,765. 91,049.	458.	
17	Travel	91,507.	91,049.	450.	
18		0			
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	1,382.		1,382.	
20		0.		1,302.	
21	Payments to affiliates	4,544.	3,086.	1,458.	
22	Depreciation, depletion, and amortization	28,092.	24,773.	3,319.	
23		20,052.	21,773.	5,517.	
24					
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
	FOOD	125,308.	123,509.	1,421.	378.
	STUDENT STIPENDS & INCENTIVE	40,487.	40,487.		
	ADMISSION FEES & TICKETS	16,653.	16,653.		
	STAFF TRAINING	5,034.	4,003.	554.	477.
	All other expenses	8,748.	4,938.	3,744.	66.
	Total functional expenses. Add lines 1 through 24e	6,770,504.	5,804,256.	716,632.	249,616.
	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)	0.			

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Form 990 (2019)

GLOBAL KIDS, INC.

art X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this F	Part X		[
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	435,109.	1	539,93
2	Savings and temporary cash investments.	557,788.	2	930,07
3	Pledges and grants receivable, net	1,663,057.	3	1,529,64
4	Accounts receivable, net.	70,050.	4	660,62
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	
7	Notes and loans receivable, net	0.	7	
7 8	Inventories for sale or use	0.	8	
9	Prepaid expenses and deferred charges	17,259.	9	3,22
-	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 52,539.			
b	Less: accumulated depreciation 10b 35,722.	5,449.	10c	16,81
11	Investments - publicly traded securities	21.	11	2
12	Investments - other securities. See Part IV, line 11	0.	12	
13	Investments - program-related. See Part IV, line 11	0.	13	
14	Intangible assets	0.	14	
15	Other assets. See Part IV, line 11	62,497.	15	55,76
16	Total assets. Add lines 1 through 15 (must equal line 33)	2,811,230.	16	3,736,11
17	Accounts payable and accrued expenses	494,339.	17	510,17
18	Grants payable	0.	18	
19	Deferred revenue	0.	19	
20	Tax-exempt bond liabilities	0.	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	22	
23	Secured mortgages and notes payable to unrelated third parties	0.	23	
24	Unsecured notes and loans payable to unrelated third parties	0.	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	220,240.	25	1,049,38
26	Total liabilities. Add lines 17 through 25	714,579.	26	1,559,55
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	1,889,831.	27	2,007,60
28	Net assets with donor restrictions.	206,820.	28	168,94
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	2,096,651.	32	2,176,55
1	Total liabilities and net assets/fund balances	2,811,230.		3,736,11

Form 9	90 (2019)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		50,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2		70,5	
3	Revenue less expenses. Subtract line 2 from line 1	3		79,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,0	96,6	51.
5	Net unrealized gains (losses) on investments	5			0.
6	Donated services and use of facilities	6			0.
7	Investment expenses	7			0.
8	Prior period adjustments	8			0.
9	Other changes in net assets or fund balances (explain on Schedule O).	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	2,1	76,5	55.
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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," e	xplain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were cor				
	reviewed on a separate basis, consolidated basis, or both:	•			
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ow	ersight of			
Ŭ	the audit, review, or compilation of its financial statements and selection of an independent accounta	-	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e				
	Schedule O.				
3 -	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in the			
Ja	Single Audit Act and OMB Circular A-133?		3a	x	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lerao the			
U U	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	•	3b	х	
	required addition additio, explain why on conclude O and describe any steps taken to dilutergo such a		_ 58	000	

Form **990** (2019)

SCHEDU	LE A
(Form 990	or 990-EZ)

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

OMB No. 1545-0047 6 Q 7

		nt of the Treasury evenue Service	•	Go to www.irs.go	/Form990 for instruction	ons and t	he latest i	nformation.	Inspection
Nam	e of th	ne organization						Employer identif	ication number
_		L KIDS, IN						13-36294	
Ра					organizations must o		•	,	S
	orga				is: (For lines 1 through	-	-		
1					tion of churches desc				
2					. (Attach Schedule E	-			
3		-	-		rganization described				
4			-	-	conjunction with a hos	spital de	scribed in	section 170(b)(1)(A	(III). Enter the
F		hospital's nam					d ar ana	roted by a gaugerone	ntal unit described in
5		-	-		a college of universit	y owne	u or ope	fated by a governme	ental unit described in
6				Complete Part II.)	rnmental unit describe	d in soci	tion 170/	b)(1)(A)(y)	
7	x								om the general public
'		-		(1)(A)(vi). (Compl			oni a go		on the general public
8					b)(1)(A)(vi). (Complete	Part II)			
9	\square	-			ed in section 170(b)(1	-		in conjunction with a	land-grant college
•		-	-	-	priculture (see instruct		-		
		university:		5 · · · · 5 · · · 5	,	/		-, - , -, -, -, -, -, -, -, -, -, -, -, -, -,	<u>j</u>
10 11		receipts from support from acquired by th	activities rela gross investm ne organizatio	ted to its exempt f nent income and u n after June 30, 1	ore than 331/3 % of its unctions - subject to nrelated business tax 975. See section 509 usively to test for publi	certain e able inco (a)(2). (0	exception ome (less Complete	s, and (2) no more tha s section 511 tax) from Part III.)	in 331/3% of its
12		•	•	•	•	•			carry out the purposes
		of one or mor	re publicly su	pported organizati	ons described in sec	tion 509	(a)(1) or	section 509(a)(2). S	See section 509(a)(3).
		Check the box	c in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	ation and complete li	nes 12e, 12f, and 12g.
а		Type I. A su	upporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supporte	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	_	_ supporting o	organization. N	You must complet	e Part IV, Sections A	and B.			
b		Type II. A s	upporting org	anization supervise	ed or controlled in co	nnectior	n with its	supported organizati	on(s), by having
		control or m	nanagement o	of the supporting o	rganization vested in	the sam	e persor	is that control or mar	hage the supported
				-	, Sections A and C.				
С				- · ·	ng organization opera				lly integrated with,
			-		s). You must comple				
d		••	•		porting organization of	•			• ()
			•	• •	nization generally mus mplete Part IV, Sect	•		•	a an altentiveness
е				,	a written determinatio				
C			-		ionally integrated sup				n, rype m
f	En					porting	organizat		
g					orted organization(s).				
	(i) N	ame of supported	organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
					(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
						Yes	No	instructions	
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								
		work Reduction A	Act Notice see th	e Instructions for Form	990 or 990-E7			Schedule /	(Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

Page 2

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

<u>Sec</u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,415,741.	4,324,291.	5,720,325.	6,117,716.	6,716,522.	27,294,595.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	4,415,741.	4,324,291.	5,720,325.	6,117,716.	6,716,522.	27,294,595.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
-	shown on line 11, column (f)						61,889.
6	Public support. Subtract line 5 from line 4						27,232,706.
	tion B. Total Support	() 00/5	(1) 00 (0)	() 00/7	()) 00 (0	() 22/2	
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,415,741.	4,324,291.	5,720,325.	6,117,716.	6,716,522. 166.	27,294,595.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) <u>ATCH 1</u>	20,475.	2,899.	2,686.		7,622.	33,682.
11	Total support. Add lines 7 through 10						27,329,278.
12	Gross receipts from related activities, etc. (s	ee instructions) .			[12	3,995,263.
13	First five years. If the Form 990 is for organization, check this box and stop here.	r the organizati	ion's first, second	d, third, fourth,	or fifth tax yea	ar as a section	
Sec	tion C. Computation of Public Supp	oort Percentag	ge				
14	Public support percentage for 2019 (lir	ne 6, column (f)	divided by line	11, column (f)).		14	99.65 %
15	Public support percentage from 2018 \$						99.61 %
16a	331/3% support test - 2019. If the org						
	box and stop here. The organization qu						
b	331/3% support test - 2018. If the org						
	this box and stop here. The organization	-		-			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization					•	•
	Part VI how the organization meets the			-	-		
_	organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organization				-	-	
4.0	supported organization						
18	Private foundation. If the organization						
	instructions						<u> ► ∟</u>

Schedule A (Form 990 or 990-EZ) 2019

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

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20	019 (f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		1	1	1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20	019 (f) Total
9	Amounts from line 6						
10 a	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.)						
14	First five years. If the Form 990 is fo	r the organiza	ition's first, seco	ond, third, fourth	, or fifth tax y	earasa	section 501(c)(3)
	organization, check this box and stop here .	<u></u>		<u></u>			<u></u>
Sec	tion C. Computation of Public Supp	ort Percenta	ige				
15	Public support percentage for 2019 (line 8,	.,	•			15	%
16	Public support percentage from 2018 Scheo					16	%
Sec	tion D. Computation of Investment	Income Perc	centage				
17	Investment income percentage for 2019 (line		• •			17	%
18	Investment income percentage from 2018 S					18	%
19 a	331/3% support tests - 2019. If the org						
	17 is not more than 331/3%, check this	box and sto	p here. The org	anization qualifie	s as a publicly	supported	d organization . 🕨 📃
b	331/3% support tests - 2018. If the orga	nization did not	t check a box or	line 14 or line	19a, and line 16	is more t	than 331/3%, and
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization di	d not check a	a box on line 1	4, 19a, or 19b,			
JSA 9E122	21 1.000					Schedule A	A (Form 990 or 990-EZ) 2019
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Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

13-3629485

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

10b Schedule A (Form 990 or 990-EZ) 2019

-	le A (Form 990 or 990-EZ) 2019		F	Page 5
Part	V 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 in (b) and (c) below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	110		
<u></u>			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	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? <i>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.</i>	2		
Secti	on C. Type II Supporting Organizations		V	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	Yes	No
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of		Yes	No
	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insomething 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. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		-	
2	Activities Test. <i>Answer (a) and (b) below.</i>			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Schedule A (Form 990 or 990-EZ) 2019

JSA

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Schedule A (Form 990 or 990-EZ) 2019			Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizatior	าร	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organized	zations	must complete Sectio	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
		· · · · · · · · · · · · · · · · · · ·	

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

Schedule A (Form 990 or 990-EZ) 2019

Part	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	vemnt nurnoses		Guirent real
2	Amounts paid to perform activity that directly furthers exer		ed	
-	organizations, in excess of income from activity	cu		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets	ses of supported organi	Lations	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
Ū	(provide details in Part VI). See instructions.	the organization is roop		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
C	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

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Schedule A (Form 990 or 990-EZ) 2019

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II -	OTHER INCOM	C			ATTACHMENT 1	
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
OTHER INCOME	21.	499.	2,686.		7,622.	10,828.
SUBTENANT INCOME	20,454.	2,400.				22,854.
TOTALS	20,475.	2,899.	2,686.		7,622.	33,682.

Schedule B

(1 0 m 3 3 0, 3 3 0 - L Z,	
or 990-PF)	
Department of the Treasury	
Internal Revenue Service	

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

Employer identification number

13-3629485

Name of the organization GLOBAL KIDS, INC.

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA 9E1251 1.000 Part I

(a)

No.

1

		\$2,151,369.	Noncash
			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,953,404.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$849,894.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$260,715.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$166,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$163,120.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(c)

Total contributions

(b)

Name, address, and ZIP + 4

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number 13-3629485

(d)

Type of contribution

Person Payroll

Х

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JSA

Schedule B	(Form	990,	990-EZ,	or	990-PF)	(2019)	

Name of organization GLOBAL KIDS, INC.

Employer identification number 13-3629485

a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
I) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
ı) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
i) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

	Form 990, 990-EZ, or 990-PF) (2019) anization GLOBAL KIDS,INC.		Page 4 Employer identification number 13-3629485
	(10) that total more than \$1,000 for the	year from any one cor completing Part III, ente ear. (Enter this information	tions described in section 501(c)(7), (8), or an antributor. Complete columns (a) through (e) and the total of <i>exclusively</i> religious, charitable, etc. on once. See instructions.) ► \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and ZI	(e) Transfer of gift P + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I		(-)	
-	Transferee's name, address, and ZI	(e) Transfer of gift P + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, and ZI		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZI	(e) Transfer of gift P + 4	Relationship of transferor to transferee
-			·

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

SCHEE	DULE D
(Form	990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

(Form 990)		· •	Complete if the organization answered "Yes" on Form 990, IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.				2019	
	rtment of the Treasury nal Revenue Service		► Attach to Form 990. <i>Form990</i> for instructions an				Open to Public Inspection	
	e of the organization			Em	Employer identification number			
GLC	BAL KIDS, INC					13-362948	35	
Pa		tions Maintaining Donor Adv			Acco	ounts.		
	Complete	if the organization answered	Yes" on Form 990, Par	rt IV, line 6.				
			(a) Donor advised	funds		(b) Funds and	other accounts	
1	Total number at e	nd of year						
2	Aggregate value o	f contributions to (during year)						
3	Aggregate value o	of grants from (during year)						
4	Aggregate value a	it end of year						
5	Did the organizati	on inform all donors and donor	r advisors in writing that t	he assets held	in do	nor advised		
	funds are the orga	nization's property, subject to the	e organization's exclusive le	egal control?			Yes No	
6	Did the organizati	on inform all grantees, donors, a	and donor advisors in writi	ing that grant fu	inds o	can be used		
	•	purposes and not for the bene			•			
_		issible private benefit?					Yes No	
Pa		tion Easements.						
		if the organization answered						
1		servation easements held by the	• · ·	1				
		n of land for public use (for example	e, recreation or education)				portant land area	
		of natural habitat		Preservation	of a c	ertified histor	ric structure	
_		n of open space						
2		through 2d if the organization h	eld a qualified conservation	n contribution in	the fo		servation End of the Tax Year	
		ast day of the tax year.			_	Heid at the	End of the Tax Year	
а		onservation easements			2a			
b		tricted by conservation easement			2b			
c		vation easements on a certified			2c			
d		vation easements included in (
•		isted in the National Register			2d		and a standard standard standard	
3		rvation easements modified, tra	insterred, released, extingu	lisned, or termi	natec	by the orga	anization during the	
4	tax year ►	where property subject to conse	nuction accoment is located					
4 5		ation have a written policy re			ion k	andling of		
3	-	orcement of the conservation ea				-	Yes No	
6		hours devoted to monitoring, insp						
0		nours devoted to monitoring, insp	becang, narioning of violations	s, and emotioning	CONSE	avalion easem	ents during the year	
7	Amount of expens	es incurred in monitoring, inspec	ting handling of violations	and enforcing co	nser	vation easem	ents during the year	
•	►s		sting, nandling of violations,	and emotering et	511301	valion casem	chis during the year	
8		vation easement reported on line	2(d) above satisfy the requi	rements of section	on 17	0(h)(4)(B)(i)		
•)(4)(B)(ii)?						
9	In Part XIII. descri	be how the organization reports	conservation easements in	n its revenue and	l expe	ense statemer		
•		d include, if applicable, the text			•			
		ounting for conservation easeme						
Pa	rt III Organiza	tions Maintaining Collections	s of Art, Historical Treas	sures, or Other	^r Sim	ilar Assets.		
	Complete	e if the organization answered	"Yes" on Form 990, Par	rt IV, line 8.				
1a	If the organization of art, historical t service, provide in	elected, as permitted under F reasures, or other similar asse Part XIII the text of the footnote	ASB ASC 958, not to repo ts held for public exhibiti to its financial statements	ort in its revenue ion, education, that describes th	e stat or re nese i	ement and b search in fu tems.	alance sheet works rtherance of public	
b	If the organization art, historical treas	n elected, as permitted under F sures, or other similar assets he ing amounts relating to these ite	ASB ASC 958, to report i eld for public exhibition, ec	n its revenue s	tatem	ent and bala	nce sheet works of	
		ded on Form 990, Part VIII, line				▶\$		
		d in Form 990, Part X						
2		n received or held works of a						
	-	required to be reported under F						
а		on Form 990, Part VIII, line 1				▶\$.		

b /	Assets incl	uded in	Form 990, Part 2	K				
For Pa	For Paperwork Reduction Act Notice, see the Instructions for Form 990.							
JSA 9E1268	1.000							
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Schedule	D	(Form	990)	2019
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▶ \$

OMB No. 1545-0047

GLOBAL KIDS, INC.

13-3629485	
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Part IIII Organization squisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply): a Public oxhibition d Loan of the organization's accussion, and other records, check any of the following that make significant use of its collection terms (check all that apply): b Scholarly research d Loan or exchange program c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art. historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Yes No Part VI Escrow and Custofial Arrangements. Complete if the organization answered Yes' on Form 990, Part IV, line 9, or reported an amount on Form 900, Part X, inc 21, for escrow or outpresses not include an form 900, Part XIII Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 11 'Yes,'' explain the arrangement in Part XIII Accel, here if the explanation hase base provided on Part XIII Yes	Schee	dule D (Form 990) 2019			-								Page 2
collection times (check all that apply): d Loan or exchange program a Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 3 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Yes No Partive Escrew and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part V, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No b If the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No Complete if the organization answered 'Yes' on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No Both to organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No Both the organization answered 'Yes' on Form 990, Part X, line 21, or escreware custodial account liab	Ра	rt III Organizations Maintaini	ng Colle	ections of	Art, Histo	orical Tre	easure	s, or	Other	Similar A	ssets (c	ontinue	d)
a Public exhibition d Clear or exchange program c Preservation for future generations e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization accounting the year. Yes No 7 Part W Escrow and Custodial Arrangements. Yes No 1 Is the organization answered Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization angent. Trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization angent. Yes No 1 Is the organization angent. Instruct, custodial account liability? Yes No 1 Is the organization angent in Part XIII. Check here if the explanation has been provided on Part XIII. No 2 Did the organization answered Yes' on Form 990, Part IV, line 10. Complete if the organization answered Yes' on Form 990, Part IV, line 10. 2 Detributions (a) Curren year (b) Peury year kath (d) Ture years back (d) Four years back (d) four years back (d) four years back and programs.	3												
b Scholarly reservation for future generations e Other 1 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part Xill. 2 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection'			ly):			_							
c Provide a description for future generations								-					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?	b				e	Other							
XIII. Suring the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No PartIV Escrow and Custodial Arrangements. Complete if the organization anawered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization anagement in Part XIII and complete the following table: Yes No b If 'Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1a Endorg balance 1c 1b The organization angement in Part XIII and complete the following table: Amount 1a Endorg balance 1c 1b Endorg balance 1t 1a Endorg balance 1t 2a Did the organization answered 'Yes' on Form 990, Part IV, line 21, tor escrow or custodial account liability? Yes No b If 'Yes', 'explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII 2a Did the organization answered 'Yes' on Form 990, Part IV, line 10. Complete if the organization asset of facilities and programs and losses. 1 a Grants or scholarships 1 3 End organization facilities and programs 1 a drants or s													
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No. b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Image: Complete if the organization form 990, Part X, line 21, for escrow or custodial account lability? Yes No. D Distributions during the year. Id Image: Complete if the organization answered "Yes" on Form 990, Part X, line 21, for escrow or custodial account lability? Yes No. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Yes No. 1a Beginning of year balance	4		nization's	collections	s and expl	ain how t	they fu	rther	the or	ganization's	s exempt	purpose	in Part
assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. I Is the organization angement in Part XIII and complete the following table: Image: Complete II the organization angement in Part XIII and complete the following table: C Beginning balance Ind Ind Image: Complete II the organization angement in Part XIII and complete the following table: Additions during the year Ind Ind Image: Complete II the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No Image: Complete II the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete II the organization answered 'Yes' on Form 990, Part IV, line 10. Complete II the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete II the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete II the organization answered 'Yes' on Form 990, Part IV, line 10. C Additions 4. Image: Complete II the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Com	F				donotiono o	fort hist				منامع منحونا	~ "		
Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?. Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Amount c Beginning balance . Id Id Image: Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Yes No Part V Endowment Pumds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance . Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance. % Image:	5											Vee	
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?,	Pa				ameu as pa		Jiganiz	ation	s colle			Tes	
990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?, Image: State St	Га				s" on For	m 990 F	Part IV	line	9 or r	enorted a	n amour	t on For	m
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X7,					5 011 01	in 550, i	arriv,		5, 01 1	cponed a	in annour		
included on Form 990, Part X? Yes No b If 'Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No Part V Endowment Funds. Complete if the organization answered 'Yes" on Form 990, Part IV, line 10. Part V Ta Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Twree years back (e) Four years back a Grants or scholarships	1a		e custo	dian or oth	er intermer	liary for c	ontribu	tions	or othe	r assets no	t		
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance	. a											Yes	No
c Beginning balance Id d Additions during the year Id e Distributions during the year Id d Distributions during the year In e Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. In e Other expenditures for facilities and programs In and organses In In In g End of year balance In In g Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: Board designated or quasi-endowment is g Provide the estimated percentage of the organization stated as required on Schedule R? In g	b	If "Yes," explain the arrangement i	n Part XI	II and com	plete the fo	llowing tak	ole:						
d Additions during the year,						Ū					Amount		
d Additions during the year,	с	Beginning balance						1c					
f Ending balance	d							1d					
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII No Part V Endowment Funds. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (c) Three years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (c) Three years back (e) Four years back d Grants or scholarships (b) (c) two years back (c) Three years back (c)	е	Distributions during the year						1e					
b If *Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Current year (a) Current year (b) Prior year (c) Two years back (e) Four years back 1d Carats or scholarships (b) Prior year (c) Two years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back fod	-												
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions		•											No No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (c) Current year (c) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (c) Current year (c) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (c) Current year (c) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (c) Current year (c) Prior years back	1		n Part XI	II. Check h	ere if the e	xplanation	has be	en pr	ovided	on Part XIII			
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses	Pa						De art IV (L.	40				
1a Beginning of year balance		Complete if the organiza								() =		() =	
b Contributions			(a) Cu	rrent year	(D) Pric	or year	(0) 1 W	lo year	SDACK	(a) Three ye	ears back	(e) Four y	ears back
c Net investment earnings, gains, and losses	1a												
and losses	b												
d Grants or scholarships	С												
e Other expenditures for facilities and programs													
and programs		-											
f Administrative expenses	е	•											
g End of year balance	4												
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% d The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land	י מ	-											
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	-			rrent vear	end halanc	e (line 1a	columr	າ (ລ))	held as				
c Term endowment ▶% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (ii) Related organizations (ii) Related organizations (iii) Related organization (iiii) Related organization (iii) Related organization (iiii) Related organization<		Board designated or quasi-endown	nent 🕨	inem year		e (inte 19,	colum	r (u))		•			
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. (ii) Related organizations. (ii) Related organizations. (ii) Related organizations. (iii) Related organizations. (ii) Related organizations. (iii) Related organizations. (ii) Related organizations. (iii) Related organizations. (iii) Related organizations. (ii) Related organizations. (iii) Related organizations. (ii) Related organizations. (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (other) <li< th=""><th>b</th><th>Permanent endowment</th><th>%</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></li<>	b	Permanent endowment	%										
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations. 3a(i) 3b 3c 3b 3c 3c <td< th=""><th>с</th><th>Term endowment</th><th>%</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>	с	Term endowment	%										
organization by: Yes No (i) Unrelated organizations. 3a(i) 3a(i) (ii) Related organizations. 3a(ii) 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3c 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b 3c Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 0 0 Book value I Land, Suildings. (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value I Land. Image: State S		The percentages on lines 2a, 2b, a	and 2c sh	ould equal	100%.								
(i) Unrelated organizations. 3a(i) (ii) Related organizations. 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (c) Accumulated (d) Book value (d) Book value 1a Land.	3a	Are there endowment funds not in	the poss	ession of th	he organiza	ation that	are hel	ld and	d admir	nistered for	the	_	
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value 1a Land													es No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?													
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land		.,											
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land			•									3b	
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	-												
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	Pa	Complete if the organize	ation ans	swered "Y	es" on Fo	rm 990, l	Part IV	', line	11a. S	See Form	990, Pa	rt X, line	10.
b Buildings		Description of property		(a) Cost or	r other basis	(b) Cost	or other b		(c) Ac	cumulated			
c Leasehold improvements. Image: Constraint of the state of t	1a												
d Equipment		-											
e Other 22,041. 22,041. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 16,817.							20 44			12 (01			C 017
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 16,817.												T	0,01/.
				t equal For	n 000 Dar	X colum			<u> </u>			1	6 817
	1018			i Gyuai i Oli	11 990, F all	Λ, οθιαπι	ווו , (ש) יו				Sched		

Schedule D (Form 990) 2019				Page 3
	• Other Securities. ne organization answered	I "Yes" on Form 990), Part IV, line 11b. See Form 990	, Part X, line 12.
(a) Description of s (including nar		(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1) Financial derivatives				
(2) Closely held equity intere				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)				
Total. (Column (b) must equal Form	990, Part X, col. (B) line 12.) 🔒 🕨			
	Program Related.		·	
Complete if th	ne organization answered	Yes" on Form 990), Part IV, line 11c. See Form 990	Part X, line 13.
(a) Description	of investment	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Tatal (Oakuma (k) must a must Farm				
Total. (Column (b) must equal Form Part IX Other Assets.				
		l "Yes" on Form 990), Part IV, line 11d. See Form 990	. Part X. line 15.
		scription	· · · · · · · · · · · · · · · · · · ·	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total (Column (b) must equ	al Form 990 Part X col. (B) I	ine 15)		
Part X Other Liabilitie	es.			
Complete if th line 25.	ie organization answered	I "Yes" on Form 990), Part IV, line 11e or 11f. See For	m 990, Part X,
 1.	(a) Descrip	tion of liability		(b) Book value
(1) Federal income taxes		•		
(2) PAYCHECK PROTECT	TION PROGRAM LOAN			900,572.
(3) DEFERRED RENT				148,811.
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total (Column (b) must equal Ec	nrm 000 Part V col (P) line 05)		K	1,049,383.
			the organization's financial statements the	
			the text of the footnote has been provide	
JSA 9E1270 1 000				hedule D (Form 990) 2019

GLOBAL	KIDS,	INC.
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Schedu	le D (Form 990) 2019		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	6,850,408.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
- a	Net unrealized gains (losses) on investments		
a b	Donated services and use of facilities		
		-	
C			
d		2e	
е	Add lines 2a through 2d	3	6,850,408.
3	Subtract line 2e from line 1	3	0,050,100.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,850,408.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	urn.	
			6,770,504.
1	Total expenses and losses per audited financial statements	1	0,770,504.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	6,770,504.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>).	5	6,770,504.
Part	XIII Supplemental Information.	1	
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V,	line 4; Part X, line

2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

GLOBAL KIDS, INC.

Part XIII Supplemental Information (continued)

PART X, LINE 2:

THE ORGANIZATION, AS DETERMINED BY THE INTERNAL REVENUE SERVICE, WAS GRANTED TAX EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC") AND HAS BEEN HELD TO BE A PUBLICLY SUPPORTED ORGANIZATION AND NOT A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE IRC. UNDER THE PROVISION, THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES AND IS ALSO EXEMPT FROM NEW YORK STATE AND NEW YORK CITY INCOME TAXES.

THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARD FOR UNCERTAINTY IN INCOME TAXES. THE STANDARD PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IS REQUIRED TO MEET BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. IT ALSO PROVIDES GUIDANCE FOR DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, DISCLOSURE, AND TRANSITION.

THE ORGANIZATION IS SUBJECT TO AUDIT BY TAX AUTHORITIES. IN ASSESSING THE REALIZABILITY OF TAX BENEFITS, MANAGEMENT CONSIDERS WHETHER IT IS MORE LIKELY THAN NOT THAT SOME PORTION OR ALL OF ANY TAX POSITION WILL NOT BE REALIZED. MANAGEMENT BELIEVES THAT ITS TAX-EXEMPT STATUS WOULD BE SUSTAINED UPON EXAMINATION. MANAGEMENT BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE POSITIONS TAKEN ON ITS TAX RETURNS. NONETHELESS, THE AMOUNTS ULTIMATELY PAID, IF ANY, UPON RESOLUTION OF THE ISSUES RAISED BY THE TAXING AUTHORITIES MAY DIFFER MATERIALLY FROM THE AMOUNTS ACCRUED FOR EACH YEAR. IF APPLICABLE, THE ORGANIZATION WOULD CLASSIFY INTEREST AND PENALTIES ON UNDERPAYMENTS OF INCOME TAX AS MISCELLANEOUS EXPENSES.

THE ORGANIZATION FILES INCOME TAX RETURNS IN THE FEDERAL AND NEW YORK

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Part XIII Supplemental Information (continued)

STATE JURISDICTIONS. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO FEDERAL OR STATE INCOME TAX EXAMINATIONS FOR FISCAL YEARS ENDED BEFORE JUNE 30, 2017.

Schedule D (Form 990) 2019

SCHEDULE G (Form 990, or 990, FZ) Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the						OMB No. 1545-0047		
organization entered more than \$15,000 on Form 990-EZ, line 6a.						2019		
	Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection	
Name	of the organization						Employer identificati	on number
-	BAL KIDS, INC						13-3629485	
Part		g Activities. Comp EZ filers are not re				Yes" on Form 99	90, Part IV, line 1	7.
1	Indicate whether	the organization rais	sed funds through	any of the	following	activities. Check a	all that apply.	
а	Mail solicita	tions	e	Solic	itation of	non-government g	grants	
b	Internet and	email solicitations	f			government grants	S	
С	Phone solici		g	Spec	cial fundra	ising events		
d	In-person so							
2a		tion have a written o es listed in Form 990						Yes No
b		10 highest paid indi least \$5,000 by the		(fundraise	rs) pursua	ant to agreements	under which the	fundraiser is to be
	(i) Name and addr or entity (fu		(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No			
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total								
3	List all states in registration or lic	which the organization	tion is registered o	or licensed	to solicit	contributions or	has been notified	it is exempt from
		enang.						

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

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Fundraising Events. Complete more than \$15,000 of fundrate events with gross receipts gree	aising event contributi	ons and gross incom	e on Form 990-EZ				
	(a) Event #1	(h) Event #2					
	ANNUAL BENEFIT	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through			
	(event type)	(event type)	(total number)	col. (c))			
1 Gross receipts	41,318.			41,318			
2 Less: Contributions	40,914.			40,914			
	404.			404			
5 Noncash prizes							
6 Rent/facility costs							
7 Food and beverages							
B Entertainment							
9 Other direct expenses	404.			404			
D Direct expense summary. Add lin	es 4 through 9 in colu	mn (d)		404			
Gaming. Complete if the org	anization answered ""	ımn (d) Yes" on Form 990, F	► Part IV, line 19, or	reported more than			
¢10,000 011 0111 000 22, 111	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
1 Gross revenue							
2 Cash prizes							
3 Noncash prizes							
4 Rent/facility costs							
5 Other direct expenses							
6 Volunteer labor							
7 Direct expense summary. Add lines 2 through 5 in column (d)							
8 Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	>				
Enter the state(s) in which the org	anization conducts ga	ming activities:					
Is the organization licensed to con If "No," explain:	duct gaming activities	in each of these state	es?	. Yes No			
Were any of the organization's gaming If "Yes," explain:				Yes No			
	 5 Noncash prizes 6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 9 Direct expense summary. Add line 9 Other direct expenses 9 Direct expense summary. Add line 9 Other direct expenses 9 Direct expense summary. Add line 9 Other direct expenses 9 Direct expense summary. Subtract li 9 Gaming. Complete if the org \$15,000 on Form 990-EZ, line 1 Gross revenue 2 Cash prizes 3 Noncash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add line 8 Net gaming income summary. Su 9 Enter the state(s) in which the org Is the organization licensed to complete to com	line 2) 404. 4 Cash prizes	line 2) 404 4 Cash prizes 404 5 Noncash prizes 5 5 Rent/facility costs 5 6 Rent/facility costs 404 7 Food and beverages 404 9 Other direct expenses 404 9 Other direct expenses 404 9 Other direct expenses summary. Add lines 4 through 9 in column (d) 1 1 Net income summary. Subtract line 10 from line 3, column (d) 1 1 Gross revenue (a) Bingo 1 Gross revenue (a) Bingo 2 Cash prizes 1 3 Noncash prizes 1 4 Rent/facility costs 1 5 Other direct expenses 1 6 Volunteer labor Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 1 3 Net gaming income summary. Subtract line 7 from line 1, column (d) 1 3 Net gaming income summary. Subtract line 7 from line 1, column (d) 1 5 the organization licensed to conduct gaming activities: 1 6 the organization licensed to conduct gaming activities 1	ine 2) 404. 4 Cash prizes			

Schedule G (Form 990 or 990-EZ) 2019

Sched	Jule G (Form 990 or 990-EZ) 2019	10 001	200	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other enti			
	formed to administer charitable gaming?	•	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b				%
14	Enter the name and address of the person who prepares the organization's gaming/special events bool			
	records:			
	Name			
	Address			
15 a	Does the organization have a contract with a third party from whom the organization receives		<u> </u>	
	revenue?		Yes	No
b		and the		
	amount of gaming revenue retained by the third party ► \$			
С	If "Yes," enter name and address of the third party:			
	Nome N			
	Name			
	Address 🕨			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
47	Mondetery distributions			
17	Mandatory distributions:	aaada ta		
а				No
L.	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt org		Yes	
u	or spent in the organization's own exempt activities during the tax year > \$	anizations		
Par		(iii) and	(v) and	
-1 al	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additio			
	(see instructions).			

Schedule G (Form 990 or 990-EZ) 2019

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.

OMB No. 1545-0047 19 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization GLOBAL KIDS, INC.

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

Employer identification number

13-3629485

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: GLOBAL KIDS EDUCATES, ACTIVATES, AND INSPIRES YOUTH FROM UNDERSERVED COMMUNITIES TO TAKE ACTION ON CRITICAL ISSUES FACING OUR WORLD. THROUGH IN-SCHOOL, AFTER SCHOOL, AND SUMMER PROGRAMS, YOUTH FROM UNDERSERVED COMMUNITIES DEVELOP THE KNOWLEDGE AND SKILLS NECESSARY TO ACHIEVE ACADEMIC SUCCESS, DEVELOP THEIR COLLEGE AND CAREER READINESS, PARTICIPATE EFFECTIVELY IN THE DEMOCRATIC PROCESS, AND BECOME LIFE-LONG LEARNERS AND GLOBAL CITIZENS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: GLOBAL KIDS EDUCATES, ACTIVATES, AND INSPIRES YOUTH FROM UNDERSERVED COMMUNITIES TO TAKE ACTION ON CRITICAL ISSUES FACING OUR WORLD. THROUGH IN-SCHOOL, AFTER SCHOOL, AND SUMMER PROGRAMS, YOUTH FROM UNDERSERVED COMMUNITIES DEVELOP THE KNOWLEDGE AND SKILLS NECESSARY TO ACHIEVE ACADEMIC SUCCESS, DEVELOP THEIR COLLEGE AND CAREER READINESS, PARTICIPATE EFFECTIVELY IN THE DEMOCRATIC PROCESS, AND BECOME LIFE-LONG LEARNERS AND GLOBAL CITIZENS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: DIGITAL LEARNING & LEADERSHIP (DLL) PROGRAM - LEVERAGES TECHNOLOGY AND DIGITAL MEDIA TOOLS TO TEACH LEADERSHIP SKILLS AND TO PROMOTE LOCAL AND GLOBAL COMMUNITY BUILDING OPPORTUNITIES FOR STUDENTS. EXPENSES \$326,092. INCLUDING GRANTS OF \$0. REVENUE \$0.

Employer identification number 13-3629485

Page 2

FORM 990, PART VI, SECTION B, LINE 11B: THE ORGANIZATION'S POLICY REGARDING THE REVIEW OF THE 990 IS AS FOLLOWS: THE FORM 990 IS PRESENTED TO THE FINANCE COMMITTEE FOR REVIEW AND DISCUSSION SINCE THE INFORMATION WILL BE AVAILABLE TO THE PUBLIC THROUGH THE INTERNET (WWW.GUIDESTAR.ORG). THE CFO/AUDITORS PROVIDE A BRIEF REVIEW AND DISCUSSION OF THE FORM 990, HIGHLIGHTING SIGNIFICANT AREAS AND HOW THE NUMBERS RELATE TO THE AUDITED FINANCIAL STATEMENTS.

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

ON AN ANNUAL BASIS (DURING THE JUNE MEETINGS) ALL BOARD MEMBERS SIGN A CONFLICT OF INTEREST STATEMENT. THE CFO ENSURES THAT ALL SIGNED FORMS ARE RECEIVED FROM THE BOARD AND MADE AVAILABLE TO THE AUDITORS DURING THE AUDIT PROCESS.

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

THE COMPENSATION OF ALL EMPLOYEES ARE RECORDED ON AN ANNUAL BUDGET AND ARE APPROVED BY THE FINANCE COMMITTEE, AND THE BOARD OF DIRECTORS ON AN ANNUAL BASIS. COMPENSATIONS OF OFFICERS (EXECUTIVE DIRECTOR, ETC.) ARE CAREFULLY REVIEWED BY THE FINANCE COMMITTEE AND CHAIR OF THE BOARD AND THE RATIONALE (IF NEEDED) ARE DOCUMENTED IN THE BOARD MINUTES.

FORM 990, PART VI, SECTION C, LINE 18: DOCUMENTS WILL BE AVAILABLE UPON REQUEST.

JSA

FORM 990, PART VI, SECTION C, LINE 19: ALL POLICIES/DOCUMENTS THAT ARE REQUIRED TO BE PROVIDED TO THE PUBLIC ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

NEW