| | | | EXTENDED TO MAY 16, 202 | | | OMB No. 1545-0047 | | | | |
|--------------|---------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------|------------------------------|--|--|--|--|
| F au | Q | 90 | Return of Organization Exempt Fro | | | | | | | |
| ⊦or | mJ | 30 | Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Coc | | | " <u> </u> | | | | |
| | | of the Treasury | Do not enter social security numbers on this form as it Go to www.irs.gov/Form990 for instructions and the | - | | Open to Public Inspection | | | | |
| | | enue Service e 2020 calend | ar year, or tax year beginning JUL 1, 2020 and endi | | UN 30, 2021 | mopeotion | | | | |
| Β | Check if | C Name of | rorganization | | D Employer identific | ation number | | | | |
| | Addre | | | | | | | | | |
| | chang Name | | NOTES, INC. | | | - | | | | |
| | _chang Initial | | | , | 27-044684 | 5 | | | | |
| | returr]Final | | and street (or P.O. box if mail is not delivered to street address) Roor HALLEY STREET | m/suite | E Telephone number 919-321-4 | 175 | | | | |
| | lreturr termii ated | n- | own, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 632,703. | | | | |
| | Amer | uded דעדית | AM, NC 27707 | | H(a) Is this a group ret | | | | | |
| | | | nd address of principal officer: SHANA TUCKER | | for subordinates? | | | | | |
| | pendi | | HALLEY STREET, DURHAM, NC 27707 | | H(b) Are all subordinates inc | ····· = = | | | | |
| 1 | Гах-ех | empt status: | X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or | 527 | 1 | st. See instructions | | | | |
| | | | KIDZNOTES.ORG | | H(c) Group exemption | number 🕨 | | | | |
| K | orm o | | X Corporation Trust Association Other ► | L Year | of formation: 2009 M | State of legal domicile: NC | | | | |
| Pa | art I | Summary | | | | | | | | |
| ¢ | 1 | | e the organization's mission or most significant activities: KIDZNOT | | | | | | | |
| Governance | | | BY PROVIDING COMPREHENSIVE MUSIC EDU | | · · · · · · · · · · · · · · · · · · · | | | | | |
| erné | 2 | | x 🕨 🛄 if the organization discontinued its operations or disposed o | of more | 1 1 | ets. 13 | | | | |
| Ň | 3 | | | | | | | | | |
| | | | ependent voting members of the governing body (Part VI, line 1b) | | | 13 | | | | |
| es | 5 | | of individuals employed in calendar year 2020 (Part V, line 2a) | | | 9 | | | | |
| Activities & | 6 | | of volunteers (estimate if necessary) | | | 20 | | | | |
| Act | 7a | | d business revenue from Part VIII, column (C), line 12 | | | 0. | | | | |
| | d | Net unrelated | business taxable income from Form 990-T, Part I, line 11 | <u></u> | | | | | | |
| | 8 | Contributions | and grants (Dart)/III line 1b) | | Prior Year 592,116. | Current Year 568,248. | | | | |
| eni | 9 | | and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) | | 0. | 0. | | | | |
| Revenue | 10 | • | ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d) | | 3,182. | 1,159. | | | | |
| Re | 11 | | (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 54,779. | 41,398. | | | | |
| | 12 | | - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 650,077. | 610,805. | | | | |
| | 13 | | nilar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | | | |
| | 14 | | to or for members (Part IX, column (A), line 4) | | 0. | 0. | | | | |
| ú | 15 | | · · · · · · · · · · · · · · · · · · · | | 458,889. | 234,599. | | | | |
| JSe: | 16a | Professional fi | undraising fees (Part IX, column (A), line 11e) | | 0. | 35,842. | | | | |
| Expenses | Ь | Total fundraisi | r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25) 68,766. | | | | | | | |
| ũ | 17 | Other expense | es (Part IX, column (A), lines 11a-11d, 11f-24e) | | 518,647. | 336,885. | | | | |
| | 18 | | s. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 977,536. | 607,326. | | | | |
| | 19 | Revenue less | expenses. Subtract line 18 from line 12 | | -327,459. | 3,479. | | | | |
| t Assets or | | | | Be | ginning of Current Year | End of Year | | | | |
| sets | 20 | Total assets (F | Part X, line 16) | | 574,929. | 613,615. | | | | |
| t As | 21 | | (Part X, line 26) | | 87,515. | 119,820. | | | | |
| Inet | | | fund balances. Subtract line 21 from line 20 | | 487,414. | 493,795. | | | | |
| | art II | Signature | | | | | | | | |
| | | | I declare that I have examined this return, including accompanying schedules and | | | knowledge and belief, it is | | | | |
| true | , corre | ct, and complete. | Declaration of preparer (other than officer) is based on all information of which p | reparer | nas any knowledge. | | | | | |

| Sign | Signature of officer | Date | | |
|--------------|----------------------------------------------------|------------------------------------|------|-------------------------|
| Here | SHANA TUCKER, EXECUTIV | | | |
| | Type or print name and title | | | |
| | Print/Type preparer's name | Preparer's signature | Date | Check PTIN |
| Paid | DAVID BOYCE | | | self-employed P01368646 |
| Preparer | Firm's name 🕒 KOONCE, WOOTEN & | HAYWOOD, LLP | | Firm's EIN 🕨 56-0517823 |
| Use Only | Firm's address P. O. BOX 17806 | | | |
| | RALEIGH, NC 2761 | 9-7806 | | Phone no.919-782-9265 |
| May the IF | RS discuss this return with the preparer shown abo | ve? See instructions | | X Yes No |
| 032001 12-23 | 3-20 LHA For Paperwork Reduction Act Notic | ce, see the separate instructions. | | Form 990 (2020) |
| ~ | | | | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| Form | 1990 (2020) KIDZNOTES, INC. | 27-0446845 | Page 2 |
|------|------------------------------------------------------------------------------------------------------------------|--------------------------|---------------|
| | rt III Statement of Program Service Accomplishments | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | X |
| - | | | [44] |
| 1 | Briefly describe the organization's mission: | | |
| | KIDZNOTES IS ADVANCING A THRIVING DIVERSE NETWORK OF CH | | |
| | FAMILIES, AND PARTNERS WHERE MUSIC ENERGIZES LIMITLESS | SOCIAL CHANGE. | • |
| | | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | |
| - | | | XNo |
| | prior Form 990 or 990-EZ? | | 21 NU |
| | If "Yes," describe these new services on Schedule O. | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services | ;? Yes | XNo |
| | If "Yes," describe these changes on Schedule O. | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, a | as measured by expenses. | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth | | d |
| | revenue, if any, for each program service reported. | | |
| | | | |
| 4a | (Code:) (Expenses \$ 401, 766. including grants of \$) (Rev | |) |
| | INSPIRED BY THE "EL SISTEMA" MODEL OF YOUTH ORCHESTRAS, | | |
| | CATALYZES SOCIAL CHANGE BY PROVIDING COMPREHENSIVE MUSI | | |
| | LEADERSHIP OPPORTUNITIES, AND CHARACTER-BUILDING EXPERI | ENCES FREE OF | |
| | CHARGE TO CHILDREN WITH THE FEWEST RESOURCES AND THE GR | EATEST NEED. | |
| | | | |
| | STUDENTS ATTENDING DURHAM PUBLIC SCHOOLS, WAKE COUNTY P | TIBLIC SCHOOLS | |
| | AND SEVERAL PUBLIC CHARTER SCHOOLS IN THE NORTH CAROLIN | | |
| | | | |
| | WHO QUALIFY FOR FEDERAL OR REDUCED LUNCH ARE THE PRIMAR | | 5 |
| | IN THE KIDZNOTES PROGRAM. DURING THE 2020-21 SCHOOL YEA | | |
| | MIDST OF PANDEMIC, KIDZNOTES MATRICULATED 279 STUDENTS | IN PROGRAMMING | 3 |
| | FROM TITLE I SCHOOLS IN DURHAM, SOUTHEAST RALEIGH AND E | AST WAKE COUN | ΓΥ, |
| | WITH TWO ADDITIONAL PRE-K CLASSES IN CHAPEL HILL-CARRBO | | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Rev | | |
| чы | (Code:) (Expenses \$ including grants of \$) (Here | venue \$ |) |
| | | | |
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| | | | |
| | | | |
| 4c | (Code:) (Expenses \$ including grants of \$) (Rev | venue \$ |) |
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| | | | |
| 4d | Other program services (Describe on Schedule O.) | | |
| | (Expenses \$ including grants of \$) (Revenue \$ |) | |
| 4e | Total program service expenses ► 401,766. | · · · · · · | |
| | | Form 9 | 90 (2020) |
| | | | (|

| Form | 990 | (2020) |
|------|-----|--------|

Form 990 (2020) KIDZNOTES, INC.
Part IV Checklist of Required Schedules

| | | | Yes | No |
|----------|----------------------------------------------------------------------------------------------------------------------------------|------------|------|------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | 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 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| 5 | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | ۲, I | | - <u>-</u> |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | x |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X | 10 | | |
| •• | as applicable. | | | |
| 2 | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| a | | 110 | х | |
| L | Part VI | <u>11a</u> | - 23 | |
| D | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | 446 | х | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | Λ | |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 44. | | x |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X X |
| - | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete | | | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | Х | |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | | X |

| Earm | 000 | (2020) |
|------|-----|--------|
| FORM | 990 | (2020) |

KIDZNOTES, INC. Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | v |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | • • | | v |
| | 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 to defease | 04- | | |
| 4 | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | 25a | | х |
| Ь | transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | 25a | | |
| b | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | | 25b | | х |
| 26 | Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | 200 | | |
| 20 | 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, | 20 | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "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 | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | <u> </u> |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | v |
| ~= | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 07 | | v |
| 20 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 38 | х | |
| Par | Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance | 30 | 11 | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 19 | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 45 | | 103 | 140 |
| b | | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| - | (gambling) winnings to prize winners? | 1c | | |

| Form | 990 (2020) KIDZNOTES, INC. | | 27-0446 | 845 | Р | _{age} 5 | | | | | |
|------|--------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------|-----------|-----|------------------|--|--|--|--|--|
| 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 | 9 | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax return | ns? | | 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) | | | | | | | | | | |
| | | | | | | | | | | | |
| b | b If "Yes," has it filed a Form 990-T for this year? <i>If</i> " <i>No</i> " to line 3b, provide an explanation on Schedule O | | | | | | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other a | luthori | ty over, a | | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial a | ccoun | t)? | 4a | | X | | | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A | ccount | s (FBAR). | | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | <u>5a</u> | | X | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact | | | 5b | | X | | | | | |
| | 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 th | e orga | nization solicit | | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | | <u>6a</u> | | X | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributi | ons 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 and ser | vices p | rovided to the payor? | 7a | | 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 | as requ | lired | | | | | | | | |
| | to file Form 8282? | 1 | | 7c | | X | | | | | |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | | | | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co | ontract | | 7e | | | | | | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra | | | 7f 7g | | | | | | | |
| g | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? \dots | | | | | | | | | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza | | | 7h | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained | by the | 9 | | | | | | | | |
| | sponsoring organization have excess business holdings at any time during the year? | | | 8 | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | | | | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | | | <u>9a</u> | | | | | | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | | | | | | |
| 10 | Section 501(c)(7) organizations. Enter: | ı | l | | | | | | | | |
| 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: | 1 | I | | | | | | | | |
| a | Gross income from members or shareholders | <u>11a</u> | | - | | | | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | | | | | | | | |
| | amounts due or received from them.) | 11b | | | | | | | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 1 | | 12a | | | | | | | |
| | | 12b | | - | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | | | |
| _ | organization is licensed to issue qualified health plans | 13b | | | | | | | | | |
| | Enter the amount of reserves on hand | 13c | | 44- | | v | | | | | |
| 14a | | | | 14a | | X | | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul | | | 14b | | <u> </u> | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner | | | _r | | x | | | | | |
| | excess parachute payment(s) during the year? | | | 15 | | | | | | | |
| 10 | If "Yes," see instructions and file Form 4720, Schedule N. | inces | | 40 | | x | | | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment | . Incon | ie? | 16 | | | | | | | |
| | If "Yes," complete Form 4720, Schedule O. | | | | | | | | | | |

| Par | t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. | "No" re | espons | e | | | | | | | |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------|----------|--|--|--|--|--|--|--|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | X | | | | | | | |
| Sec | tion A. Governing Body and Management | | | 22 | | | | | | | |
| | | | Yes | No | | | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 13 | | | | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent 1b 13 | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| | officer, director, trustee, or key employee? | | | | | | | | | | |
| 3 | | | | | | | | | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | 3 | | X | | | | | | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X | | | | | | | |
| 5 | Did the organization become aware during the year of a significant diversion of the 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 | | <u> </u> | | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | 77 | | | | | | | |
| - | 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: | 0- | v | | | | | | | | |
| a | The governing body? | 8a | X X | | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | | | | | | | | | |
| 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 | | | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | 5 | | 21 | | | | | | | |
| | the section brequests information about policies not required by the internal Revenue Code.) | | Yes | No | | | | | | | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X | | | | | | | |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | | | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | 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," describe | | | | | | | | | | |
| | in Schedule O how this was done | 12c | 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 | Х | | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | 37 | | | | | | | | |
| | The organization's CEO, Executive Director, or top management official | 15a | Х | X | | | | | | | |
| D | Other officers or key employees of the organization | 15b | | | | | | | | | |
| 160 | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | | | | | |
| 104 | | 16a | | x | | | | | | | |
| h | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | 104 | | | | | | | | | |
| D | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | | | | | | |
| | exempt status with respect to such arrangements? | 16b | | | | | | | | | |
| Sec | tion C. Disclosure | 100 | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed NONE | | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3) | s only) | availa | ble | | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | ,, | | | | | | | | | |
| | Own website X Another's website X Upon request Other (explain on Schedule O) | | | | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | l financ | cial | | | | | | | | |
| | statements available to the public during the tax year. | | | | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | | | | | | | | |
| | KIDZNOTES, INC 919-321-4475 | | | | | | | | | | |
| | 1309 HALLEY STREET, DURHAM, NC 27707 | | | | | | | | | | |

KIDZNOTES,

Form 990 (2020)

INC.

27-0446845

Page 6

| Form 990 (2 | 2020) KIDZNOTES, INC. | 27-0446845 | Page 7 |
|-------------|-------------------------------------------------------------------------------------------------------|-------------------------------------|-------------|
| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest C | ompensated | |
| | Employees, and Independent Contractors | | |
| | Check if Schedule O contains a response or note to any line in this Part VII | | |
| Section A. | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | |
| 1a Comple | te this table for all persons required to be listed. Report compensation for the calendar year ending | g with or within the organization's | 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) | (B) | (B) (C) | | | | | | (D) | (E) | (F) |
|--------------------------|----------------------|-------------------------------------------------------------------------------------------------|----------------------|-----------|--------------|---------------------------------|--------|---------------------------------|-----------------|--------------------------|
| Name and title | Average | (do | | Pos | ition | | 200 | Reportable | Reportable | Estimated |
| | hours per | (do not check more than one box, unless person is both an officer and a director/trustee) | | | | s both | n an | compensation | compensation | amount of |
| | week | | cer an | idad I | recto | r/trus | tee) | from | from related | other |
| | (list any | Individual trustee or director | | | | | | the | organizations | compensation |
| | hours for related | e or di | tee | | | sated | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization |
| | organizations | rustee | l trus | | 99/ | npen | | (00-2/1099-00130) | | and related |
| | below | dual t | nstitutional trustee | L . | Key employee | st cor | 5 | | | organizations |
| | line) | Indivi | Institu | Officer | Key e | Highest compensated employee | Former | | | 5 |
| (1) SHANA DAVIS | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR | | 1 | | X | | | | 21,782. | Ο. | Ο. |
| (2) KC RAMSAY | 10.00 | | | | | | | | | |
| BOARD CHAIR | | X | | X | | | | 0. | Ο. | Ο. |
| (3) BOB GOODALE | 4.00 | | | | | | | | | |
| TREASURER | | Х | | Х | | | | 0. | 0. | 0. |
| (4) SHAMIA TRUITT-MARTIN | 4.00 | | | | | | | | | |
| SECRETARY | | Х | | Х | | | | 0. | 0. | 0. |
| (5) JENNIFER WELD | 8.00 | | | | | | | | | |
| VICE CHAIR | | Х | | Х | | | | 0. | 0. | 0. |
| (6) ANNETTE CORONA | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (7) HAYES FINLEY | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (8) TARSHA FLETCHER | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (9) SABRINA JONES | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (10) KATHLEEN MORRISON | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (11) FRANK POLLOCK | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (12) BLAKE SHIVER | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (13) COLIN TIERNEY | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| (14) MARIANNE WEANT | 2.00 | | | | | | | | | |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
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| | | | | | | | | | | |

| Form | 990 (2020) KIDZNOTES | 5, INC. | | | | | | | | 27-044 | <u>16845</u> | <u>5</u> | ⊃ _{age} 8 |
|--------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------|-----------------------|--------------------------------|---------------------------------------|---------------------------------|-------------|--------------------------------------------------|----------------------------------------------------------|------------------------------------|-----------------------------------------|---------------------------------------|
| Par | t VII Section A. Officers, Directors, Trus | tees, Key Emp | oloy | ees, | and | l Hig | ghes | st C | ompensated Employee | s (continued) | | | |
| | (A) Name and title | (B) Average hours per week | (do box | not cł | (C Posi neck r ss per | c) ition more rson is | | one 1 an | (D) Reportable compensation from | (E) Reportable compensation from related | | (F) Estimat amount othe | t of |
| | | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC | ns comp ISC) fro orga anc | | ation he ation ated tions |
| | | | - | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | _ | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | - | | | | | | | | | | |
| С | Subtotal Total from continuation sheets to Part VI | I, Section A | | | | | | | 21,782. 0. 21,782. | C |).).). | | 0. 0. 0. |
| d 2 | Total (add lines 1b and 1c) | | | | | | | ► o re | | | '• | | 0. |
| | compensation from the organization | | | | | | | | | | | Yes | _ |
| 3 | Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su | | | | • | • | | Ŭ | • • | • | 3 | | X |
| 4 | For any individual listed on line 1a, is the su and related organizations greater than \$150 | m of reportabl | e co | mpe | ensa | tion | and | oth | ner compensation from t | ne organization | | | X |
| 5 | Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com | iccrue comper | Isati | on fr | om | any | unre | elate | ed organization or individ | | . 5 | | X |
| Sec | tion B. Independent Contractors | | | | | | | | | | | | |
| 1 | Complete this table for your five highest con the organization. Report compensation for t | | | | | | | | | | isation f | rom | |
| | (A) Name and business | address | NC | ONE | 2 | | | | (B) Description of s | ervices | | (C) ensatio | on |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (ir \$100.000 of compensation from the organiz | | ot lin | nited | to | thos C | | ted | above) who received mo | ore than | | | |

| Form 990 (2020) KIDZNOTES, INC. 27-0 | | | | | | | 27-0446 | 845 Page 9 |
|--------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------|-----------------------------|----------------------------------------------|---------------------------------------------|-----------------------------------------------------------------|
| Ра | πνι | | | | | | | |
| | | Check if Schedule O o | contains a response | or note to any lin | (A) (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a b c d e f | Membership dues Fundraising events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included | ibutions) 1d grants, and above 1f | 84,482. 483,766. 12,775. | | | | |
| a O | h | Total. Add lines 1a-1f | ····· | | 568,248. | | | |
| Program Service Revenue | • | All other program service | revenue | | | | | |
| | | Total. Add lines 2a-2f | | | | | | |
| | 3 4 5 | Investment income (includ other similar amounts) Income from investment of Royalties | of tax-exempt bond p | broceeds | 1,132. | | | 1,132. |
| | 6a b c d | Less: rental expenses | (i) Real 6a 6b 6c | (ii) Personal | | | | |
| venue | b | Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) | (i) Securities 7a 27. 7b 0. 7c 27. | | | | | |
| Other Re | 8 a | Net gain or (loss) Gross income from fundraisin including \$ contributions reported on Part IV, line 18 Less: direct expenses | ng events (not of line 1c). See 8a | 63,127. | 27. | | | 27. |
| | c | | | | 41,229. | | | 41,229. |
| | 9 a | Gross income from gamin Part IV, line 19 Less: direct expenses | ig activities. See 9a | | 11,213, | | | 11/2250 |
| | 10 a b | Net income or (loss) from Gross sales of inventory, I and allowances Less: cost of goods sold Net income or (loss) from | less returns 10 10 | | | | | |
| | C | THELINCOME OF (IOSS) TROM | sales of inventory . | Business Code | | | | |
| Miscellaneous Revenue | 11 a b | | | 900099 | 169. | 169. | | |
| Isce | c d | All other revenue | | | | | | |
| Σ | e | Total. Add lines 11a-11d | | | 169. | | | |
| | 12 | Total revenue. See instruction | | | 610,805. | 169. | 0. | 42,388. |

| • | and demostic neuromente. Cas Dart IV line 01 | | | | |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------|----------|------------------------|
| - | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| - | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | (2, 222 | 20.000 | 05 222 | |
| | trustees, and key employees | 63,333. | 38,000. | 25,333. | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 142 800 | 105 101 | | 10 500 |
| 7 | Other salaries and wages | 143,789. | 125,191. | | 18,598. |
| 8 | Pension plan accruals and contributions (include | 0.067 | 0 004 | 4.50 | 4 |
| | section 401(k) and 403(b) employer contributions) | 2,867. 9,065. | 2,234. 7,061. | 460. | 173. |
| 9 | Other employee benefits | 9,065. | 7,061. | 1,455. | 549. |
| 10 | Payroll taxes | 15,545. | 12,109. | 2,496. | 940. |
| 11 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | 12,209. | | 12,209. | |
| С | Accounting | 23,009. | | 23,009. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | 35,842. | | | 35,842. |
| f | Investment management fees | | | | |
| g | Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A) amount, list line 11g expenses on Sch 0.) | 55,820. | <u>17,664</u> . 26,975. | 38,156. | |
| 12 | Advertising and promotion | 36,645. | 26,975. | 2,752. | 6,918. |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 10,656. | 7,459. | 2,131. | 1,066. |
| 17 | Travel | 3. | | 3. | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 4,390. | | 4,390. | |
| 23 | Insurance | 8,426. | 8,426. | | |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) | | | | |
| • | amount, list line 24e expenses on Schedule 0.) CONTRACT LABOR – TEACHI | 145,403. | 141,172. | 4,231. | |
| a b | BOARD DEVELOPMENT | 18,252. | 645. | 17,062. | 545. |
| | INSTRUMENT PURCHASE AND | 12,017. | 11,642. | 375. | J=J• |
| C L | CREDIT CARD AND BANK FE | 4,083. | 11,042• | 345. | 3,738. |
| d | | 5,972. | 3,188. | 2,387. | 397. |
| | All other expenses | 607,326. | 401,766. | 136,794. | 68,766. |
| <u>25</u> | Total functional expenses. Add lines 1 through 24e | 001,340. | -UL,/UU. | 130,134. | 00,700. |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | Form 990 (2020) |
| 000010 | 12-23-20 | | | | |

1

KIDZNOTES, INC. Part IX Statement of Functional Expenses

Do not include amounts reported on lines 6b,

Grants and other assistance to domestic organizations

7b, 8b, 9b, and 10b of Part VIII.

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

(A) Total expenses

(B) Program service expenses

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

(D) Fundraising expenses

(C) Management and general expenses

| KIDZNOTES, | INC. | |
|---------------------|-------------------------------|--|
| | | |
| contains a response | or note to any line in this F | |

| Iu | | Check if Schedule O contains a response or no | te to an | line in this Part X | | | |
|-----------------------------|----------|-----------------------------------------------------------------------------------------------------------|----------|---------------------------------|---------------------------------|------------|--------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 141,788 | • 1 | 255,396. | | |
| | 2 | Savings and temporary cash investments | | | 239,369 | • 2 | 239,939. |
| | 3 | Pledges and grants receivable, net | | | 127,109 | | 51,216. |
| | 4 | Accounts receivable, net | | | 9,540 | | 183. |
| | 5 | Loans and other receivables from any current of | | | | | |
| | | trustee, key employee, creator or founder, subs | | | | | |
| | | controlled entity or family member of any of the | | | | 5 | |
| | 6 | Loans and other receivables from other disqua | - | | | _ | |
| | - | under section 4958(f)(1)), and persons describe | | | | 6 | |
| <i>(</i> 0 | 7 | Notes and loans receivable, net | | · · · · · · · · · · · · · · · · | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| As | 9 | | | | 1,113 | | |
| | | Land, buildings, and equipment: cost or other | ····· | | _/ | | |
| | lou | basis. Complete Part VI of Schedule D | 10a | 48,004. | | | |
| | h | Less: accumulated depreciation | | 12,765. | 27,854 | • 10c | 35,239. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, line | | | 28,156 | | 31,642. |
| | 13 | Investments - program-related. See Part IV, line | | 207130 | 13 | 51/0120 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | | | |
| | 16 | Total assets. Add lines 1 through 15 (must equ | | | 574,929 | | 613,615. |
| | 17 | Accounts payable and accrued expenses | | | 3,033 | | 33,961. |
| | 18 | Grants payable | 57055 | 18 | 3373011 | | |
| | 19 | | | | | 19 | |
| | 20 | Deferred revenue | | | | 20 | |
| | 20 | Tax-exempt bond liabilities Escrow or custodial account liability. Complete | | | | 20 | |
| | 22 | Loans and other payables to any current or for | | | | 21 | |
| Liabilities | 22 | trustee, key employee, creator or founder, subs | | | | | |
| bilit | | controlled entity or family member of any of the | | | | 22 | |
| Lial | 23 | | - | | | 22 | |
| | 23 24 | Secured mortgages and notes payable to unrel Unsecured notes and loans payable to unrelate | | | 84,482 | | 85,859. |
| | 24 25 | | | | 04,402 | • 24 | 05,055. |
| | 25 | Other liabilities (including federal income tax, p parties, and other liabilities not included on line | | | | | |
| | | | | | 25 | | |
| | 26 | of Schedule D Total liabilities. Add lines 17 through 25 | | ····· | 87,515 | 25 • 26 | 119,820. |
| | 26 | Organizations that follow FASB ASC 958, ch | | | 07,515 | • 20 | 110,020. |
| ŝ | | | eck ner | | | | |
| nce | 07 | and complete lines 27, 28, 32, and 33. | | | 354,164 | • 27 | 442,305. |
| ala | 27 | | | 133,250 | | 51,490. | |
| Net Assets or Fund Balances | 28 | Net assets with donor restrictions Organizations that do not follow FASB ASC | | | 155,250 | • 20 | 51,450. |
| 5 | | • | 956, CHE | | | | |
| orF | 20 | and complete lines 29 through 33. | | | | 29 | |
| ∋ts | 29 | Capital stock or trust principal, or current funds | | | | | |
| SSE | 30 | Paid-in or capital surplus, or land, building, or e | | | | 30 | |
| ∋t A | 31 | Retained earnings, endowment, accumulated in | | | 487,414 | 31 | 103 705 |
| ž | 32 | Total net assets or fund balances | | | | | 493,795. |
| | 33 | Total liabilities and net assets/fund balances | | | 574,929 | • 33 | 613,615. |

Form **990** (2020)

Form 990 (2020)
Part X Balance Sheet

| Form | 990 (2020) KIDZNOTES, INC. | 27-0 | 446845 | Pa | _{ge} 12 |
|------|---------------------------------------------------------------------------------------------------------------------|-----------|------------|-----|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | 05. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 26. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | <u>79.</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | | 14. |
| 5 | Net unrealized gains (losses) on investments | 5 | | 2,9 | 02. |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 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 | 493 | 3,7 | 95. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | О. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | <u>2</u> c | | X |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | gle Audit | | | |
| | Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | | | | 1 |
| _ | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | 000 | |
| | | | | | |

| SCI | HED | DUL | ΕA |
|-----|-----|-----|----|
|-----|-----|-----|----|

Department of the Treasury Internal Revenue Service

| (Form | 990 | or | 990-EZ) |
|-------|-----|----|---------|
|-------|-----|----|---------|

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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

| OMB No. 1545-0047 |
|------------------------------|
| 2020 |
| Open to Public Inspection |

| Nan | ne of t | ne organization | | | | | | | dentification number |
|---------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------|-------------------------------------|----------------------------------|----------------|---------------|----------------------------|
| KIDZNOTES , INC . Part I Reason for Public Charity Status. (All organizations must complete thi | | | | | | | | 7-0446845 | |
| | irt I | | | | | | ee instructior | າຣ. | |
| The | organi | zation is not a private found | ation because it is: (| For lines 1 through 12, c | heck only | one box.) | | | |
| 1 | | A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). | | | | | | | |
| 2 | | A school described in section | ion 170(b)(1)(A)(ii).(| Attach Schedule E (Forn | n 990 or 99 | 90-EZ).) | | | |
| 3 | | A hospital or a cooperative | hospital service orga | anization described in s | ection 170 | (b)(1)(A)(ii | ii). | | |
| 4 | | A medical research organization | ation operated in co | njunction with a hospital | described | in sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's name, |
| | | city, and state: | | | | | | | |
| 5 | | An organization operated for | or the benefit of a co | llege or university owned | l or operate | ed by a go | vernmental u | nit describe | ed in |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | | |
| 6 | | A federal, state, or local gov | | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | |
| 7 | X | An organization that norma | • | | | | ., | he general i | oublic described in |
| - | | section 170(b)(1)(A)(vi). (C | | ····· [-··· - ··· - ··· [-··· | | | | 5 | |
| 8 | | A community trust describe | | (1)(A)(vi). (Complete Par | t II.) | | | | |
| 9 | \square | An agricultural research org | | | | ed in conii | inction with a | land-grant | college |
| Ŭ | | or university or a non-land-g | | | | | | | |
| | | university: | grant conege of agric | | | name, eny | , and state of | the conege | |
| 10 | | An organization that norma | Illy receives (1) more | than 33 1/3% of its sunr | ort from o | ontributior | ne memberet | nin foos an | d gross receipts from |
| 10 | | activities related to its exem | | | | | | | |
| | | income and unrelated busir | | | | | | | - |
| | | | | (less section 511 tax) in | nii busines | ses acqui | red by the or | Janization a | alter Julie 30, 1975. |
| | | See section 509(a)(2). (Con | | | | | O(-)(A) | | |
| 11 | | An organization organized a | - | | • | | | | |
| 12 | | An organization organized a | - | - | - | | | • | |
| | | more publicly supported or | - | | | | | | Sneck the box in |
| | | lines 12a through 12d that | ••• | | | | | - | |
| а | | Type I. A supporting orga | - | - | • • • | - | | ••••• | |
| | | the supported organization | | | majority o | of the direc | tors or truste | es of the su | upporting |
| | | organization. You must c | - | | | | | | |
| b | | Type II. A supporting org | - | | | | • | | - |
| | | control or management o | of the supporting orga | anization vested in the s | ame perso | ns that co | ntrol or mana | ge the sup | ported |
| | | organization(s). You mus | | | | | | | |
| С | | Type III functionally inte | grated. A supportin | g organization operated | in connect | tion with, a | and functiona | lly integrate | ed with, |
| | | its supported organization | n(s) (see instructions |). You must complete I | Part IV, Se | ctions A, | D, and E. | | |
| d | | Type III non-functionally | integrated. A supp | porting organization oper | ated in cor | nnection v | vith its suppo | rted organi: | zation(s) |
| | | that is not functionally int | egrated. The organiz | zation generally must sat | isfy a distr | ibution rec | quirement and | d an attentiv | /eness |
| | | requirement (see instructi | ions). You must cor | mplete Part IV, Sections | A and D, | and Part | ۷. | | |
| е | | Check this box if the orga | anization received a | written determination fro | m the IRS | that it is a | Туре I, Туре | II, Type III | |
| | | functionally integrated, or | r Type III non-functio | nally integrated supporti | ng organiz | ation. | | | |
| f | Ente | r the number of supported o | organizations | | | | | | |
| g | Prov | ide the following information | n about the supporte | d organization(s). | | | | | |
| | (i |) Name of supported | (ii) EIN | (iii) Type of organization (described on lines 1-10 | (iv) Is the orga in your governi | anization listed ng document? | (v) Amount o | - | (vi) Amount of other |
| | | organization | | above (see instructions)) | Yes | No | support (see i | nstructions) | support (see instructions) |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| Tota | al | | | | | | | | |
| 1018 | | | | | 000 57 | | · | | |

032022 01-25-21

| 2 | Tax revenues levied for the organ- | | | | | | | |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------|-------------|----------|--------------------|-----------|-----|
| | ization's benefit and either paid to | | | | | | | |
| | or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities | | | | | | | |
| | furnished by a governmental unit to | | | | | | | |
| | the organization without charge | 22,500. | 27,000. | 18,375. | 17,625. | 0. | 85,500 | |
| 4 | Total. Add lines 1 through 3 | 754,425. | 1153424. | 1126485. | 713,160. | 631,375. | 4378869 | · • |
| 5 | The portion of total contributions | | | | | | | |
| | by each person (other than a | | | | | | | |
| | governmental unit or publicly | | | | | | | |
| | supported organization) included | | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | | |
| | amount shown on line 11, | | | | | | | |
| | column (f) | | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 4378869 | · • |
| | ction B. Total Support | | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total | |
| | Amounts from line 4 | 754,425. | 1153424. | 1126485. | 713,160. | 631,375. | 4378869 | · • |
| | Gross income from interest, | | | | | , | | |
| • | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | |
| | and income from similar sources | 4,863. | 4,159. | 4,414. | 3,182. | 4,061. | 20,679 | |
| 9 | Net income from unrelated business | | | | | | | |
| Ū | activities, whether or not the | | | | | | | |
| | business is regularly carried on | | | | | | | |
| 10 | Other income. Do not include gain | | | | | | | |
| | or loss from the sale of capital | | | | | | | |
| | assets (Explain in Part VI.) | 623. | 915. | 315. | 1,267. | 169. | 3,289 | |
| 11 | Total support. Add lines 7 through 10 | | | | _/_* | | 4402837 | |
| | Gross receipts from related activities, | etc. (see instructio | ns) | | | 12 | | |
| | First 5 years. If the Form 990 is for th | | | | | | | |
| | organization, check this box and stor | Ũ | | , , | | ()() | ▶□ | ٦ |
| Sec | ction C. Computation of Publi | | | | | | | |
| | Public support percentage for 2020 (I | | | column (f)) | | 14 | 99.46 | % |
| | Public support percentage from 2019 | | | | | 15 | 99.46 | % |
| | 33 1/3% support test - 2020. If the c | | | | | ore, check this bo | x and | |
| | stop here. The organization qualifies | • | | • | | | | ζ |
| b | 33 1/3% support test - 2019. If the c | | | | | | | |
| | and stop here. The organization qual | | | | | | _ | |
| 17a | 10% -facts-and-circumstances test | | | | | | | |
| | and if the organization meets the fact | | | | | | | |
| | meets the facts-and-circumstances te | | | - | - | 5 | | 7 |
| b | 10% -facts-and-circumstances test | • | • | , | • | | | |
| ~ | more, and if the organization meets th | • | | | | | | |
| | organization meets the facts-and-circu | | | | | | ▶□ | Γ |
| 18 | - | | • | | | | | Ī |
| | 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2020 | | | | | | | |

Part II

(a) 2016

731,925.

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.)

(c) 2018

1108110.

(d) 2019

695,535.

(b) 2017

1126424.

Schedule A (Form 990 or 990-EZ) 2020 KIDZNOTES, INC.

Section A. Public Support

Calendar year (or fiscal year beginning in) 🕨

include any "unusual grants.")

1 Gifts, grants, contributions, and membership fees received. (Do not 27-0446845 Page 2

(f) Total

4293369.

(e) 2020

631,375.

| Schedule A (Form 990 or 990-EZ) 2020 $$ K I | IDZNOTES | , INC |
|---------------------------------------------|----------|-------|
|---------------------------------------------|----------|-------|

Coatie

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

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

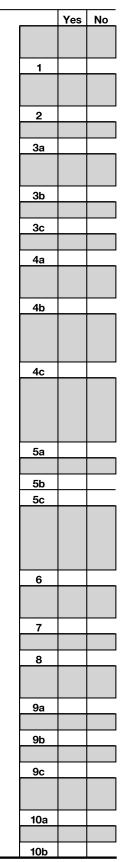
| Se | Stion A. Public Support | | | | | | |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------|----------------------|---------------------|------------------|--------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| J | furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and | | | | | | |
| t | 3 received from disqualified persons 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 | | | | | | |
| | | | | | | | |
| | Public support. (Subtract line 7c from line 6.) ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| | | (a) 2010 | (b) 2017 | | (u) 2013 | (e) 2020 | (I) IOtai |
| | Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| ł | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| 11 | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| | Total support. (Add lines 9, 10c, 11, and 12.) | <u> </u> | | | | <u> </u> | |
| 14 | First 5 years. If the Form 990 is for the | e organization's fi | rst, second, third, | fourth, or fifth tax | year as a section § | 501(c)(3) organi | zation, |
| _ | check this box and stop here | | | | | | |
| | ction C. Computation of Publi | | | | | <u> </u> | |
| | Public support percentage for 2020 (li | , (), | , | column (f)) | | 15 | % |
| | Public support percentage from 2019 | | | | | 16 | % |
| Se | ction D. Computation of Inves | tment Income | e Percentage | | | · · · | |
| 17 | Investment income percentage for 20 | 20 (line 10c, colur | mn (f), divided by li | ine 13, column (f)) | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | % |
| 19a | 33 1/3% support tests - 2020. If the | organization did r | not check the box | on line 14, and line | e 15 is more than 3 | 33 1/3%, and lir | ne 17 is not |
| ł | more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the | | | | | | ► |
| | line 18 is not more than 33 1/3%, che | | | | | | |
| 20 | Private foundation. If the organizatio | | | | | | |
| _ | | | | | | | |

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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



Schedule A (Form 990 or 990 EZ) 2020 imes LIDZNOTES , INC.

| Pa | rt IV | Supporting Organizations (continued) | | | |
|-----|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| | | | | Yes | No |
| 11 | Has th | ne organization accepted a gift or contribution from any of the following persons? | | | |
| а | A per | son who directly or indirectly controls, either alone or together with persons described in lines 11b and | | | |
| | 11c b | elow, the governing body of a supported organization? | 11a | | |
| b | A fam | ily member of a person described in line 11a above? | 11b | | |
| с | A 35% | 6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail | <i>in</i> Part VI. | 11c | | |
| Sec | tion E | 3. Type I Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | more direct effect | the governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | • | brted organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | | e organization operate for the benefit of any supported organization other than the supported | | | |
| | organ | ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part \ | I how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | super | vised, or controlled the supporting organization. | 2 | | |
| Sec | ction (| C. Type II Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Were | a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or tru | stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or ma | nagement of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the su | pported organization(s). | 1 | | |
| Sec | tion [| D. All Type III Supporting Organizations | | - | |
| | | | | Yes | No |
| 1 | Did th | e organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organ | ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, | (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organ | ization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organ | ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the or | ganization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |

3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's

supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

| с | The organization supported a governmental entity. | Describe in Part VI how you supported a governmental entity (see instruction | s). |
|---|---------------------------------------------------|------------------------------------------------------------------------------|-----|
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes |

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

3

2a

2b

3a

3b

No

| Schedule A (Form 990 or 990-EZ) 2020 | KIDZNOTES, | , INC |
|--------------------------------------|------------|-------|
|--------------------------------------|------------|-------|

1

Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A - Adjusted Net Income | | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|-----------------------------------------------------------------------------|----|----------------|--------------------------------|
| 1 1 | Net short-term capital gain | 1 | | |
| 2 F | 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 F | Portion of operating expenses paid or incurred for production or | | | |
| (| collection of gross income or for management, conservation, or | | | |
| r | 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 | | |
| Sectio | n B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 / | Aggregate fair market value of all non-exempt-use assets (see | | | |
| i | nstructions 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 F | Fair market value of other non-exempt-use assets | 1c | | |
| <u>d</u>] | Fotal (add lines 1a, 1b, and 1c) | 1d | | |
| еſ | Discount claimed for blockage or other factors | | | |
| (| explain in detail in Part VI): | | | |
| | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 8 | Subtract line 2 from line 1d. | 3 | | |
| 4 (| Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| ę | see instructions). | 4 | | |
| 5 1 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 1 | Multiply line 5 by 0.035. | 6 | | |
| | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sectio | n C - Distributable Amount | | | Current Year |
| 1 / | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 E | Enter 0.85 of line 1. | 2 | | |
| 3 N | Vinimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 E | Enter greater of line 2 or line 3. | 4 | | |
| | ncome tax imposed in prior year | 5 | | |
| | 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) 2020

| Part V Type III Non-Fund | |
|------------------------------------|--------------------|
| Schedule A (Form 990 or 990-EZ) 20 | 20 KIDZNOTES, INC. |

| Par | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | | | |
|-------|--------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------|----------------------------------|--|--|--|--|
| Secti | on D - Distributions | | | Current Year | | | | |
| 1 | Amounts paid to supported organizations to accomplish exer | 1 | | | | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | | | | |
| | organizations, in excess of income from activity | | 2 | | | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | s 3 | | | | | | |
| 4 | Amounts paid to acquire exempt-use assets | | 4 | | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | 5 | | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | 6 | | | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | 7 | | | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive |) | | | | | |
| | (provide details in Part VI). See instructions. | | 8 | | | | | |
| 9 | Distributable amount for 2020 from Section C, line 6 | | 9 | | | | | |
| 10 | Line 8 amount divided by line 9 amount | | 10 | | | | | |
| | | (i) | (ii) | (iii) | | | | |
| Secti | on E - Distribution Allocations (see instructions) | Excess Distributions | Underdistributions Pre-2020 | Distributable Amount for 2020 | | | | |
| 1 | Distributable amount for 2020 from Section C, line 6 | | | | | | | |
| 2 | Underdistributions, if any, for years prior to 2020 (reason- | | | | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | | | | |
| 3 | Excess distributions carryover, if any, to 2020 | | | | | | | |
| a | From 2015 | | | | | | | |
| b | From 2016 | | | | | | | |
| c | From 2017 | | | | | | | |
| d | From 2018 | | | | | | | |
| e | From 2019 | | | | | | | |
| f | Total of lines 3a through 3e | | | | | | | |
| g | Applied to underdistributions of prior years | | | | | | | |
| h | Applied to 2020 distributable amount | | | | | | | |
| i | Carryover from 2015 not applied (see instructions) | | | | | | | |
| i_ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | | | | |
| 4 | Distributions for 2020 from Section D, | | | | | | | |
| | line 7: \$ | | | | | | | |
| a | Applied to underdistributions of prior years | | | | | | | |
| b | Applied to 2020 distributable amount | | | | | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | | | | | |
| 5 | Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h | | | | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | | | | |
| | Part VI. See instructions. | | | | | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j | | | | | | | |
| | and 4c. | | | | | | | |
| 8 | Breakdown of line 7: | | | | | | | |
| | Excess from 2016 | | | | | | | |
| | Excess from 2017 | | | | | | | |
| | Excess from 2018 | | | | | | | |
| | Excess from 2019 | | | | | | | |
| е | Excess from 2020 | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 KIDZNOTES, INC.

| 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.) |
| | |
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| SCHEDULE D |) |
|------------|---|
|------------|---|

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

| Attach to Form 990. | |
|----------------------------------------------------------------------|-----|
| Go to www.irs.gov/Form990 for instructions and the latest informatio | 'n. |



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| Hum | KIDZNOTES, INC. | | 27-04468 | |
|-----|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------|-------------|
| Par | | d Funds or Other Similar Funds o | or Accounts. Complete if t | he |
| | organization answered "Yes" on Form 990, Part IV, lir | | | |
| | | (a) Donor advised funds | (b) Funds and other account | unts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in | | d funds | |
| • | are the organization's property, subject to the organization's | 5 | | No |
| 6 | Did the organization inform all grantees, donors, and donor a | | | |
| • | for charitable purposes and not for the benefit of the donor of | | | |
| | | | ° | No |
| Par | | | | |
| 1 | Purpose(s) of conservation easements held by the organizati | | · · · | |
| | Preservation of land for public use (for example, recrea | | a historically important land are | а |
| | Protection of natural habitat | | a certified historic structure | |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a quali | fied conservation contribution in the form o | f a conservation easement on t | he last |
| | day of the tax year. | | Held at the End of t | he Tax Year |
| а | Total number of conservation easements | | 2a | |
| b | | | | |
| с | Number of conservation easements on a certified historic str | ucture included in (a) | 2c | |
| d | Number of conservation easements included in (c) acquired a | after 7/25/06, and not on a historic structure | e | |
| | listed in the National Register | | 2d | |
| 3 | Number of conservation easements modified, transferred, re | | | |
| | year ▶ | | | |
| 4 | Number of states where property subject to conservation ea | sement is located | | |
| 5 | Does the organization have a written policy regarding the pe | riodic monitoring, inspection, handling of | | |
| | violations, and enforcement of the conservation easements i | t holds? | Yes | No No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | | | rear |
| | ► | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | dling of violations, and enforcing conservation | on easements during the year | |
| | ►\$ | | | |
| 8 | Does each conservation easement reported on line 2(d) above | | | |
| | and section 170(h)(4)(B)(ii)? | | | └── No |
| 9 | In Part XIII, describe how the organization reports conservati | - | | |
| | balance sheet, and include, if applicable, the text of the footr | note to the organization's financial statemer | nts that describes the | |
| Par | organization's accounting for conservation easements. t III Organizations Maintaining Collections or | f Art Historical Treasures or Oth | or Similar Assots | |
| 1 4 | Complete if the organization answered "Yes" on Form | | ici olimidi Assets. | |
| 10 | | | d balance abaat works | |
| Ia | If the organization elected, as permitted under FASB ASC 95 of art historical tracauras, as other similar assots hold for pull | | | |
| | of art, historical treasures, or other similar assets held for pul service, provide in Part XIII the text of the footnote to its final | | • | |
| Ь | | | | |
| b | If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public | | | |
| | | e exhibition, education, or research in furthe | erance of public service, | |
| | provide the following amounts relating to these items: | | ► ¢ | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | |
| 2 | (ii) Assets included in Form 990, Part X | | | |
| 2 | the following amounts required to be reported under FASB A | | שמווז, אוטיועב | |
| а | Revenue included on Form 990, Part VIII, line 1 | | \$ | |
| | Assets included in Form 990. Part X | | ►\$ | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

Schedule D (Form 990) 2020

| Sche | | ES, INC. | | | | | | <u>46845</u> | | _{ige} 2 |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------|-----------------------|-------------------------|---------------------|-----------|-----------------|---------|------------------|
| Par | t III Organizations Maintaining Co | ollections of Ar | t, Historical Tre | easures, or | Other S | imilar A | ssets | (continu | ied) | |
| 3 | Using the organization's acquisition, accession | on, and other record | s, check any of the | following that r | nake signi [.] | ficant use | of its | · | , | |
| | collection items (check all that apply): | | | | | | | | | |
| а | Public exhibition | d | Loan or exe | change progran | n | | | | | |
| b | Scholarly research | е | • Other | | | | | | | |
| с | Preservation for future generations | | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explair | n how they further t | he organization | i's exempt | purpose | in Part 3 | XIII. | | |
| 5 | During the year, did the organization solicit or | r receive donations of | of art, historical trea | sures, or other | similar ass | sets | | | | |
| _ | to be sold to raise funds rather than to be ma | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arrang reported an amount on Form 990, Par | | ete if the organization | on answered "Y | ′es" on Fo | rm 990, P | art IV, I | ine 9, or | | |
| 10 | Is the organization an agent, trustee, custodia | | ian, for contribution | s or other asso | te not incl | udod | | | | |
| Id | | | • | | | | | Yes | | No |
| h | on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a | | | | | | ∟ | | | INU |
| b | | | iowing table. | | | | | Amount | | |
| ~ | Beginning balance | | | | | 1c | | Amount | | |
| | Additions during the year | | | | | 10 10 | | | | |
| | Distributions during the year | | | | | 1e | | | | |
| f | Ending balance | | | | | 10 1f | | | | |
| 2a | Did the organization include an amount on Fo | | | | | · · · · · | | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | • | | |] | | |
| Par | | | | | | | | | | |
| | | (a) Current year | (b) Prior year | (c) Two years | back (d) | Three year | rs back | (e) Four | /ears l | back |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| с | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the curre | ent year end balance | e (line 1g, column (a | a)) held as: | | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | |
| b | Permanent endowment | % | | | | | | | | |
| с | Term endowment | % | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should | • | | | | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organiza | ation that are held a | nd administere | d for the o | rganizatic | n | - | | |
| | by: | | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organization | | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | | wment funds. | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | | | |
| | Complete if the organization answered | | · · · · · | T. | | | | <u></u> | | |
| | Description of property | (a) Cost or o basis (investr | • • | t or other (other) | • • | imulated ciation | | (d) Book | value |) |
| 1a | Land | | | | | | | | | |
| b | Buildings | | | | | | | | | |
| | Leasehold improvements | | | | | | | | | |
| d | Equipment | | 4 | 18,004. | 1 | 2,765 | · • | 35 | ,23 | 39. |
| | Other | | | | | | | | | _ |
| Total | . Add lines 1a through 1e. (Column (d) must ed | oual Form 990, Part | X. column (B), line 1 | 10c.) | | | | 35 | ,23 | 39. |

Schedule D (Form 990) 2020

| Schedule D | (Form 990) 2020 | KIDZNOTES |
|------------|-----------------|------------------|
| Part VII | Investments - | Other Securities |

KIDZNOTES, INC.

| Complete if the organization answered "Yes" of | on Form 000 Part IV line 1 | 1b Soc Form 000 Part X line 12 | |
|----------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------|------------------------|
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or en | d-of-vear market value |
| (1) Financial derivatives | (-) | (-) | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) TRIANGLE COMMUNITY | | | |
| (B) FOUNDATION | 31,642. | END-OF-YEAR MARKET | ' VALUE |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| | 21 642 | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related. | 31,642. | | |
| | n Form 000 Dort IV line 1 | 1a Cas Form 000 Dart V line 12 | |
| Complete if the organization answered "Yes" c (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or en | d-of-vear market value |
| (1) | (2) 20011 12:00 | | |
| (1) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. | | | |
| Complete if the organization answered "Yes" of | n Form 000 Port IV line 1 | 1d Soc Form 000 Dart V line 15 | |
| | Description | Td. See Form 990, Fart A, line 15. | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990. Part X. col. (B) line | <u>15.)</u> | Þ | |
| Part X Other Liabilities. | | | - |
| Complete if the organization answered "Yes" c (a) Description of liability | on Form 990, Part IV, line 1 | 1e or 11f. See Form 990, Part X, line 2 | b. (b) Book value |
| 1. (a) Description of liability (1) Federal income taxes | | | |
| (1) rederar income taxes (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | <u>25.)</u> | 🕨 | |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2020

| Pa | t XI Reconciliation of Revenue per Audited Financial Statem | ents With F | Revenue per Re | turn. | |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------|--------------------|------------------------------------------------------------|
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | 2a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 640,664. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on investments | 2a | 2,902. | | |
| b | Donated services and use of facilities | 2b | 5,059. | | |
| с | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | 21,898. | | |
| е | Add lines 2a through 2d | | | 2e | 29,859. |
| 3 | Subtract line 2e from line 1 | | | 3 | 610,805. |
| 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.) | 4b | | | |
| С | Add lines 4a and 4b | | 4c | 0. | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) | 5 | 610,805. | | |
| Ра | rt XII Reconciliation of Expenses per Audited Financial Stater | nonte with | | | |
| | | | Expenses per r | eturn. | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 | 2a. | | | |
| 1 | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements | 2a. | | 1 | 634,283. |
| 1 2 | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | 2a. | | | |
| - | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | 2a. 2a | · · | | |
| - | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments | 2a. 2a 2b | | | |
| 2 a | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses | 2a. 2a 2b 2c | 5,059. | | |
| 2 a | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) | 2a. 2a 2b 2c | | 1 | 634,283. |
| 2 a b c | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d | 2a. 2a 2b 2c 2d | 5,059. | 1 2e | 634,283. |
| 2 a b c d | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 | 2a. 2a 2b 2c 2d | 5,059. | 1 | |
| 2 a b c d e | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: | 2a. 2a 2b 2c 2d | 5,059. | 1 2e | 634,283. |
| 2 a b c d e 3 | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | 2a. 2a 2b 2c 2d 2d 4a | 5,059. | 1 2e | 634,283. |
| 2 a b c d e 3 4 | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2a. 2a 2b 2c 2d 2d 4a | 5,059. | 1 2e | 634,283. |
| 2 a b c d e 3 4 a | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b | 2a. 2a 2b 2c 2d 4a 4b | 5,059. | 1 2e 3 4c | <u>634,283.</u> <u>26,957.</u> <u>607,326.</u> 0. |
| 2 a b c d e 3 4 a b c 5 | Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 2a. 2a 2b 2c 2d 4a 4b | 5,059. | 1 2e 3 | 634,283. |

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENTS EXPENSES

KIDZNOTES, INC.

Schedule D (Form 990) 2020

21,898.

21,898.

| SCHEDULE G | Suppleme | ntal Information Regarding | Fund | draisi | ing or Gaming A | ctiv | ities | OMB No. 1545-0047 |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------|--------------------|-------------------------|---------|-----------------------------|-------------------------------------|
| (Form 990 or 990-EZ) | Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. | | | | | | or if the | 2020 |
| Department of the Treasury | | Attach to Form 990 | | | | | | Open to Public |
| Internal Revenue Service | | | | | | | | Inspection dentification number |
| Name of the organization | | ES, INC. | | | | | 27 - 044 | |
| Part I Fundraisi | | Complete if the organization answe | orod "V | (oo" or | Earm 000 Dart IV/ | ino 17 | | |
| | complete this part | | erea r | es or | 1 FORTI 990, Part IV, I | ine i i | . FOIII 990- | EZ IIIErs are not |
| | | ed funds through any of the followir | ng activ | /ities. | Check all that apply. | | | |
| a X Mail solicitation | - | · · | - | | overnment grants | | | |
| b X Internet and e | email solicitations | f X Solicita | tion of | gover | nment grants | | | |
| c X Phone solicita | ations | g 🔀 Specia | l fundra | aising | events | | | |
| d X In-person soli | | | | | | | | |
| · · | | or oral agreement with any individual | • | Ũ | | tees, | | 77 |
| • • • | | art VII) or entity in connection with p | | | - | | | es 🔀 No |
| | | viduals or entities (fundraisers) pursu | iant to | agree | ments under which th | ne fur | idraiser is to | be |
| compensated at lea | ist \$5,000 by the | organization. | | | | | | |
| (i) Name and address | of individual | | (iii) | Did raiser | (iv) Gross receipts | | Amount paid | |
| or entity (fundr | | (ii) Activity | have c | ustody ntrol of | from activity | 1 | r retained by fundraiser | to (or retained by) organization |
| | | | contrib | utions? | | list | ed in col. (i) | organization |
| | | | Yes | No | _ | | | |
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| Total | | | | | | | | |
| 3 List all states in which or licensing. | h the organizatio | n is registered or licensed to solicit | contrib | outions | or has been notified | it is e | exempt from | registration |
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| Schedule G (Form 990 or 990-EZ) 2020 | KIDZNOTES | , INC |
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|--------------------------------------|-----------|-------|

| 2 | 7- | 04 | 46 | 84 | 5 Page 2 | |
|---|----|----|----|----|----------|--|
|---|----|----|----|----|----------|--|

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990 FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

| | | of fundraising event contributions and gr | oss income on Form 990- | EZ, lines 1 and 6b. List e | | ts greater than \$5,000. |
|-----------------|-------|--------------------------------------------------------------------|-------------------------|--------------------------------------------------|-----------------------|--------------------------------------------------|
| | | | (a) Event #1 | (b) Event #2 | (c) Other events NONE | (d) Total events (add col. (a) through |
| | | | CONCERTS | | | col. (c)) |
| Ð | | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | 63,127. | | | 63,127. |
| | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | 63,127. | | | 63,127. |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| Direct Expenses | 6 | Rent/facility costs | | | | |
| Direct E | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 21,898. | | | 21,898. |
| | 10 | 1 | | | ► | 21,898. |
| _ | 11 | Net income summary. Subtract line 10 from I | | | > | 41,229. |
| Pa | irt I | | answered "Yes" on Form | 990, Part IV, line 19, or r | reported more than | |
| | | \$15,000 on Form 990-EZ, line 6a. | 1 | | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Be | | 0 | | | | |
| | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Expenses | 3 | Noncash prizes | | | | |
| Direct E | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | | | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | No No | <u> </u> | <u>No</u> | |
| | 7 | | | | | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1, column (d) | | • | |
| | 0 | Net gaming income summary. Subtract line / | | | | |
| ۵ | En | ter the state(s) in which the organization condu | icte gaming activities: | | | |
| | | the organization licensed to conduct gaming a | | | | Yes No |
| | | | | | | |
| L. | | No," explain: | | | | |
| | | ere any of the organization's gaming licenses re Yes," explain: | | | /ear? | Yes No |
| | | | | | | |

| Sch | nedule G (Form 990 or 990-EZ) 2020 KIDZNOTES, INC. | 27-04 | 46 | 845 | Page 3 |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|---------|----------|
| | Does the organization conduct gaming activities with nonmembers? | | | Yes | No |
| | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | | Yes | No |
| 12 | to administer charitable gaming? | I | | 162 | |
| | | 1 | 13a | | % |
| | a The organization's facility | | 13b | | % |
| | b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and record | | 130 | | 70 |
| 14 | Name | <u> </u> | | | |
| | Address 🕨 | | | | |
| 15a | a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | | Yes | No No |
| | b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address of the third party: | unt | | | |
| | Name | | | | |
| | Address 🕨 | | | | |
| 16 | Gaming manager information: | | | | |
| | Name | | | | |
| | Gaming manager compensation 🕨 \$ | | | | |
| | Description of services provided | | | | |
| | | | | | |
| | Director/officer Employee Independent contractor | | | | |
| | Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year | n the | | Yes | No No |
| Pa | art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | and Part | III, lin | es 9, 9 | 9b, 10b, |
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| Part IV | Supplemental Information (continued) |
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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



KIDZNOTES, INC.

Employer identification number 27-0446845

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

OPPORTUNITIES, AND CHARACTER-BUILDING EXPERIENCES TO CHILDREN WITH THE

FEWEST RESOURCES AND THE GREATEST NEED.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WITH THE MUSICAL ENSEMBLE AS OUR GUIDE AND AN EXPLICIT MODEL FOR AN IDEAL SOCIETY, KIDZNOTES INSTRUCTION TAKES PLACE AFTER SCHOOL, TWO TO FOUR DAYS WEEKLY AND PRIMARILY IN A GROUP SETTING. ADDITIONALLY, THE KIDZNOTES EXPERIENCE INCLUDES COMMUNITY AND PUBLIC PERFORMANCES; STUDENT LEADERSHIP DEVELOPMENT; EXCEPTIONAL INSTRUCTION AND SUPPORT FROM WORLD-CLASS TEACHING ARTISTS AND GUEST-ARTIST COACHES, CLINICIANS AND MENTORS; MEANINGFUL FAMILY AND PARENTAL ENGAGEMENT; AND SUPERVISED ENRICHMENT DURING CRITICAL AFTER-SCHOOL HOURS.

STUDENTS ALSO PARTICIPATED IN "FAMILY FUN FRIDAY", A VIRTUAL ENRICHMENT

EVENT THAT TOOK PLACE VIA ZOOM ONCE A MONTH WHICH FEATURED MUSICAL

GUEST ARTISTS, INFORMATION SESSIONS FROM COMMUNITY PARTNERS, AND

MULTIDISCIPLINARY CREATIVE ACTIVITIES. DURING PANDEMIC, STUDENTS WERE

ALSO OFFERED ONE-ON-ONE LESSONS TO ALLOW FOR EXTRA TIME ON NOTE

RECOGNITION AND TECHNIQUE REVIEW.

IN RESPONSE TO THE NEED FOR CREATIVE, CULTURALLY RELEVANT, SOCIAL EMOTIONAL ONLINE LEARNING RESOURCES, KIDZNOTES INTRODUCED A NEW SYNCHRONOUS, VIRTUAL "K-1 PROGRAM" DURING THE SCHOOL DAY FOR PRE-K, KINDERGARTEN AND 1ST GRADE CLASSES IN FOUR PARTNER SCHOOLS, WHERE WHOLE Name of the organization

KIDZNOTES, INC.

Employer identification number 27-0446845

Page 2

VIRTUAL CLASSROOMS PARTICIPATED IN MUSIC EDUCATION EXPERIENCES THAT

WERE "SONG-CENTRIC" AND MOVEMENT-BASED.

KIDZNOTES'S PROGRAM IS ORGANIZED AROUND THE CORE VALUES OF DIVERSITY,

RIGOR, COLLABORATION, EMPOWERMENT, AND JOY PROVIDING MAXIMUM IMPACT ON

STUDENT OUTCOMES, WHILE ALSO OFFERING ACCESS TO HIGH-QUALITY MUSIC

INSTRUCTION THAT IS FREE AND ACCESSIBLE TO EVERY STUDENT.

THE KIDZNOTES PROGRAM IS UNIQUE, MULTI-FACETED AND RIGOROUS. IT

INCLUDES:

PROVISION OF A FREE MUSICAL INSTRUMENT FOR EVERY CHILD

HUNDREDS OF HOURS PER YEAR OF FREE MUSICAL INSTRUCTION FOR STUDENTS IN

KINDERGARTEN THROUGH 12TH GRADE

PARTICIPATION IN LARGE AND SMALL ENSEMBLES OF ORCHESTRAS, BANDS AND

CHAMBER GROUPS

FOCUSED, ONE-ON-ONE SUPPLEMENTAL AND ENRICHMENT INSTRUCTION

SPECIAL WORKSHOPS, CLINICS, AND MASTERCLASSES FOR MUSIC AND SOCIAL

JUSTICE EXPERIENCES

KIDZNOTES' TEACHING ARTISTS ARE HIGHLY ACCOMPLISHED PROFESSIONAL

MUSICIANS AND INCLUDE EXPERIENCED MUSIC TEACHERS WORKING IN TRIANGLE

SCHOOL DISTRICTS AS WELL AS INDEPENDENT MUSIC EDUCATORS. THEIR

COMMITMENT TO THE PRINCIPLES OF SOCIAL AND EMOTIONAL LEARNING (SEL)

TAKES SHAPE IN THE SMALL AND SUPPORTIVE ENSEMBLE LEARNING ENVIRONMENT

(AVERAGE 8-10 STUDENTS) CONTRIBUTING TO POSITIVE SOCIAL AND EMOTIONAL

SKILLS, MENTAL HEALTH, AND IMPROVED ACADEMIC ACHIEVEMENT.

| Schedule O (Form 990 or 990-EZ) 2020 | Page 2 |
|--------------------------------------|--------------------------------|
| Name of the organization | Employer identification number |
| KIDZNOTES, INC. | 27-0446845 |
| | |

FORM 990 WAS PROVIDED TO THE FINANCE COMMITTEE PRIOR TO FILING WITH THE

IRS. FORM 990 IS AVAILABLE TO THE REMAINING BOARD MEMBERS UPON REQUEST.

THE FINANCE COMMITTEE REVIEWS THE 990 BEFORE FILING WITH THE IRS.

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

THE STAFF AND BOARD ARE REQUIRED TO REPORT ANY CONFLICT OF INTEREST,

POTENTIAL CONFLICT OF INTEREST OR THE APPEARANCE OF CONFLICT OF INTEREST

IMMEDIATELY TO THEIR SUPERVISOR. THE STAFF REPORTS TO THE EXECUTIVE

DIRECTOR AND ANY BOARD MEMBER REPORTS TO THE BOARD. IF A BOARD MEMBER HAS A

CONFLICT OR POTENTIAL CONFLICT, THEY ABSTAIN FROM VOTING ON THAT ISSUE.

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

THE INDEPENDENT BOARD REVIEWS AND APPROVES THE COMPENSATION OF THE

EXECUTIVE DIRECTOR.

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

FORM 990 IS AVAILABLE ON GUIDESTAR AND UPON REQUEST.