			** PUBLIC DISCLOSURE COPY		_		
	Ω	00	Return of Organization Exempt From			ŀ	OMB No. 1545-0047
For	m J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code			ns)	2021
Depa	artment	of the Treasury	Do not enter social security numbers on this form as it m	-	-	- E	Open to Public
Inter	nal Reve	enue Service	Go to www.irs.gov/Form990 for instructions and the la			_	Inspection
			ar year, or tax year beginning JUL 1, 2021 and ending	g J	UN 30, 2022		
	Check if applicab	le: C Name of	forganization		D Employer identif	icatio	n number
	Addre		NOTES, INC.				
	Name		usiness as		27-04468	45	
	Initial	- <u></u>	and street (or P.O. box if mail is not delivered to street address) Room/	/suite	E Telephone numbe		
	Final returr	/	HALLEY STREET		919-321-	447	5
	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		588,098.
	Amer	DUKH	AM, NC 27707		H(a) Is this a group r		
	Appli tion pend	F Name a	nd address of principal officer: SHANA TUCKER		for subordinates		
		1309	HALLEY STREET, DURHAM, NC 27707	1	H(b) Are all subordinates i		
		empt status:		527	If "No," attach a		
			KIDZNOTES.ORG X Corporation Trust Association Other ► L	Veer	H(c) Group exemption of formation: 2009		
	art I	Summary		rear c		VI Stat	e of legal dofflicite. INC
	1	-	e the organization's mission or most significant activities: KIDZNOTE	ES (CATALYZES S	OCT	ΔΤ.
e	'		BY PROVIDING COMPREHENSIVE MUSIC EDUC.				
Governance	2		x if the organization discontinued its operations or disposed of i		-		
ver	3		ting members of the governing body (Part VI, line 1a)			1	16
	4		lependent voting members of the governing body (Part VI, line 1b)			_	16
Activities &	5		of individuals employed in calendar year 2021 (Part V, line 2a)				22
itie	6		of volunteers (estimate if necessary)				15
ctiv	7 a		d business revenue from Part VIII, column (C), line 12			1	0.
_<			business taxable income from Form 990-T, Part I, line 11				0.
					Prior Year		Current Year
¢	8	Contributions	and grants (Part VIII, line 1h)		568,248.		585,897.
nue	9	•	ce revenue (Part VIII, line 2g)		0.		0.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		1,159.		550.
ш	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		41,398.		900.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	_	610,805.	-	587,347.
	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.		
es	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) ► 73,916.		234,599.		450,865.
Expenses	16a	Professional fu	undraising fees (Part IX, column (A), line 11e)		35,842.		10,400.
a Xi		l otal fundraisi	ing expenses (Part IX, column (D), line 25) \blacktriangleright 73, 910.		336,885.		219,605.
	1		es (Part IX, column (A), lines 11a-11d, 11f-24e)s. Add lines 13-17 (must equal Part IX, column (A), line 25)		607,326.		680,870.
	18 19		expenses. Subtract line 18 from line 12		3,479.		-93,523.
- Lo		Nevenue less		Ber	jinning of Current Year		End of Year
t Assets or	20	Total assets (F	Part X, line 16)	000	613,615.	1	405,549.
Ass	21		(Part X, line 26)		119,820.		9,369.
Net	22		fund balances. Subtract line 21 from line 20		493,795.		396,180.
	art II				-		•
Und	er pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and st	tatemei	nts, and to the best of m	y know	ledge and belief, it is
true	<u>, corr</u> e	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which pre	eparer h	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								
Paid	DAVID BOYCE			self-employed P01368646							
Preparer	Firm's name 🕒 DEAN DORTON ALLE	N FORD, PLLC		Firm's EIN 🕨 27 – 3858252							
Use Only	Firm's address P. O. BOX 17806										
	RALEIGH, NC 27619-7806 Phone no.919-782-9265										
May the I	RS discuss this return with the preparer shown abo	ove? See instructions		X Yes No							
132001 12-0	9-21 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.		Form 990 (2021)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1 990 (2021) KIDZNOTES, INC.	27-0446845	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: <u>KIDZNOTES CHANGES CHILDREN'S LIVES THROUGH COMPREHENSIVE</u> EDUCATION, LEADERSHIP OPPORTUNITIES AND CHARACTER-BUILDI		
	EXPERIENCES.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		TT
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	XNo
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 455,799. including grants of \$) (Reven)
	KIDZNOTES IS A MUSIC FOR SOCIAL CHANGE PROGRAM BASED ON ' INTERNATIONAL MODEL OF YOUTH ORCHESTRAS. OUR PROGRAM ENRY		
	OF TITLE I SCHOOLS IN KINDERGARTEN THROUGH 12TH GRADE IN		<u> </u>
	OUT-OF-SCHOOL MUSIC PROGRAM THAT INCLUDES INSTRUMENTAL P		
	INSTRUCTION, ORCHESTRA, BAND, CHAMBER ENSEMBLE COACHING		
	MUSIC CLASSES OF BEGINNING, INTERMEDIATE AND ADVANCED PR		
	LEVELS, FREE OF CHARGE. KIDZNOTES USES MUSIC EDUCATION T		
	STUDENTS WITH THE STRUCTURE, RESPONSIBILITY, AND OPPORTU		
	SUCCESS THAT HELP TO BUILD TRANSFERABLE SKILLS. OUR TOOL		UR
	GOAL IS TO BUILD THE NEXT GENERATION OF COMMUNITY LEADER		
	ATTENDING DURHAM PUBLIC SCHOOLS, WAKE COUNTY PUBLIC SCHO		RAL
	PUBLIC CHARTER SCHOOLS IN THE NORTH CAROLINA TRIANGLE AR		
4b	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
40		•	
4c	(Code:) (Expenses \$ including grants of \$) (Reven	ue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 455, 799.		
		Form	90 (2021)

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⊦orm	990	(2021)

Form 990 (2021) 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)?		165	
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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	<u> </u>		
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х	
h	Schedule D, Parts XI and XII	128	<u></u>	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 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. See instructions	17		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		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		Х

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Form 990 (2021)

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

22 Did the organization report more than 55.000 of grants or other assistance to or for domestic individuals on Part X, complex Schedule J, Part A M M 22 23 Did the organization answer "Yes" to Part VI, Section A, Iine 3, 4, or 5, about compensation of the organization's current and former officers, director, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 24 Did the organization answer Twe? to Part VI, Section A, Iine 3, 4, or 5, about compensation of the organization's current and former officers, director, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J, Vin, 10 or 0 line 29 24 X 25 Did the organization answer bars are screw account dher than a refunding screw at any time duing the year? 24 X 26 Did the organization answer bars the regord of the xear for bords outlanding at any time duing the year? 24 X 26 Did the organization as a in on bohalf of "issuer for bonds outlanding at any time duing the year? 24 X 26 Did the organization as a in on bohalf of "issuer for bonds outlanding at any time duing the year? 24 X 27 Main organization as a in on bohalf of "issuer for bonds outlanding at any time duing the year? 24 X 26 Did the organization as a in on bohalf of "issuer for bonds outlanding at any time duing the year? 26 X 27 </th <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>				Yes	No
23 Diff the organization arswern "Yop" to Park VIL Section A, line 3, 4, or 5 about compensated employees? If "Yes," complete Schedule J. 23 X 24 Diff the organization have a tax exempt bond lase with an oddstanding principal amount of more than \$100,000 as of the last day of the organization invest may proceeds of tax exempt bond lase with an oddstanding principal amount of more than \$100,000 as of the last day of the organization invest may proceeds of tax exempt bonds beyond a temporary period exception? 24a X 24a Did the organization maintain an eacrow account other than a refunding eacrow at any time during the year? 24d X 25 Sector 50(45), S0(40), And S0(42) or gonzitons. Did the organization are than a S0(52) or gonzitons. 24d X 25 Sectors 50(45), S0(40), And S0(42) or gonzitons. 24d X X 25 Sectors 50(45), S0(40), And S0(42) or gonzitons. 24d X X 26 Sectors 50(45), S0(40), And S0(42), S0(40), And S0(42) or gonzitons. 25d X X 26 Did the organization protein any emount on Part X, line 5 or 22, for reservables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or simple theore, and state organization protein any emount on Part X, line 5 or 22, for reservables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantind andior organization control	22				
and former officers, directors, trustees, key employees, and highest compensated employees? If "res," complete 23 24a Did the organization have a tax-exempt bond issue with an oxtatancing principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "res," answer lines 240 through 24d and complete 24a 24a 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a 25b Did the organization area area encore account of the thrun a refunding second at any time during the year? 24d 25c Section 501(c)(3), 501(c)(4), and 501(c)(23) organizations. Dut the organization secons benefit transaction with a disqualified period in a prior year, and that the transaction have that lengaged in an excess benefit transaction with a disqualified period in a prior year, and that the transaction have that the organization area are mopored on any of the organization organise to any current or former officer, director, trustee, key employee, creator or tounder, substantial contributor, or 35% controlled entry of naiving members of any of these periods? 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or tounder, substantial contributor, or 35% controlled entry of naiving member of any of these periods? 26 X 28 Did the organization area or any of the assistance to any current or former officer, director, trustee, key employee, creator or tounder, substantial contributor, and 25% controlled entry of an every of ana			22		<u> </u>
Schedule J 23 X 4a Ddt de organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If No," go to line 25a 24a X b Dd the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X c Dd the organization amintain an escrew account other than a refuring the year? 24d 24d 25 Section 501(6)(5), 501(c)(4), and 501(c)(2) organizations. Dio the organization angage in an excess tenefft transaction with a disqualified perion during the year? 24d 25a 25 Section 501(c)(5), 501(c)(4), and 501(c)(2) organizations. Dio the organization angage in an excess tenefft transaction with a disqualified perion during the year? 25b X 26 Dd the organization aware that the rangealer in a excess tenefft transaction with a disqualified perion of park of these perions? 7ex," complete Schedule L, Part I 25a 27 Dd the organization apert bit regoget in an excess tenefft transaction or the any simulation apert bit these periods? 7ex," complete Schedule L, Part I 26a X 28 Dd the organization apert bit regoget in an excess tenefft transaction with a discuble and prove tenesor of rangi reganisation apert bit prove tenesor of rangi reganisation apert bit prove tenesor of rangi reganisation apert bit prove tenesor of rangi reganisation registres apert bit prove tenesor of rangi reganisate	23				
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Is day of the year, that was issued after December 31, 2002? // "Yes," answer lines 24b through 24d and complete 24a X Is bid the organization invest any proceeds of tax-exampt bonds beyond a temporary period exception? 24b 24b Is bid the organization invest any proceeds of tax-exampt bonds beyond a temporary period exception? 24d 24d Is bid the organization and as an "on behaf of" issuer for bonds outstanding at any time during the year? 24d 24d Is bit organization act as an "on behaf of" issuer for bonds outstanding at any time during the year? 24d 25a Is bit organization act as an "on behaf of" issuer for bonds outstanding at any time during the year? 24d 25a Is bit organization access that the range of an an excess benefit transaction with a disqualified person during the year? 25a X Is bit organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or may 35% 27b 28b X 27 Did the organization provide a grant or their assistance to any ourrent or former officer, director, trustee, key employee, creator or founder, substantial contributor, or a 35% conclude L, Part I. 28b X 28 Was the organization access the any individual described in line 28a? ("Yes," complete Schedule L, Part I. 28b X 29 With erganization access the erganization. Schedule and the set sevel associal access and the set sevel as a set or a 35% c	04-		23		
Schedule K. H*No.* go to line 25a 24a X b Did the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24c 24c c Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24c 24c 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction with a controlled entry of namity member of any of the seq persons? If *tex; *complete Schedule L, Part I 25a Section 501(c)(3), 601(c)(4), and 501 (c)(20) organizations? If *tex; *complete Schedule L, Part I 25b X 25 Did the organization reports any amount on Part X, line 5 or 22. for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity influing an employee thereof or fairing member of any of these persons? If *tex; *complete Schedule L, Part I 25a X 26 W at nonding member of any of these persons P +tex; *complete Schedule L, Part I 25a X 27 W b A tanity member of any of these persons P +tex; *complete Schedule L, Part I 25a X 28 Wat the organization previse thereof or fairing member of any of these persons? If *tex; *complete Schedule L, Part I 25a X 28 V the orga	24a				
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c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 24d d Did the organization acts as an 'on behalf of' issue for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 601(c)(4) and 501(c)(20) organizations. Did the organization regate in an excess benefit transaction with a disqualified person during the year? 11 * 24 25a bits the organization area tas an 'on behalf of' issue for bonds outstanding at any time during the year? 24d 25a bits the organization arware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 900 or 900-E27 If 'Yes,' complete Schedule L, Part I 25b X 27b Did the organization provide agrint or ther assistance to any current or former foller, directry, trustes, expenpioves, creator or founder, substantial contributor, or 39% 25b 27b Did the organization provide agrint or that assistance to any current or former foller, directry, trustes, we propiove, creator or founder, substantial contributor? 27 28a X 26b X 27b Did the organization provide agrint or that assistance to any contexpersons? 7/*Yes, 'complete Schedule L, Part II 28a X 27 X	h				<u></u>
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Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V 1a Image: Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Image: Check if Schedule O contains a response or note to any line in this Part V Image: Check if Schedule O contains a response or note to any line in this Part V b Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Image:	38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
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c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming					
	С		10		

	990 (2021) 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 22									
h	filed for the calendar year ending with or within the year covered by this return [2a] 22 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
a	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instructions.									
3a										
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3a 3b		X						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
	If "Yes," indicate the number of Forms 8282 filed during the year	_								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u> </u>						
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		<u> </u>						
h 8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	70								
U	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
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:									
а	Gross income from members or shareholders	1								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-								
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 13c									
с 14а		14a		x						
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		<u> </u>						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?									
	If "Yes," see the instructions and file Form 4720, Schedule N.	15		X						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	hrough See ii	7b below, and for a structions.	"No" r	espon	se
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	16			
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			
	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 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		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 ap	point o	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					v
•	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-	0.0	Х	
a b	The governing body? Each committee with authority to act on behalf of the governing body?			8a 8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			00	- 23	
9	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-		Code)	•		
		venue	<u>0006.</u> /		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	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	/ befor	e filing the form?	11a	Х	
b	Describe on 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			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	′es," de	escribe			
	on 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	X	
15	Did the process for determining compensation of the following persons include a review and approva	I by inc	lependent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45 -	Х	
a h	The organization's CEO, Executive Director, or top management official			15a 15b	Δ	X
U	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			15b		17
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	th a			
100	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			Tou		
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	•	•			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
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	nd 990	T (section 501(c)(3)s	only)	availat	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 Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	f interest policy, and	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 boo	ks and	l records			
	<u>KIDZNOTES, INC 919-321-4475</u>					
	1309 HALLEY STREET, DURHAM, NC 27707					

KIDZNOTES,

Form 990 (2021)

INC.

27-0446845

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Form 990 (2		27-0446845	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year endi	ng 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 the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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)		(C)					(D)	(E)	(F)		
Name and title	Average	(do	Position lo not check more than one				ne	Reportable	Reportable	Estimated		
	hours per	box	box, unless		officer and a director/trustee)			s both	n an	compensation	compensation	amount of
	week		cer an I	id a d	irecto	r/trus	tee)	from	from related	other		
	(list any	rector						the	organizations	compensation		
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the		
	related organizations	ustee	trust		66	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related		
	below	lual tr	tional		nploy	st con	-	1039-1120)		organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) SHANA TUCKER	40.00	_	_				uL.					
EXECUTIVE DIRECTOR		1		x				72,423.	Ο.	0.		
(2) KC RAMSAY	4.00											
BOARD CHAIR		X		X				0.	Ο.	0.		
(3) BOB GOODALE	1.00											
TREASURER		Х		Х				0.	0.	0.		
(4) SABRINA JONES	1.00											
SECRETARY		Х		Х				0.	0.	0.		
(5) BLAKE SHIVER	3.00											
VICE CHAIR		Х		Х				0.	0.	0.		
(6) ANNETTE CORONA	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(7) HAYES FINLEY	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(8) TARSHA FLETCHER	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(9) RAMELL GEE	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(10) KATHLEEN MORRISON	2.00											
BOARD MEMBER		Х						0.	0.	0.		
(11) ERICA STARKE-KNIGHT	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(12) SHAMIA TRUITT-MARTIN	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(13) ALICE TURNER	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(14) MARIANNE WEANT	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(15) JENNIFER WELD	1.00											
BOARD MEMBER		Х						0.	0.	0.		
(16) MEREDITH DIXON	1.00									_		
TREASURER		Х		х				0.	0.	0.		
(17) SHANNON RUTT	1.00							_		_		
BOARD MEMBER		Х						0.	0.	0.		

Form	n 990 (2021)	KIDZNOTE:	S, INC.								27-044	<u>1684</u>	<u>5</u> F	⊃ _{age} 8
Pa	rt VII Sectio	n A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
		(A) lame and title	(B) Average hours per week	(do box	not cl , unles	(C Pos heck r ss per	C) itior more rson i		one i an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amoun 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	organizations (W-2/1099-MISC 1099-NEC)	;/ 0 2	from ti rganiza and rela ganiza	ation he ation ated
												_		
				-										
				-										
	Subtatal									72,423.) .		0.
с	Total from c	ontinuation sheets to Part VI nes 1b and 1c)	I, Section A							0.	().).		0.
2	Total numbe	r of individuals (including but n n from the organization							o re		000 of reportable			0
3	Did the orga	nization list any former officer,	director. trust	ee. k	kev e	empl	ove	e. or	hia	hest compensated emp	ovee on		Yes	No
4	line 1a? If "Y	es," complete Schedule J for s idual listed on line 1a, is the su	uch individual									. 3		X
	and related o	organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual		4	1	X
5	rendered to t	on listed on line 1a receive or a							elate	ed organization or individ	iual for services	5		X
<u>Sec</u>		endent Contractors s table for your five highest co	mpensated ind	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of compe	nsation	from	
	the organizat	tion. Report compensation for (A)	the calendar ye	ear e	endin	ig w	ith c	or wi	thin	the organization's tax yeta (B)	ear.		(C)	
		Name and business	address	NC	ONE	2				Description of s	ervices	Comp	pensati	on
2		r of independent contractors (i compensation from the organi		ot lin	nitec	to	thos (ted	above) who received mo	ore than			

			DTES, IN	iC.			27-0446	845 Page 9
Pa	rt VI							
		Check if Schedule O contai	ns a response	or note to any lin	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s o	1 :	a Federated campaigns	1a					sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	l i i	b Membership dues						
, G		c Fundraising events						
àifts ar A	c	d Related organizations						
s, G	e	e Government grants (contributio	ns) 1e	85,859.				
tion r Si	f	f All other contributions, gifts, grants	, and					
ibu [.] Dthe		similar amounts not included above		500,038.				
ontr od O	ç	g Noncash contributions included in lines 1a		2,323.				
a C	ł	h Total. Add lines 1a-1f		▶	585,897.			
	_			Business Code				
ice	2 8							
erv ue	k	b						
m S ven	Ċ	C						
gra Re		d						
Program Service Revenue	f	e f All other program service reven						
		g Total. Add lines 2a-2f						
	3	Investment income (including di						
		other similar amounts)			1,301.			1,301.
	4	Income from investment of tax-						
	5	Royalties		►				
			(i) Real	(ii) Personal				
	6 a	a Gross rents 6a						
	k	b Less: rental expenses 6b						
		c Rental income or (loss)						
		d Net rental income or (loss)	(1) O 11					
	7 a	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory 7a						
e	L L	b Less: cost or other basis and sales expenses	751.					
venue		c Gain or (loss)	-751.					
		d Net gain or (loss)			-751.			-751.
Other Re		a Gross income from fundraising even						
oth		including \$						
		contributions reported on line 1	c). See					
		Part IV, line 18	8a	1				
	k	b Less: direct expenses						
		c Net income or (loss) from fundra		►				
	9 a	a Gross income from gaming acti						
		Part IV, line 19						
		b Less: direct expenses						
		 c Net income or (loss) from gamin a Gross sales of inventory, less re 	-					
	10 2	and allowances		a				
	ł	b Less: cost of goods sold						
		c Net income or (loss) from sales		>				
			, <u>,</u>	Business Code				
Miscellaneous Revenue	11 a	a OTHER REVENUE		900099	900.	900.		
ane	k	b						
cell:	6	c						
Mis(0	d All other revenue						
_	e	e Total. Add lines 11a-11d			900.			
	12	Total revenue. See instructions		🕨	587,347.	900.	0.	550.

1	Grants and other assistance to domestic organizations				
_	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,				
	trustees, and key employees	82,923.	33,169.	41,462.	8,292.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	331,463.	305,641.	2,724.	23,098.
8	Pension plan accruals and contributions (include	-	-		-
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	4,327.	4,320.		7.
10	Payroll taxes	32,152.	25,581.	5,242.	1,329.
11	Fees for services (nonemployees):			• / = = = •	_,
'' a					
	Management	1,808.		1,808.	
		24,340.		24,340.	
	Accounting	21,510.		21,510.	
	Lobbying	10,400.			10,400.
	Professional fundraising services. See Part IV, line 17	10,400.			10,400.
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,		14 000	40.010	0 666
	column (A), amount, list line 11g expenses on Sch 0.)	64,688.	<u>14,806</u> . 7,171.	40,216.	<u>9,666.</u> 12,729.
12	Advertising and promotion	33,960.	/,⊥/⊥•	14,060.	12,/29.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	10,656.	7,298.	2,220.	1,138.
17	Travel	1,023.	1,023.		
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	4,680.	4,680.		
23	Insurance	7,371.	1,222.	6,149.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	FUNDRAISING EXPENSE	27,179.	18,698.	7,951.	530.
b	SUPPLIES	19,513.	17,048.	2,315.	150.
c c	INSTRUMENT PURCHASE AND	9,163.	9,163.		
d	CONTRACT LABOR	7,525.	2,525.		5,000.
		7,699.	3,454.	2,668.	1,577.
		680,870.	455,799.	151,155.	73,916.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	000,070.	=,/	,,,	13,910.
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)				
132010	0 12-09-21				Form 990 (2021)

(B) Program service expenses (C) Management and general expenses **(D)** Fundraising expenses

1

Do not include amounts reported on lines 6b,

Grants and other assistance to domestic organizations

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

KIDZNOTES, INC.

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

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

(A) Total expenses

Part IX Statement of Functional Expenses

KIDZNOTES, INC.	
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		Check if Schedule O contains a response or no	te to an	y line in this Part X				
					(A) Beginning of			(B) End of year
	1	Cash - non-interest-bearing			255,	396.	1	64,175.
	2	Savings and temporary cash investments			239,	939.	2	240,483.
	3	Pledges and grants receivable, net			51,	216.	3	33,200.
	4	Accounts receivable, net				183.	4	6,038.
	5	Loans and other receivables from any current o						
		trustee, key employee, creator or founder, subs	tantial c	contributor, or 35%				
		controlled entity or family member of any of these persons					5	
	6	Loans and other receivables from other disqual	ified per	sons (as defined				
		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)			6	
S	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use					8	
Ä	9	Duran side some some som de de former de showing a					9	
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a	50,324. 17,446.				
	b	Less: accumulated depreciation	10b	17,446.	35,	239.	10c	32,878.
	11	Investments - publicly traded securities					11	
	12	Investments - other securities. See Part IV, line	11		31,	642.	12	28,775.
	13	Investments - program-related. See Part IV, line	11				13	
	14	Intangible assets				14		
	15	Other assets. See Part IV, line 11			15			
	16	Total assets. Add lines 1 through 15 (must equ	ual line 3	3)		615.	16	405,549.
	17	Accounts payable and accrued expenses		33,	961.	17	9,369.	
	18						18	
	19	Deferred revenue		·····			19	
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D			21	
Se	22	Loans and other payables to any current or forr	ner offic	er, director,				
Liabilities		trustee, key employee, creator or founder, subs						
iab		controlled entity or family member of any of the				22		
	23	Secured mortgages and notes payable to unrel				23		
	24	Unsecured notes and loans payable to unrelate	d third p	parties	85,	859.	24	
	25	Other liabilities (including federal income tax, pa						
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X				
		of Schedule D		·····	110	000	25	0.200
	26	Total liabilities. Add lines 17 through 25			119,	820.	26	9,369.
Ś		Organizations that follow FASB ASC 958, ch	eck her					
Ce		and complete lines 27, 28, 32, and 33.	440	205		274 420		
alar	27	Net assets without donor restrictions		305.	27	374,430.		
Ä	28	Net assets with donor restrictions			51,	490.	28	21,750.
un		Organizations that do not follow FASB ASC S	eck here 🕨 🛄					
Е		and complete lines 29 through 33.		-				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds					29	
sse	30	Paid-in or capital surplus, or land, building, or e					30	
άA	31	Retained earnings, endowment, accumulated in			402	705	31	206 100
Ř	32	Total net assets or fund balances		·····		795.	32	396,180.
	33	Total liabilities and net assets/fund balances			613,	615.	33	405,549.

Form **990** (2021)

Form 990 (2021)
Part X Balance Sheet

Form	990 (2021) KIDZNOTES, INC.	27-	0446845	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			<u>47.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	680),8	70.
3	Revenue less expenses. Subtract line 2 from line 1	3	-93	3,5	23.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			95.
5	Net unrealized gains (losses) on investments	5	- 4	4,0	92.
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	396	5,1	80.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
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	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t		1
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	:		1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				000	

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

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
2021
Open to Public Inspection

I.

Name of the organization

KIDZNOTES INC. 27-0446845 Part1 Reason for Public Charity Status. (All organizations must complete this part) See instructions. Image: Charity Status. (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of thurches described in section 1700b/1(A)(I). A hospital or a cooperative hospital service organization described in section 1700b/1(A)(I)(A)(II). A church, convention of churches, or association described in section 1700b/1(A)(II). A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 1700b/1(A)(I)(I)(I)(I)(I)(I)(I)(I)(I)(I)(I)(I)(I)	Name of	lame of the organization Employer identification number							
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b){1}(A)(i). A church, convention of churches, or association of churches described in section 170(b){1}(A)(i). A medical research organization operated in conjunction with a hospital described in section 170(b){1}(A)(ii). A medical research organization operated in conjunction with a hospital described in section 170(b){1}(A)(iii). A medical research organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b){1}(A)(iv). A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b){1}(A)(v). A faderal, state, or local government or governmental unit described in section 170(b){1}(A)(v). A organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b){1}(A)(v). (Complete Part II.) A community trust described in section 170(b){1}(A)(v). (Complete Part II.) A an organization described in section 170(b){1}(A)(v). Complete Part II.) A norganization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to bits exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gors investment income and unrelated business taxable income (less section 501(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12r, and 12g. Type I. A supporting organization operated, supervised or controlled by its supported organization(s), bytically by giving the supported organization supervised or controlled by its supported organization(s), bytically by giving the supported or									7-0446845
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). 7 M a digatization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). 7 M a organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). 8 A community trust described in section 170(b)(1)(A)(v). Community trust described in section 170(b)(1)(A)(v). 9 An agricultural research organization described in section 510(b)(1)(A)(k)) operated in conjunction with a land-grant college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related business taxable income (ess section 509(a)(2). 11 An organization organized and operated exclusively to test for public suportent and 31/3% of its support from gross investmen	Part I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in described in section 170(b)(1)(A)(k)(k) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university congenization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (ses section 509(a)(2). (Complete Part III.) An organization reganized and operated exclusively to test for public safety. See section 509(a)(4). An organization and operated exclusively to the public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of to perform the functions of, or to carry out the purposes of one or more publicly supported organization operated, supervised, or controlled by its supporte	The orga	nization is not a private found	lation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(v) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization organized and operated exclusively to test for public safety. See section 509(a)(2). An organization organized and operated exclusively to test for public safety. See section 509(a)(3). Check the box on lines 12 a through 12d that described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12 a through 12d that described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12 a through 12d that described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12 a through 12d that described or organization operated, supervised, or controlled by its support dorganization(6), bytially by giving the supporting organization operated, s	1	A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).		
 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part III.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). A roganization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A community trust described in section 170(b)(1)(A)(v). (Complete Part III.) A norganization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business travable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organized and operated exclusively to test for public safety. See section 509(a)(4). An organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization operated, supervised, or controlled by its supported organization(s), thypically by giving the supported organization operated, supervised, or controlled by its supported organization(s), the power to regulary appoint or elect a majority of the directors or trustees of the supporting organization. Nor must complete Part IV, Sections A and D, and functionally integrated. A supporting organization operated in connection with its supported organization(s) that	2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)				
 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support form a governmental unit or from the general public described in section 170(b)(1)(A)(v). A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) A community trust described in section 170(b)(1)(A)(v). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(4). See section 509(a)(2). Check the box on lines 12a through 12d that describes the type of supporting organization more lead in connection with its supported organizations and complete Part IV. Sections A and C. Type II. A supporting organization section apprint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A A and C. Type III nonctionally integrated. A support	3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
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 b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) support (see instructions) support (see instructions) 					indjointy o				
 control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization itsed in your governing document? (v) Amount of monetary support (see instructions) 	b	¬ -	-		tion with its	s supporte	d organizatio	h(s), by hav	vina
 organization(s). You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1:10 (v) Amount of monetary (vi) Amount of other support (see instructions) 			-				•		-
 c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1:10 (v) Amount of monetary (vi) Amount of other support (see instructions) 		-			•		·		
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1:10 invorging document? (v) Amount of monetary (vi) Amount of other support (see instructions)	c 🗌		-		in connect	ion with, a	and functional	ly integrate	ed with,
 that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 (v) Amount of monetary organization (see instructions) 		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ctions A,	D, and E.		
 requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 	d 🗌	Type III non-functionally	/ integrated. A supp	orting organization oper	ated in cor	nnection w	ith its suppor	ted organiz	zation(s)
 Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1.10 (v) Is the organization support (see instructions) 		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	bution rec	quirement and	an attentiv	veness
functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V .		
f Enter the number of supported organizations	е 🗌	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type	I, Type III	
g Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (described on lines 1-10 (iv) Is the organization listed in your governing document? (v) Amount of monetary support (see instructions) (vi) Amount of other		functionally integrated, or	r Type III non-functior	nally integrated supporti	ng organiz	ation.			
(i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization listed in your governing document? (v) Amount of monetary (vi) Amount of other support (see instructions)			•						
organization (i) Lift (ii) Lift (iii) Support of organization (ii) your governing document? (iv) And or of the order of th					(iv) Is the oroa	nization listed	(1) Americant of		
above (see instructions)) Yes No opport (see instructions)) outport (see instructions)			(II) EIN		in your governi	ng document?			
		organization		above (see instructions))	Yes	No			
Total	Total								

KIDZNOTES, INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1105101					
	include any "unusual grants.")	1126424.	1108110.	695,535.	631,375.	585,897.	4147341.
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	27,000.	18,375.	17,625.			63,000.
4	Total. Add lines 1 through 3	1153424.	1126485.	713,160.	631,375.	585,897.	4210341.
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)						
	Public support. Subtract line 5 from line 4.						4210341.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1153424.	1126485.	713,160.	631,375.	585,897.	4210341.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,159.	4,414.	3,182.	4,061.	1,301.	17,117.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	915.	315.	1,267.	169.	900.	3,566.
11	Total support. Add lines 7 through 10						4231024.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
	First 5 years. If the Form 990 is for th			ourth, or fifth tax y	vear as a section 5	01(c)(3)	
	organization, check this box and stor	bhere					
See	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	99.51 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	99.46 %
	1 33 1/3% support test - 2021. If the o					ore, check this boy	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	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			-	conization	5	
b	0 10% -facts-and-circumstances test	0	•		•		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organization						

Schedule A (Form 990) 2021

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KIDZNOTES, INC.

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

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

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2	2021	(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 furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
t	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							
c	Add lines 7a and 7b							
	Public support. (Subtract line 7c from line 6.)							
Se	ction B. Total Support		•	1				
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2	2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
c	Add lines 10a and 10b							
11								
	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.)							
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) o	rganizatio	on,
80	check this box and stop here	a Support Do	<u>aontago</u>				<u></u>	
	•			(f)		45		0/
	Public support percentage for 2021 (li					15 16		<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves					10		%
17				ne 13. column (f))		17		%
	Investment income percentage from 2					18		%
	1 33 1/3% support tests - 2021. If the					· · · · ·	and line 1	
	more than 33 1/3%, check this box ar							
ŀ	33 1/3% support tests - 2020. If the						3 1/3% a	 nd
~	line 18 is not more than 33 1/3%, che	-						
20	Private foundation. If the organizatio							

1

Yes

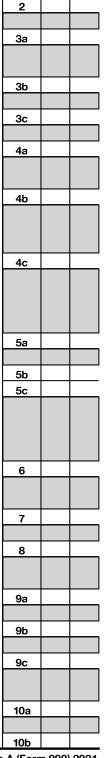
No

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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)



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Part IV	Supporting	Organizations (continued)

1

2

1

Yes No

11 Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a 11a b A family member of a person described on line 11a above? 11b 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide 11c getail in Part VI. Section B. Type I Supporting Organizations Yes No

•	bid the governing body, members of the governing body, onleers acting in their onlear capacity, or membership of one of
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported

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organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If* "*No*," *describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*

Section D	. All Type	III Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

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

c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions	c 🗌	The organization supported a government	tal entity. Describe in Part VI how you su	ponted a governmental entity (see instructions)
---	-----	---	--	---

- 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in 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 plaved by the organization in this regard.*

Yes No

Part V	Type III Non-Functionally Integrated 509(a)(3) Support	ting Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instruction			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations m	ust complete S	Sections A through E.	
Section A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net	short-term capital gain	1		
2 Reco	overies of prior-year distributions	2		
3 Othe	er gross income (see instructions)	3		
4 Add	lines 1 through 3.	4		
5 Depi	reciation and depletion	5		
6 Port	ion of operating expenses paid or incurred for production or			
colle	ection of gross income or for management, conservation, or			
mair	ntenance of property held for production of income (see instructions)	6		
7 Othe	er expenses (see instructions)	7		
8 Adiu	usted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggi	regate fair market value of all non-exempt-use assets (see			
instr	uctions for short tax year or assets held for part of year):			
a Aver	age monthly value of securities	1a		
b Aver	age monthly cash balances	1b		
c Fair	market value of other non-exempt-use assets	1c		
d Tota	al (add lines 1a, 1b, and 1c)	1d		
e Disc	count claimed for blockage or other factors			
(exp)	lain in detail in Part VI):			
	uisition indebtedness applicable to non-exempt-use assets	2		
3 Subt	tract line 2 from line 1d.	3		
4 Cast	h deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	instructions).	4		
5 Net	value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Mult	iply line 5 by 0.035.	6		
7 Reco	overies of prior-year distributions	7		
8 Mini	imum Asset Amount (add line 7 to line 6)	8		
Section C	- Distributable Amount			Current Year
1 Adju	isted net income for prior year (from Section A, line 8, column A)	1		
	er 0.85 of line 1.	2		
3 Mini	mum asset amount for prior year (from Section B, line 8, column A)	3		
	er greater of line 2 or line 3.	4		
	me tax imposed in prior year	5		
	ributable Amount. Subtract line 5 from line 4, unless subject to			
	rgency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	anization (see

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Schedule A (Form 990) 2021

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Secti	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3 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 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
с	From 2018			
d	From 2019			
e	• From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
C	Excess from 2019			
d	Excess from 2020			
e	Excess from 2021			

Schedule A (Form 990) 2021

KIDZNOTES, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	KIDZNOTES,	INC.	27-0446845 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I	nation. Provide the 2, 3b, 3c, 4b, 4c, 5a, 0 lines 2 and 3; Part IV, 5	explanations required by Part II, line 10; Part II, line 17a or 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V E, lines 2, 5, and 6. Also complete this part for any addition	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

KIDZNOTES,	INC.

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

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

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

General Rule

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

Special Rules

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

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

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

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

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

KIDZNO	DTES, INC.		27-0446845
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
1		\$35,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
2		\$25,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
3		\$25,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
4		\$23,2	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
5		\$17,2	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
6		\$15,3	Person X Payroll

Schedule B (Form 990) (2021) Name of organization

KIDZNO	DTES, INC.		27-0446845
Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
7		\$14,2	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
8		\$85,8	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
9_		\$25,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
		\$22,3	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Is Type of contribution
11		\$12,0	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
12	· · ·	\$25,0	Person X Payroll

Employer identification number

Schedule B (Form 990) (2021) Name of organization

KIDZNO	OTES, INC.	27	7-0446845
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

	3 (Form 990) (2021) rganization		Page Employer identification number
	-		
_	DTES, INC.		27-0446845
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) (c) FMV (or esting (c)		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	
		\$	

Name of orga	anization		Employer identification number
KIDZNO	TES, INC.		27-0446845
		through (e) and the following line en haritable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- -		(e) Transfer of gi	
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, an	(e) Transfer of gi	gift Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, an	(e) Transfer of gi	gift Relationship of transferor to transferee
-			
(a) No. from Part I 	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gi	
	Transferee's name, address, an		Relationship of transferor to transferee

SCHEDULE D)
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Department of the Treasury Internal Revenue Service

132051 10-28-21

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

Nam	e of the organization		Employer identification number
Do	KIDZNOTES, INC.	d Eundo or Othor Similar Eundo	27-0446845
Pa	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		of Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
		· · · ·	
Pa			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	ire
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization during the tax
	year ►		
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
•			
8	Does each conservation easement reported on line 2(d) abov		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn organization's accounting for conservation easements.	ote to the organization's hinaricial statem	ents that describes the
Pa	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		nd balance sheet works
	of art, historical treasures, or other similar assets held for put	· ·	
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	ma .		
2	If the organization received or held works of art, historical trea		······· F · ·
	the following amounts required to be reported under FASB A		
а	Revenue included on Form 990, Part VIII, line 1	-	\$
	Assets included in Form 990, Part X		
_	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

Sche	dule D (Form 990) 2021 KIDZNOTE	S, INC.				27	/-04	46845	Pa	_{age} 2
Par	t III Organizations Maintaining Co	llections of Art,	Historical T	reasures, o	r Other S	imilar A	ssets	(continu	ıed)	
3	Using the organization's acquisition, accession	n, and other records,	check any of the	e following that	t make signi	ficant use	of its			
	collection items (check all that apply):									
а	Public exhibition	d	Loan or ex	xchange progra	am					
b	Scholarly research	е	Other							
с	Preservation for future generations									
4	Provide a description of the organization's coll	ections and explain h	now they further	the organizatio	on's exempt	purpose i	n Part	XIII.		
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be main	ntained as part of the	organization's o	collection?				Yes		No
Par	t IV Escrow and Custodial Arrang	ements. Complete	e if the organizat	ion answered	"Yes" on Fo	rm 990, P	art IV, I	ine 9, or		
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodian	n or other intermedia	ry for contributio	ons or other as	sets not incl	uded				
	on Form 990, Part X?						🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII ar									
								Amount		
с	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on For						🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII. C	Check here if the expl	lanation has bee	n provided on	Part XIII]
Par	t V Endowment Funds. Complete if	the organization ansv	wered "Yes" on I	Form 990, Part	IV, line 10.					
		(a) Current year	(b) Prior year	(c) Two yea	rs back (d)	Three year	s back	(e) Four y	/ears	back
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	nt year end balance ((line 1g, column	(a)) held as:						
а	Board designated or quasi-endowment 🕨 _		%							
b	Permanent endowment	%								
	Term endowment									
	The percentages on lines 2a, 2b, and 2c shoul	d equal 100%.								
3a	Are there endowment funds not in the possess	sion of the organizati	on that are held	and administer	red for the o	rganizatio	n	_		
	by:								Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations							3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizati							3b		
4	Describe in Part XIII the intended uses of the c		ment funds.							
Par	t VI Land, Buildings, and Equipme	ent.								
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a.	See Form 990	, Part X, line	e 10.				
	Description of property	(a) Cost or oth	• • •	st or other		umulated		(d) Book	value	е
		basis (investme	ent) bas	is (other)	depre	ciation				
1a	Land									
	Buildings									
с	Leasehold improvements									
d	Equipment			50,324.	1	7,446	•	32	, 8'	78.
	Other									
Tota	. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part X.	column (B). line	10c.)				32	, 8'	78.
						Sc	hedule	D (Form	990)	2021

Schedule	D (Form 990) 2021 KIDZNOTES,	INC.	27	-0446845 Page 3
Part V				
(a) Desc	Complete if the organization answered "Yes' ription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
	cial derivatives			
	ly held equity interests			
(3) Othe				
	RIANGLE COMMUNITY			
(B) E	FOUNDATION	28,775.	END-OF-YEAR MARKET	VALUE
(C)				
(D)				
<u>(E)</u>				
(F)				
(G)				
(H) Total (Co	I. (b) must equal Form 990, Part X, col. (B) line 12.)	28,775.		
	III Investments - Program Related.	20,113.		
	Complete if the organization answered "Yes"	" on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
<u>(8)</u> (9)				
	I. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part I)		•		
	Complete if the organization answered "Yes"	" on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	
	(a) Description		(b) Book value
(1)				
(2)				
(3)				
<u>(4)</u>				
(5)				
<u>(6)</u> (7)				
<u>(7)</u> (8)				
(9)				
	olumn (b) must equal Form 990, Part X, col. (B) lir	ne 15.)		
Part X		· · · ·		
	Complete if the organization answered "Yes	" on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability			(b) Book value
(1) F	ederal income taxes			
(2)				
(3)				
<u>(4)</u>				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
	olumn (b) must equal Form 990, Part X, col. (B) lir	ne 25.)	▶	
	· · · · · · · · · · · · · · · · · · ·			

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

Sche	dule D (Form 990) 2021 KIDZNOTES, INC.			27-044	16845	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With F	Revenue per Re	eturn.		
	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	594,	730.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-4,092.			
b	Donated services and use of facilities	2b	11,475.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	7,	383.
3	Subtract line 2e from line 1			3	587,	347.
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	587,	347.
Pa	t XII Reconciliation of Expenses per Audited Financial Stater		Expenses per l	Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12					
1	Total expenses and losses per audited financial statements			1	692,	345.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	11,475.			
b	Prior year adjustments	2 b				
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		475.
3	Subtract line 2e from line 1			3	680,	870.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	680,	870.
Pa	t XIII Supplemental Information.					

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.

SCHEDULE O (Form 990)



Department of the Treasury Internal Revenue Service Name of the organization Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

Employer identification number 27-0446845

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

INC.

OPPORTUNITIES, AND CHARACTER-BUILDING EXPERIENCES TO CHILDREN WITH THE

FEWEST RESOURCES AND THE GREATEST NEED.

KIDZNOTES

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

FAMILIES ARE ELIGIBLE FOR THE NCDPI FREE & REDUCED PRICE SCHOOL MEALS

PROGRAM RECEIVE PRIORITY ACCEPTANCE INTO THE KIDZNOTES PROGRAM.

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

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.