Form 990 (Rev. January 2020) Department of the Treasury

Return of Organization Exempt From Income Tax

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

2019

OMB No. 1545-0047

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.

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

A For the 2019 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable Kids in Need of Development, Education, Address change and Relief KINDER USA Name change 75-2999028 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ P.O. Box 224846 972-664-1991 920930. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return Dallas, TX 75222 H(a) Is this a group return Applica-F Name and address of principal officer: Dalell Mohmed for subordinates? L Yes X No 11300 N. Central Expwy, Ste 520, Dallas, H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ If "No," attach a list. (see instructions) J Website: ▶ www.kinderusa.org H(c) Group exemption number K Form of organization: X Corporation Association Other > L Year of formation: 2002 M State of legal domicile: TX Part I Summary 1 Briefly describe the organization's mission or most significant activities: The organization provides aid in Activities & Governance the relief and development of children who are victims of man-made 2 Check this box F if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 5 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 39 **Current Year** 937084. 1040899 Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. Ο. -16154. -14666. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1026233. 920930. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 612832. 641303. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Ο. 149763. 146494 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ► ______69705. 121249. 155416. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 914742 912315. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 111491. 8615. 19 Revenue less expenses. Subtract line 18 from line 12 Po Beginning of Current Year **End of Year** 475231. 465538. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 6144. 6409. Net and 459394. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Dalell Mohmed, Executive Director Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name P00848486 Paid self-employed Carol A. Kirk Firm's EIN > 75-2444915 Firm's name Tuggle, Burton & Co., P.C. Preparer Firm's address > 5080 Spectrum Drive, Ste. 116W Use Only Phone no. 972-661-5562 Addison, TX 75001 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

Kids in Need of Development, Education, 75-2999028 Page 2 and Relief KINDER USA Form 990 (2019) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: The organization provides aid in the relief and development of children who are victims of man-made and natural disasters. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? _____Yes X No If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 510863 including grants of \$ 410533.) (Revenue \$____) (Expenses \$ Development - Women empowerment cooperatives and farmers. 217473 including grants of \$ 172750 | (Revenue \$) __) (Expenses \$ ___ Education Projects - School for children. 73041. including grants of \$ 58020.) (Revenue \$ _____) (Expenses \$ __ Emergency Relief

and Relief KINDER USA

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 6 X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III 8 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? X If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11<u>a</u> Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c 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 X 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in X Part X, line 16? If "Yes," complete Schedule D, Part IX X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12<u>a</u> Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 Х 14b or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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

Form **990** (2019)

Pai	T IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23		x
04-	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		-
24a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
·	any tax-exempt bonds?	24c		1
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	İ		
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			,
	instructions, for applicable filing thresholds, conditions, and exceptions):		a constants	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	İ		
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//f			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	l		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		├
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	l		-
	If "Yes," complete Schedule R, Part V, line 2	36_	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	00	x	
Dai	Note: All Form 990 filers are required to complete Schedule 0 **TV Statements Regarding Other IRS Filings and Tax Compliance	38	ΙΑ.	
ra				
	Check if Schedule O contains a response or note to any line in this Part V		V	A1-
	Enterthe number reported in Day 2 of Form 1000 Fater 0 March and Seekle	1487	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			4
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			4
С	(gambling) winnings to prize winners?	10	IN T	
	TOTAL DELICATION OF THE PROPERTY OF THE PROPER			

	Clarent Commission	-		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	i	26 2 2 E	res	NO
20	filed for the calendar year ending with or within the year covered by this return	4	4	ulia.	100
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
•	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		P 1		
32			3a	the Maryanese	X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		_
	At any time during the calendar year, did the organization have an interest in, or a signature or other auth				
74	financial account in a foreign country (such as a bank account, securities account, or other financial account,	•	4a	x	1
h	If "Yes," enter the name of the foreign country ▶ Belgium	ang	> 110	Sign and	
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	ints (FBAR)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	Kannadiin	X
b			5b	_	X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	_ , , , , , , , , , , , , , , , , , , ,				
-	any contributions that were not tax deductible as charitable contributions?		6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions				
-	were not tax deductible?	o. gc	6b	1	
7	Organizations that may receive deductible contributions under section 170(c).		4 4	. Y.	
-	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	سد النابسيودا ا	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	1	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re				\vdash
·	to file Form 8282?	•	7c		x
ď	If "Yes," indicate the number of Forms 8282 filed during the year 7d	1		1	
-	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contri		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	-	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		gr.J.	140	
	sponsoring organization have excess business holdings at any time during the year?		8	aft- 1997 Francis	
9	Sponsoring organizations maintaining donor advised funds.	•••••••••	i jh	i, ili	4 3 E
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a	and the same of the	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:			3 V	- 1
а	Initiation fees and capital contributions included on Part VIII, line 12	1	10	Ŋ.	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10th		13.		1
11	Section 501(c)(12) organizations. Enter:			e de la	P. 1
а	Gross income from members or shareholders 11a		287.14	10.7	
b	Gross income from other sources (Do not net amounts due or paid to other sources against		. 34.	V., 24,	
	amounts due or received from them.)		Se 92 10	mu andre trans	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		-4	* T
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		45 6 4		j ř
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.		3 6002	4 %	-3
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	234	
	organization is licensed to issue qualified health plans			, No. 1	
	Enter the amount of reserves on hand			и,	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.		13.3 1.00 1.00 1.00 1.00 1.00 1.00 1.00	Sant Sum	ر المحضوب
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	ome?	16		X
	If "Yes," complete Form 4720, Schedule O.		- Jan	18 3	

Kids in Need of Development, Education,

Form 990 (2019) and Relief KINDER USA 75-2999028 Page

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. 75-2999028 Page 6

	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 year1a	5	2	155
	If there are material differences in voting rights among members of the governing body, or if the governing	- 30	air.	
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		3,,,2	
b	Enter the number of voting members included on line 1a, above, who are independent1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	100	5	1
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?			x
7a				
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	211	3 24 4	100
а	The governing body?	8a	X	- mCr->-d
b			Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	, and the second		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	and the second	мар —	40.00
	Did the organization have a written conflict of interest policy? If "No," go to line 13		X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13_	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	6.7	0 4	13 3
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	A 312		5 1 1
	The organization's CEO, Executive Director, or top management official	15 <u>a</u>		X
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		Mag a	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	raturação do mon	The state of the s	
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1, 3		4.3
	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 ►AK, AZ, AR, CA, CT, DC, GA, FL, H			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)	(3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and final	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Dalell Mohmed - 972-664-1991			
	11300 N. Central Expressway, Suite 520, Dallas, TX 75243		000	
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Form 990 (2019) and Relief KINDER USA 75-2999028

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

Employees, and Independent Contractors

Employees, and independent Contractors	
Check if Schedule O contains a response or note to any line in this Part VII	

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

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

 See instructions for the order in which to list the persons above.

Check this box if neither the organization n		orga	niza			npe	nsat	ed any current officer, o	director, or trustee.		
(A)	(B)			_ ((<u>)</u>			(D)	(E)	(F)	
Name and title	Average	(do	not c	Pos	ition more	than	one	Reportable	Reportable	Estimated	
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of	
	week	$\overline{}$	officer and a director/trustee)			xr/trus	tee)	from	from related	other	
	(list any	달				1		the	organizations	compensation	
	hours for	ordi	8			ated		organization	(W-2/1099-MISC)	from the	
	related	stee	truste		93	bens		(W-2/1099-MISC)		organization	
	organizations	ᄩ	onal		l ge					and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	76 mer			organizations	
		=	트	8	<u>=</u>	분등	윤				
(1) Jess Ghannam, PhD	2.00				1			_	_	•	
Treasurer		X	⊢		_		_	0.	0.	0.	
(2) Basil Abdelkarim, MD	2.00							_	_	•	
Director		X	_		ļ	╙	_	0.	0.	0.	
(3) Laila Al-Marayati, MD	2.00	1							_		
Chairperson	<u> </u>	X			_			0.	0.	0.	
(4) Bassil Kublaoui, PhD, MD	2.00]			1						
Director		X			_			0.	0.	0.	
(5) Margaret King, PhD	2.00								•		
Director		X					L	0.	0.	0.	
(6) Dalell Mohmed	40.00						Ī.			-	
Executive Director		1		X	`		ļ ·		0.	0.	
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Page 7

_						ıgc	nei	lτ	, Education,	75-29	۵۵	020	В	age 8
_	1 990 (2019) and Relic TVII Section A. Officers, Directors, Trus					4 LI:	aha	-+ C	Sampanested Employe		99	040		age o
<u> </u>	(A) Name and title	(B) Average hours per week	(do	not c	Pos heck	c) ition more rson		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	ı	am	(F) imate ount other	
		(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-MIS		comp fro orga and		e ion ed
													_	
	-		-											
				-									-	
			_			_							-	
			\vdash	-		_	_					_		
			L	_			_							
			_		L.			L.						
	Subtotal								101412.		0.			0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)								101412.		ö.			0.
2		_		_						0,000 of reportable				
	compensation from the organization											-	V	1
3	Did the organization list any former officer,	director, trust	ee, I	key e	emp	loye	e, o	· hig	ghest compensated emp	oloyee on			Yes	No
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su												7-1 2-12-	4
_	and related organizations greater than \$15											4	-2-4-1	X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com							CIAL	led organization or maiv	idual for services		5	<u> </u>	X
Sec	tion B. Independent Contractors	piete Correda	00,	<u> </u>	20.7	0010								
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of com	pens	ation fr	om	
	the organization. Report compensation for	the calendar y	ear	<u>endi</u>	ng v	vith	or w	ithir		year.				
	(A) Name and business	address	N	INC	3				(B) Description of s	services	С	(C omper) satio	n
								7						
							•							
									<u>.</u>					_
	Total number of independent contractors (i	includina but n	ot li	mite	d to	tho	se li:	stec	d above) who received n	nore than	s ''',		.] . 	
				-		-						7 61 .		. 1 4

\$100,000 of compensation from the organization

75-2999028

and Relief KINDER USA

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (B) (A) Unrelated Revenue excluded Related or exempt Total revenue function revenue business revenue from tax under sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 10 d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 937084 similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f | 1g |\$ 937084 h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses ... 6b 6c c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory | 7a **b** Less: cost or other basis 7b and sales expenses c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 _______8a b Less: direct expenses ______8b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses ______9b c Net income or (loss) from gamirig activities 10 a Gross sales of inventory, less returns and allowances 10a 10b b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 900099 -16154. 11 a CURRENCY EXCHANGE LOSS -16154 d All other revenue -16154. Total. Add lines 11a-11d -16154. 920930. Total revenue. See instructions 12

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All otl	ner organizations must c	omplete column (A).	
	Check if Schedule O contains a respon	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				* 1 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	C41202	C41202		
	individuals. See Part IV, lines 15 and 16	641303.	641303.	10 00	
4	Benefits paid to or for members	 		The second	A
5	Compensation of current officers, directors,	110404	05766	22526	0100
_	trustees, and key employees	118484.	<u>85766.</u>	23536.	9182.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	2000			2000
7	Other salaries and wages	3900.			3900.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	10220	13094.	3492.	1746.
9	Other employee benefits	18332.			
10	Payroll taxes	9047.	6549.	1797.	701.
11	Fees for services (nonemployees):				
a	Management	7724	7724		
b	Legal	7734.	7734.		
	Accounting	13926.	13926.		-
				2 1 2 4 2 4 2 7 4 2 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	,			a abalis in ingligations	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
40	column (A) amount, list line 11g expenses on Sch O.)	9810.			9810.
12	Advertising and promotion	3875.	1391.	1093.	1391.
13	Office expenses	6232.	6232.	1093.	1391.
14	Information technology	0232•	0434.		
15	Royalties	15858.	13976.	1882.	
16	Occupancy	5907.	3003.	2904.	
17	Payments of travel or entertainment expenses			2504.	
18	•				
10	for any federal, state, or local public officials	1162.	1162.	· -	
19 20	Conferences, conventions, and meetings	1102.	1104.		
21	Payments to affiliates				
21	Depreciation, depletion, and amortization	878.		878.	
23	· · · · · · · · · · · · · · · · · · ·	2927.		2927.	
23	Insurance		TO BELL OF THE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	Will a		2 E	
а	EVENTS	22060.			22060.
b	POSTAGE, PRINTING & REP	16828.	4757		16828.
C	MERCHANT FEES	4757.	4757.	1460	
d	LICENSES & PERMITS	1460.	0404	1460.	4007
	All other expenses	7835.	2484.	1264.	4087.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	912315.	801377.	41233.	69705.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2019)

Part)	<u> </u>	Charlet Schodula Constains a vancous avant		us line in this Dout V			
		Check if Schedule O contains a response or not	<u>e to ar</u>	ly line in this Part X	(A) Beginning of year	<u> </u>	(B) End of year
1	1	Cash - non-interest-bearing			439722.	1	390026.
2	2	Savings and temporary cash investments				2	
8		Pledges and grants receivable, net				3	50000.
4	4	Accounts receivable, net			19884.	4	29688.
	5	Loans and other receivables from any current or		ur i s militari			
		trustee, key employee, creator or founder, subst	tantial	contributor, or 35%	and the second s		
		controlled entity or family member of any of thes	se pers	ons		5	1 mile 1 gm, 1 m
6	6	Loans and other receivables from other disquali	2 N N				
		under section 4958(f)(1)), and persons describe	ction 4958(c)(3)(B)	 -	6		
ဋ္ဌာ 7		Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
۶ ۲	9	Prepaid expenses and deferred charges	·····		<u> </u>	9	
10	0a	Land, buildings, and equipment: cost or other				A S	
		basis. Complete Part VI of Schedule D				Will Comme	A STATE OF THE STA
	b	Less: accumulated depreciation	10b	9291.	<u> 1797.</u>		919.
11	1	Investments - publicly traded securities	2715.	11	3528.		
12	_	Investments - other securities. See Part IV, line 1			12	,	
13	3	Investments - program-related. See Part IV, line			13		
14	4	Intangible assets		14			
15	5	Other assets. See Part IV, line 11			1070.	15	1070.
16	6	Total assets. Add lines 1 through 15 (must equ			465538.	16	475231.
17	7	Accounts payable and accrued expenses			6144.	17	6409.
18	8	Grants payable		18			
19	9	Deferred revenue			19		
20	0	Tax-exempt bond liabilities				20	
21	1	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
g 22	2	Loans and other payables to any current or form	ner offi	cer, director,			Land of the second
		trustee, key employee, creator or founder, subst	tantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of thes	se pers	ons		22	
<u>ا</u> 23	3	Secured mortgages and notes payable to unrela	ated th	rd parties		23	
24	4	Unsecured notes and loans payable to unrelated	d third	parties		24	
25	5	Other liabilities (including federal income tax, pa	yables	to related third			
-		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D				25	
26	6	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che			6144.	26	6409.
, l		Organizations that follow FASB ASC 958, che	ck her	e ▶ X		gal.	
		and complete lines 27, 28, 32, and 33.				Ta-4	
E 27		Net assets without donor restrictions			459394.	27	468822.
28		Net assets with donor restrictions			- E 9 . T.	28	7 1 1 Mg (M) 11 pe q 1
Š		Organizations that do not follow FASB ASC 9	58, ch	eck here 🕨 📖			
<u>.</u>		and complete lines 29 through 33.			والمستنسسة والمستنسسة والمستنسسة		
g 29		Capital stock or trust principal, or current funds				29	
30		Paid-in or capital surplus, or land, building, or eq			30_		
28 29 30 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		Retained earnings, endowment, accumulated in			,= ·	31	
32	2	Total net assets or fund balances			459394.	32	468822.
33	3	Total liabilities and net assets/fund balances			465538.	33	475231.

Kids in Need of Development, Education, and Relief KINDER USA

Form	990 (2019) and Relief KINDER USA	75-299	9028	Pa	ae 12
	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9	209	30.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9	123	<u>15.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		86	15.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	593	94.
5	Net unrealized gains (losses) on investments	5		8	13.
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			<u>0.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	l			
	column (B))	10	4	<u>688</u>	<u>22.</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				<u>x</u>
			n 35m	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		, i	ne i	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			- 7	لنئيت
2a			2a	-;-	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	4		
	separate basis, consolidated basis, or both:			9' 4'	
	Separate basis Consolidated basis Both consolidated and separate basis		a distribution	Nime	
b	Were the organization's financial statements audited by an independent accountant?		_2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		. 1974	
	consolidated basis, or both:			Start 1	1. i.d
	X Separate basis			أعلمك	لتنشنا
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	•	1 1		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	1
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch			Éwania	-1
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	-			
	Act and OMB Circular A-133?		За		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Kids in Need of Development, Education,

and Relief KINDER USA

2019

Open to Public Inspection

Employer identification number

75-2999028

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document (v) Amount of monetary (vi) Amount of other (iii) Type of organization (i) Name of supported (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) A Alie

Kids in Need of Development, Education, 75-2999028 Page 2 Schedule A (Form 990 or 990-EZ) 2019 and Relief KINDER USA 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 1040899. 937084. 4941540. 1020401. 1068457. 874699. include any "unusual grants.") 2 Tax revenues levied for the organization'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 ... 874699 937084. 4941540. 1020401 1068457 1040899 4 Total. Add lines 1 through 3 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) 4941540. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (e) 2019 Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (f) Total 7 Amounts from line 4 4941540. 1020401. 1068457. 874699 1040899 937084 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 23 23. and income from similar sources ... 9 Net income from unrelated business activities, whether or not the

	or loss from the sale of capital				
	assets (Explain in Part VI.)				
11	Total support. Add lines 7 through 10	+17		<u>49415</u>	<u>63.</u>
12	Gross receipts from related activities, etc. (see instructions)	12			
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section	า 501	(c)(3)		
	organization, check this box and stop here)	<u>• 🔲</u>
Se	ction C. Computation of Public Support Percentage				
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14		100.00	9/
15	Public support percentage from 2018 Schedule A, Part II, line 14	15		100.00	9/
168	33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or m	ore, o	check this bo	x and	
	stop here. The organization qualifies as a publicly supported organization			>	X
t	33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3%	or m	ore, check th	is box	
	and stop here. The organization qualifies as a publicly supported organization				•
178	10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, a	and lir	ne 14 is 10%	or more,	
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here, Explain in Par				
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		_	>	•
Ŀ	10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 1				
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain				
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organ			•	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box a			3	•

Schedule A (Form 990 or 990-EZ) 2019

business is regularly carried on ...

10 Other income. Do not include gain

Kids in Need of Development, Education,
Schedule A (Form 990 or 990-EZ) 2019 and Relief KINDER USA
Part III Support Schedule for Organizations Described in Section 509(a)(2) 75-2999028 Page 3

(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 b	elow, please com	olete Part II.)				
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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-		- 1 - 1				
•	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						
^							
	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons Amounts included on lines 2 and 3 received						
U	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.)	1422	17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18			TITTED FOR	
Sec							
	tion B. Total Support	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Cale	etion B. Total Support	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Cale 9	tion B. Total Support	(a) 2015	(b) 2016	(e) 2017	(d) 2018	(e) 2019	(f) Total
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties.	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Cale 9 10a	Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Cale 9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	(a) 2015	(b) 2016	(e) 2017	(d) 2018	(e) 2019	(f) Total
Cale 9 10a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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Cale 9 10a b 11 12 13 14	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiza	
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Schedule A (Form 990 or 990-EZ) 2019 and Relief KINDER USA

75-2999028 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
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75-2999028 Page 5 Schedule A (Form 990 or 990-EZ) 2019 and Relief KINDER USA Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) 11a below, the governing body of a supported organization? b A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 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? 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). By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions). The organization satisfied the Activities Test. Complete line 2 below. а The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). C Yes No 2 Activities Test. Answer (a) and (b) 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. <u>2a</u> b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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. 2b Parent of Supported Organizations. Answer (a) and (b) 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? Provide details in Part VI. <u>3a</u> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	dule A (Form 990 or 990-EZ) 2019 and Relief KINDER USA			5-2999028 Page 6
,	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):	200		
a	Average monthly value of securities	1a		-
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other	18 19 19 19 19 19 19 19 19 19 19 19 19 19		
	factors (explain in detail in Part VI):	1,200		
2	· · · · · · · · · · · · · · · · · · ·	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
8 Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
J	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional		ited Type III supporting orga	nization (see
•	instructions)	.,ogic	17po in capporalig orga	

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 and Relief KINDER USA 75-29 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
-	on D - Distributions	s(a)(o) Supporting Orga	anizations (conunaed)	Current Year				
	Amounts paid to supported organizations to accomplish ex-	empt purposes						
	Amounts paid to perform activity that directly furthers exem							
_	organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ls					
	Amounts paid to acquire exempt-use assets							
5	Qualified set-aside amounts (prior IRS approval required)							
6	Other distributions (describe in Part VI). See instructions.							
7	Total annual distributions. Add lines 1 through 6.							
8	Distributions to attentive supported organizations to which	the organization is responsive)					
	(provide details in Part VI). See instructions.							
9	Distributable amount for 2019 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
		(i)	(ii)	(iii)				
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable				
			Pre-2019	Amount for 2019				
1	Distributable amount for 2019 from Section C, line 6	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
2	Underdistributions, if any, for years prior to 2019 (reason-							
	able cause required- explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2019							
а	From 2014			アールが選択でする				
b	From 2015			The second secon				
С	From 2016							
d	From 2017							
_ е	From 2018							
f	Total of lines 3a through e		The state of the s					
g	Applied to underdistributions of prior years							
h	Applied to 2019 distributable amount							
i	Carryover from 2014 not applied (see instructions)			· 网络克克斯斯 医皮肤上面				
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.							
4	Distributions for 2019 from Section D,							
	line 7: \$							
а	Applied to underdistributions of prior years							
b	Applied to 2019 distributable amount							
С	Remainder. Subtract lines 4a and 4b from 4.							
5	Remaining underdistributions for years prior to 2019, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2019. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.	The second second second						
7	Excess distributions carryover to 2020. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
а	Excess from 2015							
b	Excess from 2016		11. 15. 15. 15. 15. 15. 15. 15. 15. 15.					
С	Excess from 2017		The second of th					
d	Excess from 2018							
_е	Excess from 2019							

Schedule A (Form 990 or 990-EZ) 2019

Kids in Need of Development, Education, Schedule A (Form 990 or 990-EZ) 2019 and Relief KINDER USA Part VI Supplemental Information. Provide the explanations required 75-2999028 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury

Internal Revenue Service

Name of the organization

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

Kids in Need of Development, Education,

OMB No. 1545-0047

2019

Employer identification number

75-2999028 and Relief KINDER USA Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 I For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. I For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. I For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______
\$ _

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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

Employer identification number

Kids	in	Need	οĒ	Deve.	Lopment,	Education,
and	Rel -	ef K	LMDI	ER IIS	Δ	

75-2999028

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	i .
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KATHRYN MCQUADE FOUNDATION 150 N. COLLEGE STREET, 26TH FLOOR CHARLOTTE, NC 28255	\$	Person X Payroll
(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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Kids in Need of Development, Education, and Relief KINDER USA

Employer identification number

75-2999028

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

Kids in and Rel:	Need of Development, ief KINDER USA	Education,		75-2999028
Part III E	xclusively religious, charitable, etc., contribut om any one contributor. Complete columns (a mpleting Part III, enter the total of exclusively religious, se duplicate copies of Part III if additional) through (e) and the following line entr charitable, etc., contributions of \$1,000 or le	v. For organizations	that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift		
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of tra	nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	insferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Kids in Need of Development, Education,

Employer identification number 75-2999028

and Relief KINDER USA Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ______ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure □ Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? _ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

		<u>ief_KINDER</u>					-		<u> 199902</u>		<u>age 2</u>
Pai	t III Organizations Maintaining C	Collections of A	rt, Hist	<u>orical Tr</u>	easures,	or Oth	er Sin	nilar Ass	sets(conti	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following that	at make s	significa	ant use of	its		
	collection items (check all that apply):										
а	Public exhibition	(d ∐l	oan or exc	hange progr	am					
b	Scholarly research		• 🔲 (Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and expla	in how th	ey further t	he organizat	ion's exe	mpt pu	rpose in P	art XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, his	storical trea	sures, or oth	er simila	r assets	s			
	to be sold to raise funds rather than to be m	aintained as part of	the organ	nization's co	ollection?			[Yes		No
Pai	tilV Escrow and Custodial Arran reported an amount on Form 990, Pa		lete if the	organizatio	on answered	"Yes" on	Form 9	990, Part I	V, line 9, or	•	
1a	Is the organization an agent, trustee, custod		diary for	contribution	ns or other as	sets not	include	ed			
ıa	on Form 990, Part X?								Yes		No
h	If "Yes," explain the arrangement in Part XIII					•••••		٠			
	ii res, explain the arrangement iiii arrani	and complete the N	ollowing t	abic.				T	Amoun	+	
С	Reginning halance						10		7 4110011		
_	Beginning balance										
d	Additions during the year										
e	Distributions during the year										
f O-	Ending balance Did the organization include an amount on F							' 	Yes		No
	<u> </u>		•					٠ ١	res	<u> </u>] NO
	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete										
T al	Complete							o voere be	ole (a) Four	· vooro	haok
	Declaries of control of	(a) Current year	(B) P	rior year	(c) Two yea	IS DACK	(a) IIII	ee years nad	K (e) roui	years	Dack
1a	Beginning of year balance		ļ.—		 				-		
	Contributions								_		
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs				<u> </u>				 -		
f	Administrative expenses										
g	End of year balance		<u> </u>								
2	Provide the estimated percentage of the cur	-	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
C	Term endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	and administe	ered for t	he orga	nization			
	by:									Yes	No_
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requ	ired on Se	chedule R?							
4	Describe in Part XIII the intended uses of the										
Pai	t VI Land, Buildings, and Equipn	nent.									
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	, line 11a. S	See Form 990	D, Part X,	line 10				
	Description of property	(a) Cost or o			t or other		ccumul		(d) Boo	k value	
	,	basis (invest			(other)	de	preciati	on	,		
1a	Land	<u> </u>				The last of the la	1 1 T	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Buildings										
c	Leasehold improvements			_							
	Equipment		210.				9	291.		9	19.
	Other										<u></u>
	. Add lines 1a through 1e. (Column (d) must e		X. colum	n (B), line 1	10c.)					9	<u> 19.</u>

and Relief KINDER USA 75-2999028 Page 3 Schedule D (Form 990) 2019 Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2)(3) (4) (5) (6) (7) (8) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1)(2)(3)(4) (5) (6)(7)(8) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (3)(4) (5) (6) (7) (8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 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... X

Schedule D (Form 990) 2019

Schedule	D	(Form	990)	2019

and Relief KINDER USA

	ne 12a	1	921743.
Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:		84.00	<u> </u>
, ,	2a	813.	
Net unrealized gains (losses) on investments	······	013.	
Donated services and use of facilities		76 - 776 - 1 26 - 776 - 1 27 - 776 - 1 27 - 776 - 1	
Recoveries of prior year grants			
Other (Describe in Part XIII.)		3) 190 mm 1 mm 1 mm 1 mm 1 mm 1 mm 1 mm 1	813.
Add lines 2a through 2d			920930.
Subtract line 2e from line 1		3	920930.
Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 4. 1		
Investment expenses not included on Form 990, Part VIII, line 7b		2.34	
Other (Describe in Part XIII.)		1.1	0
Add lines 4a and 4b			920930.
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			940930.
t XII Reconciliation of Expenses per Audited Financial St		rhenses her merani.	
Complete if the organization answered "Yes" on Form 990, Part IV, li			012215
Total expenses and losses per audited financial statements			912315.
Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1		
Donated services and use of facilities	1 1		
Prior year adjustments		2 1 2 v 2 v 2 v 2 v 2 v 2 v 2 v 2 v 2 v	
	2c	\$ 5 a.d	
Other losses			
Other losses		1	
	2d		0.
Other (Describe in Part XIII.)	2d		0. 912315.
Other (Describe in Part XIII.) Add lines 2a through 2d	2d		
Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2d		
Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2d 4a		
Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2d 4a 4b	3	912315.
Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2d 4a 4b	4c	912315.

Part X, Line 2:

Management is required to determine whether a tax position of the Organization is more likely than not to be sustained upon examination by the applicable taxing authority, including resolution of any related appeals or litigation processes, based on the technical merits of the position. The tax benefit to be recognized by the Organization is measured as the largest amount of benefit that is greater than fifty percent likely of being realized upon ultimate settlement. The Organization has adopted an accounting standard for uncertain tax positions. Management is required to determine whether a tax position of the Organization is more likely than not to be sustained upon examination by the applicable taxing authority, including resolution of any related

Cabadula D //Causa 000\ 0010	Kids	in Nee	d of De	velopm	ent,	Educat	ion,	999028 F) F
Schedule D (Form 990) 2019 Part XIII Supplemental Inform	mation (continued)	KINDEK					7,7,70,40 F	age 5
appeals or litigation				_				the	
posicion.									
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No. 1545-0047 2019

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public

Employer identification number

Kids in Need of		ment, Ed	ucation,		7E 00000	0
and Relief KIND		edividice Ou	tside the United States. Comple		75-299902	
		ctivities Ou	tside the United States. Comple	ete if the organ	ization answered "Y	es" on
Form 990, Part N		maintain recor	ds to substantiate the amount of its gra	ants and other	assistance	
-	_		the selection criteria used to award the			Yes X No
.	_	,		•		
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and of	her assistance outs	side the
United States.						
			an be duplicated if additional space is I			
(a) Region	(b) Number of offices	`émplovees.	(d) Activities conducted in the region (by type) (such as, fundraising, pro-	, , ,	vity listed in (d) gram service,	(f) Total expenditures
	in the region	agents, and independent	gram services, investments, grants to		specific type	for and
		contractors in the region	recipients located in the region)		(s) in the region	investments in the region
		in the region			-	
Palestine	0	0	<u>Grants</u>	Development	. Health	70002,
				Rent, Bank	Charges &	
Belgium	1		Office	Overhead		0.
' ahaman				Education &	Waalth	570123,
Lebanon	·		Grants	Education &	nealth	5/0123
				1		
			A COMPANY OF THE START OF THE PARTY.	40g "* \$ 1 m	The second second second second	
3 a Subtotal	1	0			t tiggiske nji sjele. Primarki	640125,
b Total from continuation sheets to Part I		_				_
c Totals (add lines 3a	0	0				<u> </u>
and 3h)	1					640125

Schedule F (Form 990) 2019

Part II: Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

	1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
					-				
١			MIDDLE EAST	EDUCATION	0.	BANK WIRES	0.		
			MIDDLE EAST	HEALTH EDUCATION	0	BANK WIRES	0.		
ļ			MIDDLE EAST	DEVELOPMENT	0.	BANK WIRES	0.		
			MIDDLE EAST	HEALTH		BANK WIRES	0.		
			MIDDLE EAST	HEALTH		BANK WIRES	0.		
			EIDDLE EAST	REALTY		DANK WIRES			
	by the IRS, or for which	ch the grantee or cou	unsel has provided a sec	recognized as charities by the ction 501(c)(3) equivalency letter	er				
	3 Enter total number of	otner organizations	or entities						

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (c) Number of recipients (e) Manner of cash disbursement (d) Amount of (f) Amount of (a) Type of grant or assistance (b) Region cash grant noncash assistance

75-2999028 Page 4 and Relief KINDER USA Schedule F (Form 990) 2019 Part IV Foreign Forms Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization 2 may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) ______ Yes 🗓 Yes Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2019

Kids in Need of Development, Education, and Relief KINDER USA 75-2999028 Page 5 Schedule F (Form 990) 2019 and Reli Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions. PT 1 LN 2 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUNDS OUTSIDE US PROFESSIONAL AUDITS AND SITE VISITATIONS.

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Kids in Need of Development, Education, Employed Paling KINDER 1993.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

and Relief KINDER USA

Employer identification number 75-2999028

Form 990, Part I, Line 1, Description of Organization Mission:
and natural disasters.
Form 990, Part VI, Section B, line 11b:
After filing the return, the Board of Directors meets and discusses the
Form 990.
Form 990, Part VI, Section B, Line 12c:
Disclose conflict, discuss, resolve

Form 990, Part VI, Section B, Line 15b:
Board of Directors make decision by majority vote.
Form 990, Part VI, Line 17, List of States receiving copy of Form 990:
AK, AZ, AR, CA, CT, DC, GA, FL, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC
ND,OK,OH,OR,PA,RI,SC,TN,UT,VA,MA,WV,WI
Form 990, Part VI, Section C, Line 19:
Financial statements are available on the website. Other information is
available through GuideStar and through BBB Giving Alliance.
From 990, Part XII, Line 2c
The Organization has not changed either its oversight process of
selection process during the year.