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		EXTENDED TO NOV									
Form 990,-T	E	Exempt Organization Bus			ax Return	וו	OMB N	0 1545-0047			
•		(and proxy tax und)	2	010						
ut .	For ca	lendar year 2019 or other tax year beginning	_	Z	019						
Department of the Treasury Internal Revenue Service	■ Go to www.irs.gov/Form990T for instructions and the latest information. ■ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection for 501(c)(3) Organizations Only										
A Check box if address changed	DOX If Name of organization (Check box if name changed and see instructions)										
B - Exempt under section	<u> </u>										
X 501(c)(3)	or	Number, street, and room or suite no. If a P.O. bo	V CD0 II	netructione	_	E Unre	lated busin	ess activity code			
408(e) 220(e)	Туре	1300 GENDY	A, 366 II	nsu ucuons.		(See	instructions	s)			
408A 530(a)	1300 GENDI										
529(a)		FORT WORTH, TX 76107									
C Book value of all assets at end of year		F Group exemption number (See instructions.)	<u> </u>		·						
		G Check organization type ► X 501(c) cor	poratio		401(a)		L	Other trust			
	_	ation's unrelated trades or businesses.	1		the only (or first) un						
		C SECTION 512(A)(7) INC			complete Parts I-V.			2,			
	•	ace at the end of the previous sentence, complete P	arts I ar	nd II, complete a Schedule	e M for each addition	al trad	le or				
business, then complete				udiani santallad maun 2		Tv	· \ v	No			
		poration a subsidiary in an affiliated group or a pare tifying number of the parent corporation.	กเ-รนธร	alolary controlled group?	▶ ∟	¥	es <u>X</u>	□ N0			
		THE ORGANIZATION		Tolonh	one number 8	17-	737_	5/37			
		de or Business Income		(A) Income	(B) Expenses		T 737-	(C) Net			
1a Gross receipts or sale	·		Τ	() ()	(-)		+	(0)			
b Less returns and allo		c Balance	1c				/				
2 Cost of goods sold (S			2				1	. i			
3 Gross profit. Subtract		•	3		····	7	<u> </u>				
4 a Capital gain net incon			4a								
b Net gain (loss) (Form	4797, F	Part II, line 17) (attach Form 4797)	4b				1				
c Capital loss deduction	1 for tru	sts	4c				1				
5 Income (loss) from a	partner	ship or an S corporation (attach statement)	5								
6 Rent income (Schedu	le C)		6								
7 Unrelated debt-finance	ed inco	me (Schedule E)	7								
		and rents from a controlled organization (Schedule F)	8								
		on 501(c)(7), (9), or (17) organization (Schedule G)	-				↓				
10 Exploited exempt acti	•	,	10				ļ				
11 Advertising income (11	1 600			 	1 (00			
12 Other income (See in		•	12	1,680.	· · · · · · · · · · · · · · · · · · ·	_	+	1,680.			
13 Total, Combine lines			13	1,680.				1,680.			
(Deductions	must	ot Taken Elsewhere (See instructions for the directly connected with the unrelated business.)	ness ir	ations on deductions) acome)							
		rectors, and trustees (Schedule K)	/			14	1				
15 Salaries and wages	.00.3, 9	in colors, and indicess (companie it)				15	1				
16 Repairs and mainter	ance					16	1				
17 Bad debts						17					
18 Interest (attach sche	dule) (s	ee instructions)		RECEIVED	101	18					
19 Taxes and licenses					7SO-5	19					
20 Depreciation (attach	Form 4	562)	⊋l	NOV 0 4 20070		<u>. </u>					
21 Less depreciation cl	aimed o	n Schedule A and elsewhere on return	23 23	NUV U 21a	1x1	21b					
22 Depletion			سا			22					
23 Contributions to def	erred co	mpensation plans		OGDEN, UT		23					
24 Employee benefit pr	ograms		ــــــ			24					
25 Excess exempt expe	nses (S	chedule I)				25					
26 Excess readership c	•	· •				26	<u> </u>				
27 Other deductions (a		· ,				27	 -				
28 Total deductions. A		- /				28	 	0.			
		ncome before net operating loss deduction. Subtraction				29		1,680.			
	erating	loss arising in tax years beginning on or after Janua	ary 1, 2	U18				Λ			
(see instructions)	- الأميرة	manma Kuhtmat lun- 20 fee lun- 20				30	 	1,680.			
		ncome/Subtract line 30 from line 29 rwork Reduction Act Notice, see instructions.				31	Form	990-T (2019)			
923701 01-27-20 LHA F	ы гаре	work reduction not notice, see instructions.					1 01111	(2013)			
		<i>_</i>									

Form 99		KIDS WHO CARE, INC.		<u>75-2</u>	541306 Page 2
Parl	: IV	Yotal Unrelated Business Taxable Income		-	
`32	Votal o	f unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		32	1,680.
33	Amour	ts paid for disallowed fringes		38	
34	Charita	ble contributions (see instructions for limitation rules)	ノロ	34	0.
35		nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 3	อโ	35	1,680.
36		ion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
37		f unrelated business taxable income before specific deduction. Subtract line 36 from line 35	7 ⊢	I, -	1,680.
38		c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	ጰ⊢	38	1,000.
39	•	ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	U –)	1,000.
35	7.1	pe smaller of zero or line 37	11.	l.	680.
Dowl		Tax Computation	Ш	89	000.
					1.43
40		zations Taxable as Corporations. Multiply line 39 by 21% (0.21)	^ [10	143.
41	$\overline{}$	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from	- 1 i		
		ax rate schedule or Schedule D (Form 1041)		41	
42	-	ax See instructions	_ ⊢-	42	
43	Alterna	tive minimum tax (trusts only)		43	
44	Taxon	Noncompliant Facility Income. See instructions	, 🛚	44	
45	Total	dd lines 42, 43, and 44 to line 40 or 41, whichever applies	\Box	4 5	143.
Part	Y	Tax and Payments			
46 a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a			
b	Other o	redits (see instructions)		- 1	
C	Genera	business credit. Attach Form 3800 45c		-	
		or prior year minimum tax (attach Form 8801 or 8827)	_		
		redits, Add lines 46a through 46d	۵ ا	66	
47		et line 46e from line 45	_	47	143.
		ixes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedyle		48	
49		ix. Add lines 47 and 48 (see instructions)		49	143.
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50	0.
			F	7.	
	_	its. A 2018 overpayment credited to 2019	-	11	
		stimated tax payments 51b	4	1	
	•	osited with Form 8868	4	- 1	
	-	organizations. Tax paid or withheld at source (see instructions)	4	- 1	
		withholding (see instructions) 5 e	_	- 1	
		or small employer health insurance premiums (attach Form 8941)	_[. 1	
g	$\overline{}$	redits, adjustments, and payments: Form 2439			
		orm 4136 Other Total ▶ 5 g	_	- 1	
52	Total p	ayments. Add lines 51a through 51g	_	54	
53	Estimat	ed tax penalty (see instructions) Check if Form 2220 is attached 🕨 📖	_	53	
54	Tax du	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	- ∐:	54	143.
55	Overpa	yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	• [!	55	
56	Enter th	e amount of line 55 you want: Credited to 2020 estimated tax	- ∏:	56	
Part	VI :	Statements Regarding Certain Activities and Other Information (see instructions)		1	
57	At any t	me during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	over a f	nancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			1 1
	here	•			x
		he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			$-\mid -\frac{n}{x}\mid$
30	-	see instructions for other forms the organization may have to file.			 ^
59		e amount of tax-exempt interest received or accrued during the tax year \$ \$			
		der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my ki	newlos	les and ha	list at in true
Sign	co	rect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	nowiec	iga and be	ner, a is due,
Here		() and () and a support of the sup	May th	e IRS disc	cuss this return with
Here		aux area 10/28 rose PRESIDENT	-		wn below (see
				tions)?	X Yes No
		Print/Type preparer's name Preparer's signature Date Check X	ıf	PTIN	
Paid		CHARLES O. PAUL, CHARLES O. PAUL, self-employe	d		
Prep		CPA CPA 09/25/20]		491201
Use		Firm's name ► CHARLES O. PAUL, CPA Firm's EIN I		75-	2849913
-550	J.117	7408 CONTINENTAL TRAIL			-
		Firm's address ► NORTH RICHLAND HILLS, TX 76182 Phone no.	81'	7-49	8-0884

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valua	tion ► N/A	,			
1 Inventory at beginning of year	1 Inventory at beginning of year 1 6 Inventory at end of y						6	-
2 Purchases	2	7 Cost of goods sold. Subtract line 6				ne 6		
3 Cost of labor	3		fro	m line 5 Enter here	and in F	Part I,		
4a Additional séction 263A costs			line	: 2		,	7	
(attach schedule)	4a		8 Do	the rules of section	263A (\	with respect to		Yes No
b Other costs (attach schedule)	4b		-	perty produced or a	•	=		
5 Total. Add lines 1 through 4b	5		the	organization?	•	, ,		
Schedule C - Rent Income	(From Real	Property an			Leas	ed With Real Pro	pert	v)
(see instructions)	•						•	• •
Description of property								
(1)								
(2)			-					
(3)								
(4)								
	2. Rent receiv	ed or accrued				0/->0		
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for p	personal prop	property (if the percenta erty exceeds 50% or if a profit or income)	age	3(a) Deductions directly columns 2(a) a	y conne nd 2(b) (cted with the income in (attach schedule)
(1)								-
(2)							J	
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	, , , , ,	ter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Del	ot-Financed	Income (see	instructio	ns)	,			
•				oss income from		3 Deductions directly cor to debt-finan	nected ced pro	with or allocable perty
1. Description of debt-fil	nanced property			locable to debt- anced property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)			1					
(2)								
(3)							1	
(4)								
 Amount of average acquisition debt on or allocable to debt-linanced property (attach schedule) 	of or a debt-fina	adjusted basis illocable to nced property n schedule)		olumn 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%			1	
(2)				%	_			
(3)			1	%				
(4))	1	%				
			•			nter here and on page 1, lart I line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals				▶		0		0.
Total dividends-received deductions in	cluded in column	18				•		0.

Schedule F - Interest,	Annuities	, Roya	lties, ai					zatio	ns (see ins	structio	ons)
•				Exempt	Controlled O	rganızatı	ons				
1. Name of controlled organization		2. Em identifi num	cation			tal of specified ments made 5. Part of column 4 that is included in the controlling organization's gross income		gnillor	ing connected with income		
(1)						<u> </u>				$\neg \uparrow$	·······
(2)										$\neg \neg$	
(3)	1										
(4)						 		 	_	-	
Nonexempt Controlled Organi	zations										
7. Taxable Income		elated incor	na floss)	0 Total	of specified pay	mente	10. Part of colu	mn Q th:	t is included	11 6	Deductions directly connected
7. IDadic noone		instruction		9, 100	made		in the controll	ing orga s income	nization's		ith income in column 10
(1)											
(2)				İ					·		·····
(3)											
(4)	·			 							
_(*)				<u> </u>			Add colum				Add columns 6 and 11
							Enter here and line 8, o	on pagi column (Ente	r here and on page 1, Part I, line 8, column (B)
Totals						▶			0.		0.
Schedule G - Investme		ne of a	Section	501(c)((7), (9), or	(17) Oi	rganization	1		<u> </u>	
(000)::0:1					T		3. Deductio	ns	r		5. Total deductions
1. Desc	ription of incom	е			2. Amount of	ілсоте	directly conne (attach sched	ected	4. Set-	·asides schedule)	and cot-acidos
(1)					1		(attach sched	iulej	- 	•	(coi 3 pius coi 4)
(1)	,				<u> </u>						
(2)					ļ				ļ		
(3)					ļ						
(4)					<u></u>				<u> </u>		
					Enter here and Part I, line 9, co	on page 1, olumn (A)					Part I, line 9, column (B)
Totals				•		0.					0.
Schedule I - Exploited (see instru	-	Activity	/ Incom	e, Othe	r Than Ac	vertis	ing Income	9			
(000)	101.01.0,		_		4. Net incon	()			Ī		_
1. Description of exploited activity	2. Gro unrelated b income trade or bi	usiness from	directly i with pro of uni	penses connected oduction related s income	from unrelated business (cominus colum gain, comput through	d trade or olumn 2 in 3) If a e cols 5	5 Gross inco from activity is not unrelat business inco	lhat led	attribut	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)									 		
(3)					1						
(4)											
(4)	Enter here	and on	Enter he	re and on	 				L		Enter here and
	page 1, I line 10, c	Part I,	page 10	, Part I, col (B)						•	on page 1, Part II, line 25
Tabels	, ine 10, c										· ·
Totals >		0.	L	0.	J						0.
Schedule J - Advertisi											
Part I Income From	Periodica	als Rep	orted o	n a Con	isolidated	I Basis	i				
1. Name of periodical		2. Gross advertising income	adv	3. Direct ertising costs	or (loss) (c col 3) If a g	tising gain ol 2 minus ain, compu hrough 7			6. Read cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					,				1		
(2)	- 				_				 		┦ .
(3)	-							-	 		7
			_		\dashv		—				\dashv
(4)					-		+		 		
Totals (carry to Part II, line (5))	•		0.	0).						0.

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Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5 Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)			- :				
(3)							
(4)							
Totals from Part I	▶	0.	0.	,		• ,	0.
		Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B)		•		Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	>	0.	0.	-			0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2, Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%)
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2019)

FORM .990-T	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
IRC SECTION 512(A)(7) INCOM	E	1,680.
TOTAL TO FORM 990-T, PAGE 1	, LINE 12	1,680.