WEGNER CPAS, LLP 2921 LANDMARK PL STE 300 MADISON, WI 53713-4236

> THE KIDS CO-OP, INC. PO BOX 40928 SAN FRANCISCO, CA 94140-0928

| Form 990 |
|--|
| (Rev. January 2020) |
| Department of the Treasury Internal Revenue Service |

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

. .

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

| Do not enter | social securi | ity numbers o | on this form | as it may | be made public. |
|--------------|----------------|---------------|--------------|-------------|-----------------|
| Go to www | v.irs.gov/Forr | m990 for inst | ructions and | d the lates | t information. |

| AF | or the | e 2019 calendar year, or tax year beginning | and ending | | |
|-----------------------------|--------------------------------------|---|--------------|------------------------------|-----------------------------|
| B c | heck if pplicabl | e: C Name of organization | | D Employer identifie | cation number |
| | Addre chang | | | | |
| | Name Chang | Doing business as MARIPOSA KIDS COMMUNITY | PROJECT | 20-35583 | 68 |
| | Initial return Final return | Number and street (or P.O. box if mail is not delivered to street address) PO BOX 40928 | Room/suite | E Telephone number | |
| | termin ated | | | G Gross receipts \$ | 255,598. |
| | Amen | SAN FRANCISCO, CA 94140-0928 | | H(a) Is this a group re | |
| | | | | for subordinates | |
| | pendir | ¹⁹ SAME AS C ABOVE | | H(b) Are all subordinates in | |
| 11 | ax-ex | empt status: 🗴 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a |)(1) or 📃 52 | | list. (see instructions) |
| J١ | Vebsi | te: ► WWW.SFMARIPOSAKIDS.COM | | H(c) Group exemption | n number 🕨 |
| κF | orm of | organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨 | L Yea | of formation: 2006 | State of legal domicile: CA |
| Pa | art I | Summary | | | |
| e | 1 | Briefly describe the organization's mission or most significant activities: ${\bf \underline{AF'}}$ | FER SCH | OOL EDUCATIO | N & |
| Activities & Governance | | RECREATIONAL ACTIVITIES FOR CHILDREN. | | | |
| ern | | Check this box \blacktriangleright if the organization discontinued its operations or di | • | | |
| Š | | Number of voting members of the governing body (Part VI, line 1a) | | | 6 |
| ن ه | | Number of independent voting members of the governing body (Part VI, line ' | | | 6 |
| ies | | Total number of individuals employed in calendar year 2019 (Part V, line 2a) | | | 9 |
| ivit | | Total number of volunteers (estimate if necessary) | | | 6 |
| Act | 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 | | | 0. |
| | | | | Prior Year | Current Year |
| ne | | Contributions and grants (Part VIII, line 1h) | | 8,794. | 10,832. |
| Revenue | | Program service revenue (Part VIII, line 2g) | | 225,275. | 241,283. |
| Be | | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 0. | 2. |
| | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 234,069. | 3,481. |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 1 | | 234,009. | 255,598. 0. |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | | 155,949. | 184,630. |
| ses | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5- | | 133,949. | 104,050. |
| Expenses | | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. | 0. |
| ă | | Total fundraising expenses (Part IX, column (D), line 25) | | 69,921. | 61,234. |
| | | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 225,870. | 245,864. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 8,199. | 9,734. |
| or | 19 | Revenue less expenses. Subtract line 18 from line 12 | | eginning of Current Year | |
| ance | 20 | Total assots (Part X line 16) | | 22,081. | End of Year 29,869. |
| Net Assets (Fund Balanc | | Total assets (Part X, line 16) Total liabilities (Part X, line 26) | | 1,362. | |
| Vet / und | | Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 | | 20,719. | 29,869. |
| | | IVEL ASSELS OF TUTIO DAIATICES, SUDITACI INTE ZT TOTTI INTE ZU | | 20,117. | 20,000. |

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.

| Sign Here | Signature of officer Date Date Date | |
|--------------|---|-------|
| TICI C | Type or print name and title | |
| Paid | int/Type preparer's name ASON STEPHENS, CPA Preparer's signature from types 11/13/20 International Preparer's signature from the signature from th | 5 |
| Preparer | rm's name ► WEGNER CPAS, LLP | |
| Use Only | rm's address 2921 LANDMARK PL STE 300 | |
| | MADISON, WI 53713-4236 Phone no.608-274-4020 | |
| May the IF | discuss this return with the preparer shown above? (see instructions) | No |
| 932001 01-2 | LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2) | 2019) |

| | 990 (2019) THE KIDS CO-OP, INC. | 20- | -3558368 | Page |
|-------|--|----------|------------------|-----------------|
| Par | t III Statement of Program Service Accomplishments | | | |
| | Check if Schedule O contains a response or note to any line in this Part III | | | L |
| 1 | Briefly describe the organization's mission: OUR MISSION IS TO PROVIDE CHILDCARE SERVICES THAT FOCUS | ON | тир | |
| | DEVELOPMENT OF THE WHOLE CHILD. WE ACHIEVE OUR MISSION | | | 2 |
| | POSITIVE RELATIONSHIPS AND AN OPEN PROGRAM STRUCTURE. | Ы | BUILDIN | 3 |
| | TODITIVE RELATIONSHITD AND AN OTEN TROGRAM DIROCTORE. | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | | | |
| | prior Form 990 or 990-EZ? | | Ye | s X N |
| | If "Yes," describe these new services on Schedule O. | | | |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? | | ЦҮе | s 🛛 N |
| | If "Yes," describe these changes on Schedule O. | | | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as | | • | |
| | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe | ers, the | e total expenses | , and |
| | revenue, if any, for each program service reported. | | 2/1 | ,283. |
| 4a | (Code:) (Expenses \$ 167,271. including grants of \$ 0.) (Revenue AFTER SCHOOL EDUCATION AND RECREATION ACTIVITIES FOR AP | | | |
| | CHILDREN AGES 4.5-10 YEARS OLD, SUMMER CAMP PROGRAM PROV | | | |
| | FOR 20 CHILDREN (4.5-10 YEAR OLDS) PER WEEK FOR 7 WEEKS | | | |
| | HOLIDAY CAMP PROGRAM PROVIDING DAY CAMPS FOR 20 CHILDRED | | | |
| | OLD) DURING SCHOOL HOLIDAYS. HOLIDAY CAMP PROGRAM IS API | | | |
| | DAYS PER YEAR. | | | |
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| | | | | |
| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue | ue \$ | | |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue | ue \$ | | |
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| | | | | |
| 4d | Other program services (Describe on Schedule O.) | | | |
| | (Expenses \$ including grants of \$) (Revenue \$ | |) | |
| 4e | Total program service expenses ► 167, 271. | | , | |
| | | | Form | 990 (201 |
| 32002 | 2 01-20-20 | | | |
| | 2 | | | |
| 61 | 113 788028 12786.1TX01 2019.04030 THE KIDS CO-OP, INC. | | 127 | 86_1 |

| Form | 990 | (201) | (9) |
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THE KIDS CO-OP, INC. Part IV Checklist of Required Schedules

| | | | Yes | No |
|--------|--|------|-----|--------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | 1 | x | |
| 0 | If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | x |
| 2 3 | Did the organization required to complete schedule b, schedule of contributors? | 2 | | - 23 |
| 3 | public office? If "Yes," complete Schedule C, Part I | 3 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | 5 | | |
| • | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | x |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | x |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | v |
| | Part VI | 11a | | X |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | x |
| • | assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | 11b | | |
| C | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | x |
| Ь | 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 | 110 | | |
| u | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | x |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | x |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | x |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | Х | |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | 37 |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | x |
| 10 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | 16 | | x |
| 17 | or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | 16 | | - 23 |
| 17 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | x |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| .0 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | x |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | x |
| 20a | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 932003 | 3 01-20-20 | Form | 990 | (2019) |

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| Form | 990 | (2019) |
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THE KIDS CO-OP, INC. Part IV Checklist of Required Schedules (continued)

| | | | V | |
|----------|---|-----|-----|--------|
| ~~ | | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | x |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| с | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| 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 | | | |
| | 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 | | | 37 |
| | 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): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | v |
| | "Yes," complete Schedule L, Part IV | 28a | | X X |
| b | A family member of any individual described in line 28a? If "Yes," <i>complete Schedule L, Part IV</i> | 28b | | |
| с | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If | 00- | | x |
| 20 | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | 29 | | |
| 30 | 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? <i>If</i> "Yes," <i>complete</i> | | | |
| 0L | Schedule N. Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | x |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | 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? | 1 | | |
| | Note: All Form 990 filers are required to complete Schedule O | 38 | Х | |
| Par | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| 4 - | Enter the number reported in Roy 2 of Form 1006. Enter 0, if not explicable | | Yes | No |
| | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1a 1b 1b | 5 | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b (Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | 4 | | |
| C | (gambling) winnings to prize winners? | 1c | | |
| 932004 | | | 990 | (2019) |
| 20200- | 4 | | | () |

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| Part | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
|-----------|--|----------|-----|----|
| | | | | |
| | | | Yes | No |
| | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 9 | | 37 | |
| | 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 <i>e-file</i> (see instructions) | | | 37 |
| | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | 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 authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | 37 |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| bΙ | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| | Organizations that may receive deductible contributions under section 170(c). | | | v |
| | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | _ | | v |
| | to file Form 8282? | 7c | | X |
| | If "Yes," indicate the number of Forms 8282 filed during the year 7d | _ | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| - | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| | Sponsoring organizations maintaining donor advised funds. | 0- | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a 9b | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 90 | | |
| | Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| | Section 501(c)(12) organizations. Enter: | | | |
| | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them.) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | 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. | | | |
| | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans | | | |
| | Enter the amount of reserves on hand 13c | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | Х |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | Х |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | Х |
| I | If "Yes," complete Form 4720, Schedule O. | | | |

Form **990** (2019)

932005 01-20-20

| Form | 990 | (2019) |) |
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THE KIDS CO-OP, INC.

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.

| 1a Enter the number of volting members of the governing body, or if the governing body, or if the governing body, or if the governing body or under the direct supervision of officers, director, trustee, or key employee? 2 2 Did any officer (direct), trustee, or key employee? 2 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? 2 4 Did the organization have members or bid governing body, or other person? 6 5 Did the organization have members, stocholders? 6 7 Did the organization have members, stocholders? 7 8 Did the organization have members, stocholders? 7 8 Did the organization consenpoanously document the mestings held or written actions undertaken during the year by the following: 7 9 Did the organization have members or behalf of the governing body? 8 9 Is the argumation consenpoanously document the mestings held or written actions or schedule O 9 9 Is the argumation consenpoanously document the mesting body? 9 9 Is the organization nave w | | Check if Schedule O contains a response or note to any line in this Part VI | | | | |
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| 1a Enter the number of voting members of the governing body, or if the governing body delegated brod atubnity is an executive committee or similar committee, explain of 3 bodeule 0. 1a 1a 6 b Enter the number of voting members included on line 1a, above, who are independent. 1b 6 2 Did any office, clinectri, rustee, or key employees the ave a family relationship or a business relationship with any other officers, directore, rustees, or key employees to a management domes customarily performed by or under the direct supervision of officers, directors, rustees, or key employees to a management domes customarily performed by or under the direct supervision of fibe organization base are are significant diversion of the organization searce are not the organization reserves to the organization area area significant diversion of the organization area methes, stochtoiders? 2 3 Did the organization have members, stochtoiders? 7a 3 Did the organization have members, stochtoiders? 7a 4 Did the organization nave members, stochtoiders? 7a 5 Did the organization nave members, stochtoiders? 7a 6 Did any organization nave members, stochtoiders? 7a 7a Dear any overning body? 8a 8 Did the organization nave members, stochtoiders? 7a 7a <td< th=""><th>Sect</th><th>tion A. Governing Body and Management</th><th></th><th></th><th></th><th>_</th></td<> | Sect | tion A. Governing Body and Management | | | | _ |
| If there are material differences in voting rights among members of the governing body, or if the governing body dilegizatio broad autority to an excervice committee or shall we committee or who are independent. ID Enter the numbers in cluded on line 1a, above, who are independent. ID ID <t< th=""><th></th><th></th><th>1 1</th><th></th><th>Yes</th><th>N</th></t<> | | | 1 1 | | Yes | N |
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| Part VII | Compensation of Officers, Dire | ectors, Trustees, | Key Employees, | Highest C | ompensated |
|----------|--------------------------------|-------------------|----------------|-----------|------------|
| | Employees, and Independent (| Contractors | | | |

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) | (B) | (C) | | (D) | (E) | (F) | | | | |
|-------------------------------------|------------------------|---|--|-------------|--------------|---------------------------------|-----------|-----------------|-----------------|------------------------|
| Name and title | Average | Position (do not check more than one | | Reportable | Reportable | Estimated | | | | |
| | hours per | box | box, unless person is both an officer and a director/trustee) | | compensation | compensation | amount of | | | |
| | week | <u> </u> | cer ar | nd a d I | recto | or/trus | tee) | from | from related | other |
| | (list any | ector | | | | | | the | organizations | compensation |
| | hours for | or di | e. | | | ated | | organization | (W-2/1099-MISC) | from the |
| | related | istee | truste | | e | pensi | | (W-2/1099-MISC) | | organization |
| | organizations below | Jal tru | onal | | ploye | ee com | | | | and related |
| | line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | organizations |
| (1) CONRAD MOORE | 1.00 | 드 | - | 5 | 1 2 2 | 포동 | 오 | | | |
| PRESIDENT | 100 | x | | x | | | | 0. | 0. | 0. |
| (2) KATHARINE BERG | 1.00 | | | | | | | | | |
| VICE PRESIDENT | | x | | x | | | | 0. | 0. | 0. |
| (3) CHRISTINA GLEZAKOS | 1.00 | | | | | | | ••• | | |
| SECRETARY | | x | | x | | | | 0. | 0. | 0. |
| (4) ALAN PETERS | 1.00 | | | <u> </u> | | | | • | | |
| TREASURER (THRU AUGUST) | | x | | x | | | | 0. | 0. | 0. |
| (5) CHRIS BERTHIAUME | 1.00 | | | | | | | | | |
| TREASURER (SINCE SEPTEMBER) | | x | | x | | | | 0. | 0. | Ο. |
| (6) ENA LADI | 1.00 | | | | | | | | | |
| SECRETARY (SINCE SEPTEMBER) | | Х | | Х | | | | 0. | 0. | 0. |
| (7) TATIANA SPITZ | 1.00 | | | | | | | | | |
| DIRECTOR (SINCE SEPTEMBER) | | Х | | | | | | 0. | 0. | 0. |
| (8) AMANDA DEERING | 40.00 | | | | | | | | | |
| DIRECTOR OF OPERATIONS AND STRATEGY | | | | х | | | | 36,845. | 0. | 825. |
| (9) SCOTT NAAB | 40.00 | | | | | | | | | |
| EXECUTIVE DIRECTOR (THRU JUNE) | | | | X | | | | 37,076. | 0. | 1,800. |
| | | | | | | | | | | |
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| | | | | | | | | | | - 000 |
| 932007 01-20-20 | | | | | | - | | | | Form 990 (2019) |

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2019.04030 THE KIDS CO-OP, INC.

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| | 990 (2019) THE KIDS | | | | | | | | | 20-3 | 558 | 368 | Р | age 8 |
|----------|--|--|--|-----------------------|---|---|---------------------------------|--------|--|-------------------------------|------|-----------------|---|------------------|
| Par | t VII Section A. Officers, Directors, Trus | | ploy | ees | | | ghe | st C | Compensated Employe | es (continued) | | | | |
| | (A) Name and title | (B) Average hours per week | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | (D) Reportable compensation from | (E) Reportable compensatio from related | n | | (F) stimate nount other | | | | | |
| | | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organization (W-2/1099-MIS | | fr org an | pensa rom th anizat d relat anizati | e ion ed |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| | | | | | | | | | F 2 001 | | | | <u> </u> | 0 |
| | Subtotal | | | | | | | | 73,921. | | 0. | | 2,6 | <u>25.</u> 0. |
| | Total from continuation sheets to Part VI Total (add lines 1b and 1c) | | | | | | | | 73,921. | | 0. | | 2,6 | ••• |
| 2 | Total number of individuals (including but n | | | | | | | no re | eceived more than \$100 | ,000 of reportab | ie | | | |
| | compensation from the organization | | | | | | | | | | | | Vee | 0 No |
| 3 | Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s | , | , | , | • | , | , | 0 | phest compensated emp | , | | 3 | Yes | X |
| 4 | For any individual listed on line 1a, is the su and related organizations greater than \$150 | im of reportab | le co | omp | ensa | atior | n and | d otl | her compensation from | the organization | | 4 | | x |
| 5 | Did any person listed on line 1a receive or a | | | | | | | | | | | • | | |
| <u> </u> | rendered to the organization? If "Yes," com | plete Schedul | e J f | or si | uch | pers | son . | | | | | 5 | | Х |
| 1 | tion B. Independent Contractors Complete this table for your five highest co | mpensated inc | depe | ende | ent c | ontr | racto | ors t | hat received more than | \$100,000 of com | pens | ation | from | |
| | the organization. Report compensation for | the calendar y | ear e | endi | ng v | vith | or w | ithir | | year. | | | | |
| | (A) Name and business | address | NC | ONI | Ξ | | | | (B) Description of s | ervices | C |) ompe | C) nsatio | n |
| | | | | | | | | | | | | | | |
| | | | | | | | | - | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractors (i \$100,000 of compensation from the organiz | • | ot lii | mite | d to | | se lis) | stec | above) who received m | nore than | | | 005 | |
| | | | | | | | | | | | | Form | 990 (| 2019) |

932008 01-20-20

| Form | <u>1 990</u> | (2019) THE KIDS CO- | OP, INC. | | | 20-3558 | 368 Page 9 |
|--|--------------|--|-----------------------|------------------------------|--|---------|--|
| | rt V | III Statement of Revenue | | | | | |
| | | Check if Schedule O contains a respons | se or note to any lin | | | | |
| | | | | (A) Total revenue | (B) Related or exempt function revenue | | (D) Revenue excluded from tax under sections 512 - 514 |
| nts nts | 1 : | a Federated campaigns 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | b Membership dues 1b | | | | | |
| ts, (Am | | c Fundraising events 1c | | | | | |
| Gif ilar | | d Related organizations 1d | | | | | |
| Sim, | | e Government grants (contributions) 1e | | | | | |
| utic Jer | 1 | f All other contributions, gifts, grants, and | 10,832. | | | | |
| oti | | similar amounts not included above 1f g Noncash contributions included in lines 1a-1f | 10,052. | | | | |
| Con | | h Total. Add lines 1a-1f | > | 10,832. | | | |
| | | | Business Code | _ , | | | |
| é | 2 | a TUITION | 624410 | 174,053. | 174,053. | | |
| e vic | | b HOLIDAY CAMPS | 624410 | 56,275. | 56,275. | | |
| enu enu | | c MISSION KIDS | 624410 | 10,955. | 10,955. | | |
| Program Service Revenue | | d | | | | | |
| rog | | e | - | | | | |
| α. | 1 | f All other program service revenue | | 241,283. | | | |
| | | g Total. Add lines 2a-2f Investment income (including dividends, inte | | 241,203. | | | |
| | 3 | other similar amounts) | | 2. | | | 2. |
| | 4 | Income from investment of tax-exempt bonc | | | | | |
| | 5 | Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6 | a Gross rents 6a | | | | | |
| | | b Less: rental expenses 6b | | | | | |
| | | c Rental income or (loss) 6c | | | | | |
| | | d Net rental income or (loss) | | | | | |
| | 7 | a Gross amount from sales of (i) Securities | s (ii) Other | | | | |
| | | assets other than inventory 7a b Less: cost or other basis | | | | | |
| е | | and sales expenses 7b | | | | | |
| evenue | | c Gain or (loss) | | | | | |
| | | d Net gain or (loss) | 🕨 | | | | |
| Other R | | a Gross income from fundraising events (not | | | | | |
| ð | | including \$ of | | | | | |
| | | contributions reported on line 1c). See | | | | | |
| | | Part IV, line 18 8 | | | | | |
| | | | Bb | | | | |
| | | c Net income or (loss) from fundraising events | <u>,</u> ▶ | | | | |
| | 9 | a Gross income from gaming activities. See Part IV, line 19 | | | | | |
| | | | b | | | | |
| | | c Net income or (loss) from gaming activities | ~~ | | | | |
| | | a Gross sales of inventory, less returns | F | | | | |
| | | and allowances 1 | 0a | | | | |
| | | | 0b | | | | |
| | ļ | c Net income or (loss) from sales of inventory | | | | | |
| s | | | Business Code | | | | |
| neor | 11 : | | - | | | | |
| ven | | b | - | | | | |
| Miscellaneous Revenue | | | 900099 | 3,481. | | | 3,481. |
| Ξ | | d All other revenue e Total. Add lines 11a-11d | · | 3,481. | | | 5,401. |
| | 12 | Total revenue. See instructions | | 255,598. | | 0. | 3,483. |
| 93200 | | | F | -,,- | , | | Form 990 (2019 |
| - | | | | | | | `` |

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| Form | 990 | (2019) | ١ |
|------|-----|--------|---|
| | | | |

THE KIDS CO-OP, INC. Part IX Statement of Functional Expenses

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

| D٥ | Check if Schedule O contains a respons not include amounts reported on lines 6b, | (A) | (B) | (C) | (D) |
|----------|--|----------------|-----------------------------|---------------------------------|-------------------------|
| | 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | expenses | general expenses | expenses |
| • | and domestic governments. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to domestic | | | | |
| | individuals. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to foreign | | | | |
| | organizations, foreign governments, and foreign | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| | trustees, and key employees | 76,546. | 53,582. | 22,964. | |
| 6 | Compensation not included above to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 80,631. | 56,442. | 24,189. | |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 9,153. | | 9,153. | |
| 0 | Payroll taxes | 18,300. | 12,810. | 5,490. | |
| 1 | Fees for services (nonemployees): | | | | |
| а | Management | | | | |
| b | Legal | | | | |
| С | Accounting | 1,900. | | 1,900. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | · · · · | | | | |
| | column (A) amount, list line 11g expenses on Sch 0.) | 226 | | 226 | |
| 12 | Advertising and promotion | 336. | | 336. | |
| 13 | Office expenses | 9,873. | | 9,873. | |
| 4 | Information technology | 4,232. | | 4,232. | |
| 15 | Royalties | 21 600 | 21 (00 | | |
| 6 | Occupancy | 31,688. | 31,688. | | |
| 7 | Travel | | | | |
| 8 | Payments of travel or entertainment expenses | | | | |
| _ | for any federal, state, or local public officials | 4,259. | 3,803. | 456. | |
| 9 | Conferences, conventions, and meetings | 4,259. | 5,005. | 450. | |
| 20 | | | | | |
| 21 | Payments to affiliates | | | | |
| 2 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | | | | |
| 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.) | 4,255. | 4,255. | | |
| a L | ART STUDIO | 1,787. | 1,787. | | |
| D | FIELD TRIP | 1,458. | 1,458. | | |
| C بہ | KIDS FOOD | 1,446. | 1,446. | | |
| d | | ±, ±±0• | | | |
| e E | All other expenses | 245,864. | 167,271. | 78,593. | (|
| 25 16 | Joint costs. Complete this line only if the organization | 24J,004. | ±01,21±• | 10,333. | |
| 6 | | | | | |
| | 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 (20 |

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11 2019.04030 THE KIDS CO-OP, INC.

THE KIDS CO-OP, INC.

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| Form | n 990 (| 2019) THE KIDS CO-OP, INC. | | 20- | 3558368 Page 11 |
|-----------------------------|----------|--|---------------------------------|----------|---------------------------|
| Pa | rt X | Balance Sheet | | | |
| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 20,135. | 1 | 24,866. |
| | 2 | Savings and temporary cash investments | | 2 | 5,003. |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| ets | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| < | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a | | | |
| | b | | | 10c | |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | 1 040 | 14 | 0 |
| | 15 | Other assets. See Part IV, line 11 | 1,946. | 15 | 0. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 22,081. 1,362. | 16 | 29,869. |
| | 17 | Accounts payable and accrued expenses | 1,302. | 17 | |
| | 18 | Grants payable | | 18 | |
| | 19 | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Loans and other payables to any current or former officer, director, | | | |
| bili | | trustee, key employee, creator or founder, substantial contributor, or 35% | | 22 | |
| Lia | 00 | controlled entity or family member of any of these persons | | 22 | |
| | 23 24 | Secured mortgages and notes payable to unrelated third parties | | 23 24 | |
| | 24 | Other liabilities (including federal income tax, payables to related third | | 24 | |
| | 25 | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | | | 25 | |
| | 26 | of Schedule D Total liabilities. Add lines 17 through 25 | 1,362. | 26 | 0. |
| | <u> </u> | Organizations that follow FASB ASC 958, check here X | , | | |
| Ses | | and complete lines 27, 28, 32, and 33. | | | |
| and | 27 | Net assets without donor restrictions | 20,719. | 27 | 29,869. |
| Ba | 28 | Net assets with donor restrictions | | 28 | |
| pui | | Organizations that do not follow FASB ASC 958, check here 🕨 🗌 | | | |
| ц | | and complete lines 29 through 33. | | | |
| s ol | 29 | Capital stock or trust principal, or current funds | | 29 | |
| set | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| Net Assets or Fund Balances | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| Net | 32 | Total net assets or fund balances | 20,719. | 32 | 29,869. |
| | 33 | Total liabilities and net assets/fund balances | 22,081. | 33 | 29,869. |
| | | | | | Form 990 (2019) |

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| Form | 1990 (2019) THE KIDS CO-OP, INC. | 20- | 3558368 | Pag | je 12 |
|------|---|----------|---------|-----|--------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | X |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 255 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 245 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 34. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 20 | ,71 | 19. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 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 | | -58 | 84. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, | | | | |
| | column (B)) | 10 | 29 | ,86 | 69. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | _ | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | l on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| с | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | _ | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | ngle Auc | lit | | |
| | Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | | | |

Form **990** (2019)

932012 01-20-20

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| SCHEDULE A | |
|------------|--|
|------------|--|

Department of the Treasury

Internal Revenue Service

| (Form | 990 | or | 990-EZ | 'n |
|-------|-----|-----|--------|----|
| | 330 | UI. | 330-LZ | • |

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

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

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

| OMB No. 1545-0047 |
|------------------------------|
| 2019 |
| Open to Public Inspection |

| Name of the c | organization |
|---------------|--------------|
|---------------|--------------|

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| Employer | identification | number |
|----------|----------------|--------|
| ່ | 0 35503 | 60 |

| | | THE | KIDS C | CO-OP | , INC. | | | | | 0-3558368 |
|-----------------|------|--|---------------|--------------|---|--------------------|------------------|---------------------|----------------------|-----------------------------|
| Part | Ι | Reason for Public | Charity S | Status (/ | All organizations must co | omplete th | is part.) Se | e instruction | 3. | |
| The or | gani | ization is not a private found | lation becau | use it is: (| For lines 1 through 12, c | heck only | one box.) | | | |
| 1 🗋 | | A church, convention of ch | urches, or a | associatio | on of churches described | d in sectio | on 170(b)(1 | I)(A)(i). | | |
| 2 🛛 | Χ | A school described in sect | ion 170(b)(| 1)(A)(ii). | Attach Schedule E (Forn | n 990 or 99 | 90-EZ).) | | | |
| з 🗌 | | A hospital or a cooperative | | | | | | ii). | | |
| 4 | | A medical research organiz | | | | | | |)(iii). Enter | the hospital's name, |
| | | city, and state: | | | | | | | | |
| 5 | | An organization operated for | or the benef | fit of a co | llege or university owned | d or opera | ted by a g | overnmental u | unit descrik | bed in |
| | | section 170(b)(1)(A)(iv). (C | | | v | • | | | | |
| 6 | | A federal, state, or local go | - | - | nental unit described in : | section 17 | 70(b)(1)(A) | (v). | | |
| 7 | | An organization that norma | | | | | | | he general | public described in |
| | | section 170(b)(1)(A)(vi). (C | - | | | Ū | | | U U | |
| 8 | | A community trust describe | | | (1)(A)(vi). (Complete Par | t II.) | | | | |
| 9 | | An agricultural research org | | | | | ed in conju | inction with a | land-grant | college |
| | | or university or a non-land- | - | | | | - | | - | - |
| | | university: | | | | | | | | |
| 10 | | An organization that norma | Ily receives: | : (1) more | than 33 1/3% of its sup | port from | contributi | ons, members | ship fees, a | Ind gross receipts from |
| | | activities related to its exen | | | | | | | | |
| | | income and unrelated busin | ness taxable | e income | (less section 511 tax) fr | om busine | esses acqu | ired by the or | ganization | after June 30, 1975. |
| | | See section 509(a)(2). (Con | mplete Part | III.) | | | | | | |
| 11 🗌 | | An organization organized a | and operate | ed exclus | ively to test for public sa | afety. See | section 50 |)9(a)(4). | | |
| 12 | | An organization organized a | and operate | ed exclus | ively for the benefit of, to | perform | the functio | ons of, or to ca | arry out the | e purposes of one or |
| | | more publicly supported or | ganizations | describe | ed in section 509(a)(1) o | r section | 509(a)(2). | See section & | 5 09(a)(3). (| Check the box in |
| | | lines 12a through 12d that | describes t | he type o | of supporting organizatio | n and com | nplete lines | s 12e, 12f, an | d 12g. | |
| а | | Type I. A supporting orga | anization op | erated, s | upervised, or controlled | by its sup | ported org | ganization(s), t | typically by | ' giving |
| | | the supported organization | on(s) the po | wer to re | gularly appoint or elect a | a majority (| of the dire | ctors or truste | es of the s | supporting |
| | | organization. You must o | complete Pa | art IV, Se | ections A and B. | | | | | |
| b | | Type II. A supporting org | | - | | | | - | | - |
| | | control or management o | | | | ame perso | ons that co | ontrol or mana | ige the sup | ported |
| | | organization(s). You mus | - | | | | | | | |
| С | | Type III functionally inte | - | | | | | | lly integrate | ed with, |
| | | its supported organizatio | | | | | | | | |
| d | | Type III non-functionally | - | | | | | | - | |
| | | that is not functionally int | - | - | | - | | - | a an attent | iveness |
| • | | requirement (see instruct | - | | | | | | | |
| е | | Check this box if the orgation functionally integrated, or | | | | | | стурет, туре | n, rype m | |
| f 🗆 | Inte | r the number of supported of | | | | | | | | |
| | | ride the following information | 0 | | ed organization(s) | | | | | |
| | |) Name of supported | (ii) El | | (iii) Type of organization | (iv) Is the orga | inization listed | (v) Amount of | monetary | (vi) Amount of other |
| | | organization | | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see ir | structions) | support (see instructions) |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| Total LHA Fo | or P | aperwork Reduction Act N | lotice. see | the Instr | uctions for Form 990 a | r 990-EZ. | 932021 09- | 25-19 Sche o | dule A (For | / rm 990 or 990-EZ) 2019 |

Schedule A (Form 990 or 990 EZ) 2019 THE KIDS CO-OP, INC.

20-3558368 Page 2

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

| Se | ction 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 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 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) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | |
| | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| | Amounts from line 4 | (0) 2010 | (6) 2010 | (0) 2017 | (0) 2010 | (6) 2013 | (1) 10121 |
| | Gross income from interest, | | | | | | |
| 0 | dividends, payments received on | | | | | | |
| | | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| • | and income from similar sources | | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | | | | | | |
| 40 | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | | | | | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part VI.) | | | | | | |
| | Total support. Add lines 7 through 10 | | | | | | |
| | Gross receipts from related activities, | • | , | | | 12 | |
| 13 | First five years. If the Form 990 is for | 0 | , , | , , | , | ()() | |
| <u> </u> | organization, check this box and stop ction C. Computation of Publ | here | roontago | | | | ▶∟ |
| | • | •• | • | | | 11 | |
| | Public support percentage for 2019 (I | | | | | 14 | % |
| | Public support percentage from 2018 | | | | | 15 | % |
| 16a | 33 1/3% support test - 2019. If the c | | | | | | |
| | stop here. The organization qualifies | | | | | | |
| k | 33 1/3% support test - 2018. If the c | | | | | | nis box |
| | and stop here. The organization qual | | | | | | ▶∟ |
| 17 a | 10% -facts-and-circumstances tes | t - 2019. If the org | anization did not | check a box on lir | ne 13, 16a, or 16b, | and line 14 is 10% | or more, |
| | and if the organization meets the "fac | | | | - | - | |
| | meets the "facts-and-circumstances" | test. The organiza | ation qualifies as a | publicly supporte | ed organization | | ▶□] |
| k | 10% -facts-and-circumstances test | t - 2018. If the orc | anization did not | check a box on lir | ne 13, 16a, 16b, or | 17a, and line 15 is | 10% or |
| | more, and if the organization meets th | ne "facts-and-circu | imstances" test, o | heck this box and | stop here. Explai | n in Part VI how the | e |
| | organization meets the "facts-and-circ | umstances" test. | The organization | qualifies as a pub | licly supported org | anization | ▶□ |
| 18 | Private foundation. If the organizatio | n did not check a | box on line 13, 16 | 6a, 16b, 17a, or 17 | b, check this box | and see instruction | Is ► |
| | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 THE KIDS CO-OP, INC.

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

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

| Section A. Public Support | | 1 | | | | |
|--|------------------------|----------------------|-------------------------|----------------------|-------------------|---------------------|
| 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 | | | | | | |
| include any "unusual grants.") \dots | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the | | | | | | |
| organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to | 5 | | | | | |
| the organization without charge \dots | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | d | | | | | |
| 3 received from disqualified persor | IS | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |
| ection B. Total Support | | • | · | · | | |
| alendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 0a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesse acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| Net income from unrelated busines activities not included in line 10b, whether or not the business is regularly carried on | SS . | | | | | |
| 2 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 3 Total support. (Add lines 9, 10c, 11, and 12 | | | | | | |
| 4 First five years. If the Form 990 is | · | s first, second, thi | rd, fourth, or fifth ta | ax year as a sectio | n 501(c)(3) orgar | nization, |
| check this box and stop here | - | | <i>, ,</i> | - | | |
| Section C. Computation of Pu | blic Support Pe | ercentage | | | | |
| 5 Public support percentage for 2019 | 9 (line 8, column (f), | divided by line 13, | column (f)) | | 15 | % |
| 6 Public support percentage from 20 | | | | | 16 | % |
| ection D. Computation of Inv | | | | | • | |
| 17 Investment income percentage for | 2019 (line 10c, colu- | mn (f), divided by | line 13, column (f)) | | 17 | % |
| 8 Investment income percentage from | | | | | 18 | % |
| 9a 33 1/3% support tests - 2019. If t | | | | | | |
| more than 33 1/3%, check this boy | | | | | | |
| b 33 1/3% support tests - 2018. If t line 18 is not more than 33 1/3%, c | he organization did r | not check a box o | n line 14 or line 19a | a, and line 16 is mo | ore than 33 1/3% | , and |
| 20 Private foundation. If the organiza | | | | | | |
| 32023 09-25-19 | and the not offer a | | | | | 90 or 990-EZ) 2019 |
| 02020 03-20-13 | | | 15 | 3011 | | 00 01 000-LZJ ZU 18 |
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

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.)

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| | | | Yes | No |
|-------|--|-----------|--------|------|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| с | 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 | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? 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 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or 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 | | | |
| 800 | the supported organization(s). tion D. All Type III Supporting Organizations | 1 | | |
| 360 | tion D. An Type in 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 | | 165 | NO |
| • | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | • | | |
| - | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described 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. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | _ | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions) | | | |
| а | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| с | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins | tructions | s). | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | |
| | of the organization's supported organization(s) would have been engaged in? 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 | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | - | | |
| - | trustees of each of the supported organizations? <i>Provide details in</i> Part VI. | 3a | | |
| 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. | 3b | | 0040 |
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

| 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): | | | |
| а | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| с | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other | | | |
| | factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 | Multiply line 5 by .035. | 6 | | |
| 7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| 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 | | | |
| | emergency temporary reduction (see instructions). | 6 | | |
| 7 | Check here if the current year is the organization's first as a non-functional | v integrate | d Type III supporting or | anization (see |

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

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| Pa | rt V Type III Non-Functionally Integrated 509 | (a)(3) Supporting Orga | anizations _(continued) | |
|------|---|-------------------------------|--|---|
| Sect | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exe | | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | | | |
| 4 | 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 | he organization is responsive | e | |
| | (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 | | | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| a | From 2014 | | | |
| b | From 2015 | | | |
| c | From 2016 | | | |
| d | From 2017 | | | |
| e | From 2018 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2019 distributable amount | | | |
| i | Carryover from 2014 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from Section D, | | | |
| | line 7: \$ | | | |
| | Applied to underdistributions of prior years | | | |
| | Applied to 2019 distributable amount | | | |
| C | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2019, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| | Excess from 2015 | | | |
| | Excess from 2016 | | | |
| - | Excess from 2017 | | | |
| | Excess from 2018 | | | |
| e | Excess from 2019 | | | |

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| - 19 | | | 20 | | Schedule A (F | orm 990 o | r 990-EZ) 2 |
|------|------|--|----|------|---------------|-----------|-------------|
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| (For Depart Interna | Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. Part IV, line 13, or Form 990-EZ, Part VI, line 48. epartment of the Treasury ternal Revenue Service Attach to Form 990 or Form 990-EZ. Op Ins | | MB No. 1545-0047 | | | | |
|----------------------------------|--|---|-------------------------|----------|--------|--------|--|
| Name | e of the organizatior | | Employer identi 20-3 | | | mber | |
| Pa | rt I | THE KIDS CO-OP, INC. | 20-5 | 556 | 300 | | |
| <u></u> | | | | | YES | NO | |
| 1 | Does the organizat | ion have a racially nondiscriminatory policy toward students by statement in its charter, byla | aws, | | | | |
| | other governing ins | strument, or in a resolution of its governing body? | | 1 | Х | | |
| 2 | • | ion include a statement of its racially nondiscriminatory policy toward students in all its broc | | | v | | |
| • | | her written communications with the public dealing with student admissions, programs, and | r | 2 | Х | | |
| 3 | | on publicized its racially nondiscriminatory policy through newspaper or broadcast media du on for students, or during the registration period if it has no solicitation program, in a way tha | - | | | | |
| | | o all parts of the general community it serves? If "Yes," please describe. If "No," please expl | | | | | |
| | If you need more s | | | 3 | Х | | |
| | | ROLLMENT PERIODS OUR NONDISCRIMINATION POLICY | | | | | |
| | | OUR REGISTRATION PAGE AS WELL AS ON ANY PRINT | 'ED | | | | |
| | MEDIA THA | I IS DISTRIBUTED. | | | | | |
| | | | | | | | |
| | <u> </u> | | | | | | |
| 4 | • | ion maintain the following? | | 4a | Х | | |
| | | the racial composition of the student body, faculty, and administrative staff? | | 4a 4b | X | | |
| | | by b | | т | | | |
| • | - | ams, and scholarships? | | 4c | х | | |
| d | | ial used by the organization or on its behalf to solicit contributions? | | 4d | Х | | |
| | | lo" to any of the above, please explain. If you need more space, use Part II. | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| - | Deep the even inst | | | | | | |
| 5 | - | ion discriminate by race in any way with respect to: | | 5a | | х | |
| | | privileges? | | 5a 5b | | X | |
| c | Employment of fac | s? | ••••••• | 5c | | X | |
| | | ner financial assistance? | | 5d | | X | |
| | | is? | | 5e | | X | |
| | | | | 5f | | Х | |
| g | |) | | 5g | | Х | |
| | Other extracurricul | ar activities? | | 5h | | X | |
| | If you answered "Y | es" to any of the above, please explain. If you need more space, use Part II. | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 6. | Does the organizat | ion receive any financial aid or assistance from a governmental agency? | | 6a | | х | |
| | | on's right to such aid ever been revoked or suspended? | | 6b | | X | |
| U U | | /es" on either line 6a or line 6b, explain on Part II. | | 55 | | | |
| 7 | | ion certify that it has complied with the applicable requirements of sections 4.01 through 4. | 05 of | | | | |
| - | - | 975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II | | 7 | х | | |
| LHA | | | Schedule E (Form 9 | 90 or | 990-EZ |) 2019 | |

932061 10-09-19

21 17161113 788028 12786.1TX01 2019.04030 THE KIDS CO-OP, INC. 12786_11

| t II | Supplemental Information. Provide the explanations required by I | Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. |
|------|--|--|
| | Also provide any other additional information. | |

| 932062 10-09-19 161113 788028 12786 | .1TX01 2019 | 9.04030 | 22 THE | KIDS | CO-OP, | | m 990 or 990-EZ) 20 12786_1 |
|--|-------------|---------|-----------|------|--------|-----------------|--------------------------------|
| 932062 10-09-19 | | | | | | Schedule F (For | m 990 or 990-F71 20 |
| | | | | | | | |
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SCHEDULE O

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

Name of the organization

Internal Revenue Service

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. OMB No. 1545-0047

Employer identification number 20 - 3558368

FORM 990, PART I, DOING BUSINESS AS:

THE KIDS CO-OP, INC.

MARIPOSA KIDS COMMUNITY PROJECT

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

THE FORM 990 IS REVIEWED BY MANAGEMENT PRIOR TO FILING WITH THE IRS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PRIOR PERIOD ADJUSTMENTS

-584.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19
 23

| Form | 8868 |
|------|------|
|------|------|

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service

| File | 2 0002 | irata a | oplicatio | n for | aach | roturn | |
|------|--------|---------|-----------|-------|------|--------|--|

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

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

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

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

| Type or | Name of exempt organization or other filer, see instructions. | | | | Taxpayer identification number (TIN) | | | |
|--|--|--|--|----------------------------|---|---|--|--|
| print | THE KIDS CO-OP, INC. | | | 20-3558368 | | | | |
| File by the due date fo filing your return. See | Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 40928 | | | | | | | |
| instructions | | | | | | | | |
| Enter the | Return Code for the return that this application is for (fil | e a separa | te application for each return) | | | | | |
| Application | | Return | Application | | | Return | | |
| ls For | | Code | Is For | | | Code | | |
| Form 99 | 0 or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 | | |
| Form 99 | 0-BL | 02 | Form 1041-A | | | 08 | | |
| Form 47 | 20 (individual) | 03 | Form 4720 (other than individual) | | | 09 | | |
| Form 99 | 0-PF | 04 | Form 5227 | | | 10 | | |
| Form 99 | 0-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 | | |
| Form 99 | 0-T (trust other than above) AMANDA DEERING | 06 | Form 8870 | | | 12 | | |
| Telep If the If this to this the If this the If this I I re If the If this I I re If the If t | equest an automatic 6-month extension of time until e organization named above. The extension is for the org X calendar year 2019 or tax year beginning he tax year entered in line 1 is for less than 12 months, c Change in accounting period | s in the Ur Group Exe and atta NOVEI anization's , an .heck reas | emption Number (GEN) I ch a list with the names and TINs of MBER 16, 2020 , to file s return for: d ending on: Initial return | f this is fo f all memb | r the whole ers the exte npt organiza | group, check this ension is for. | | |
| | his application is for Forms 990-BL, 990-PF, 990-T, 4720, y nonrefundable credits. See instructions. | , or 6069, | enter the tentative tax, less | 3a | \$ | 0. | | |
| | his application is for Forms 990-PF, 990-T, 4720, or 6069 | , enter an | refundable credits and | | - - | | | |
| | timated tax payments made. Include any prior year over | | | Зb | \$ | 0. | | |
| | Ilance due. Subtract line 3b from line 3a. Include your pa | | | | | | | |
| us | ing EFTPS (Electronic Federal Tax Payment System). See | , e instructio | ons. | 3c | \$ | Ο. | | |
| Caution instruction | : If you are going to make an electronic funds withdrawal | (direct de | bit) with this Form 8868, see Form 8 | 453-EO ai | | 79-EO for payment 8868 (Rev. 1-2020) | | |