Form 990

Return of Organization Exempt From Income Tax

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

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

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

2024 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury

Inspection For the 2024 calendar year, or tax year beginning 07/01/24 , and ending 06/30/25C Name of organization Check if applicable: D Employer identification number Address change College for Kids, Inc. Take Stock in Children PBC Doing business as 20-8077416 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1896 Palm Beach Lakes Blvd. Ste 103 Initial return 561-683-1704 Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated West Palm Beach 2,699,749 G Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending Yes Nancy Stellway 1896 Palm Beach Lakes Blvd. Ste 103 Yes H(b) Are all subordinates included? West Palm Beach FL 33409 If "No." attach a list. See instructions X 501(c)(3) 501(c) () (insert no.) 527 www.takestockpalmbeach.org H(c) Group exemption number X Corporation Trust Form of organization: Association Year of formation: 2006 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: See Schedule O Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 15 4 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 16 5 6 Total number of volunteers (estimate if necessary) 612 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 200 4.412. 2.488.139 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 102,534 162 11 Other revenue (Part VIII, çolumn (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 15, 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,503,212 2,665,869 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 84,581 584,58 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 985. 148 149 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 454,384 633,136 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 524,113 2.367.021 19 Revenue less expenses. Subtract line 18 from line 12 2,979,099 298,848 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 11,797,072 12,166,380 21 Total liabilities (Part X, line 26) 141,222 77,075 22 Net assets or fund balances. Subtract line 21 from line 20 655,850 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here Nancy Stellway Executive Director Type or print name and title Preparer's name Preparer's signature Check Paid Michael J. Robbins self-employed P01210648 Preparer ROBBINS & MORONEY. Firm's name 65-0356804 Firm's EIN Use Only 222 SE 10th St Fort Lauderdale, FL 954-467-3100 May the IRS discuss this return with the preparer shown above? See instructions X Yes

Pa	ırt III	Statement of Program S Check if Schedule O con			this Part III		X
1	Briefly de	escribe the organization's mission		or moto to drift mile in	ano i die iii		
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	1,000,000					Y.C. R. E. R.	
2		organization undertake any signific	cant program services	during the year which we	re not listed on the		
		m 990 or 990-EZ?	********				Yes X No
_		describe these new services on S					
3		organization cease conducting, or	make significant chang	jes in how it conducts, ar	ny program		
	services						Yes X No
_		describe these changes on Sche					
4		the organization's program servi					
		s. Section 501(c)(3) and 501(c)(4			it of grants and allocation	ons to others,	
	the total	expenses, and revenue, if any, fo	or each program service	reported.			
4a	(Code:)(Expenses \$	1,765,455 in	cluding grants of \$	584,583) (Revenue	\$
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4b	(Code:) (Expenses \$	in	cluding grants of \$) (Pevenue	\$
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14	Other pr	ogram convisos (Deceribe es 0-5	adula O \				
4u	(Expense	ogram services (Describe on Sch	edule O.) including grants of \$) (Revenue \$		A
4e		gram service expenses	1,765,45		A LINCACHING &		1

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	Ť		
	condidates for public office? If "Vee." complete Schoolule C. Bert I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			.,
~	complete Schedule D, Part III	8		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			1 1/2
40	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	40	v	
11	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X, as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	114	21	\vdash
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			<u> </u>
	of its total assets reported in Bort V. line 162 lf "Voa." complete School de D. Bort VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Χ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	_	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	_	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			l
46	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	1.	7.7	
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			100
20-	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b 21	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	24		X
_	Someone Sovernment on Fartin, Column (A), line 11 ii res, complete Scriedile I, Farts Land II	21		IA

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Part IV	Checklist of I	Required	Sched	ules (continue	ed,

200500	Chicamot of Recamba Concados (Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	140
	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			37
	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?	240		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJQ		21
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Vas " complete Schedule I Port I	25b		Х
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	1517.5		
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions),			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			.,
00	"Yes," complete Schedule L, Part IV	28c	3.7	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			V
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31	-	
J_	complete Schedule N. Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 3Z		Λ
	costions 201 7701 2 and 201 7701 22 # "Van " complete Cabadula D. Dat I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			23
	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)?	MAN OF -		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	1007		
	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 on Schedule O for Part VI, lines 11b and	2/2511		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	Fatestha aurabas annudad in hand of Fate dood		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with body a withholding rules for specific by a support of the comply with body a withholding rules for specific by a support of the comply with body and withholding rules for specific by a support of the comply with body and withholding rules for specific by a support of the comply with body and withholding rules for specific by a support of the complex part of the complex	_		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4 =		
DAA	repension gaining (gamming) withings to prize withers:	1c	00	0 (2024

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continu	ed)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	16			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Χ	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	CONTRACTOR .		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	*****		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth					
	a financial account in a foreign country (such as a bank account, securities account, or other financial account	count)'	?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial According	ounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible as charitable contributions?		*******	6a	X	
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions of	or				
_	gifts were not tax deductible?			6b	X	
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds				
				7a	X	
b				7b	Χ	_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?					177
ч		7.1		7c		X
d e	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contri	7d		7.		v
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7e		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8		c required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7g 7h		_
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by		ASSESSED ASSESSED	,		
	sponsoring organization have excess business holdings at any time during the year?	,,		8		
9	Sponsoring organizations maintaining donor advised funds.	V. C. P. C. C. C.				
а	Did the spensoring organization make any toyable distributions under section 40552		VIVV.2400000000000000000000000000000000000	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	041?	,	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				200 200
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а				13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which	1	R.			
	the organization is licensed to issue qualified health plans	13b		-		
C	Enter the amount of reserves on hand	13c		4.4		37
14a h	Did the organization receive any payments for indoor tanning services during the tax year?			14a	ļ	X
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O			14b		-
10	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration excess parachute payment(s) during the year?			4-		\ _V
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	10 10 10		15		X
16	If yes, see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	om-0		46		v
	If "Yes," complete Form 4720, Schedule O.	ome?		16		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities	25				
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?			17		
	If "Yes," complete Form 6069.	rivion.				
				-		

Form 990 (2024) College for Kids, Inc. 20-8077416

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

Sec	tion A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	**********	X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-	X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1,0		
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			27
а	The governing hody?	8a	Χ	C. (1000)
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	55		
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C			
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			#10000
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	
3	Did the organization have a written whistleblower policy?	13	Χ	
4	Did the organization have a written document retention and destruction policy?	14	Х	
5	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
ec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed ${ m FL}$	*****	Water State	
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)		-E-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-	- redea
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
0	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	mcy Stellway 1896 Palm Beach Lakes Blvd. Ste 103			
We	est Palm Beach FL 33409 56	1-68	3-1	704

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

20-8077416

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organ	nization nor any	relate	d or	ganiz	zatio	n coi	mper	nsated any current officer, d	irector, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unle	heck ess pe	ition more rson i	than o Highest compensated employee	an ee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
			е			ted.				
(1) Evan Bolinski, C	1.00 0.00	X		X				0	0	0
(2) Mack Perry										
Vice Chair	1.00	X		Х				0	0	0
(3) Eric Ray	0.00	21		- 11						
Secretary	1.00	X		Х				0	0	0
(4)CJ Janney										
Treasurer	1.00	X		X				0	0	0
(5) Zachary Berg, CF										
Immediate Past Chair	1.00	X		Х				0	0	0
(6) Shiva Ahrens	1 00									
Director	1.00	X						0	0	0
(7) Keven Allen Jr.	1 00									
Director	1.00	X						0	0	0
(8) Marcia Andrews	1 00									
Director	1.00	X						0	0	0
(9) Dr. Peter Barbat	is									
Director	1.00	X						0	0	0
(10) Jake Menges										
Director	1.00	X						0	0	0
(11) Keith Oswald	1 00									
Director	1.00	X						0	0	0

Part VII Section A. Officers	, Directors, Tru	stee	s, Ke	ey Er	mplo	yees	s, ar	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (iii) any (B) (C) Position (do not check more than on box, unless person is both a officer and a director/trustee						an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(12) Kevin Probel (12) Director	1.00	X						0	0	0
(13) Katia Saint-F (13) Director	1.00 0.00	Х						0	0	0
(14) Mike Murgio (14) Director	1.00	X						0	0	C
(15) Maximillian F (15) Director	1.00	X						0	0	C
(16) Nancy Stellwa (16) Executive Director	40.00 0.00			Х				143,933	0	3,927
(17) Lidia Vargas (17) Dir. of Development	40.00					Х		136,271	0	3,379
(18)										
(19)										
1b Subtotal c Total from continuation shee	ets to Part VII, S	ectio	on A		* * * *		***	280,204		7,306
d Total (add lines 1b and 1c) Total number of individuals (increportable compensation from	cluding but not lin							280,204 who received more than \$1		7,306
 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line organization and related organization and related organization Did any person listed on line 1a for services rendered to the organization. 	complete Schedu 1a, is the sum o izations greater t a receive or accru	le J f rep han s	for sortable 150 mpe	uch ole co ,000	indivompe ? If "	idual ensat Yes, rom	tion a " cor	and other compensation fro mplete Schedule J for such unrelated organization or in-	m the dividual	4 X
Section B. Independent Contractor 1 Complete this table for your five	rs									
compensation from the organiz	(A) business address	mper	nsati	on fo	r the	cale	nda	r year ending with or within	the organization's tax year. (B) otion of services	(C) Compensation
								50001,	ALGOT OF THE GO	Supplied
Total number of independent or received more than \$100,000 or received.							nose	listed above) who	0	
DAA				-						5 990 (200

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (B) Related or exempt (C) Unrelated (D) Revenue excluded function revenue business revenue from tax under sections 512-514 Grants 1a Federated campaigns 1a Contributions, Giffs, Grants and Other Similar Amounts 1b **b** Membership dues 428,959 c Fundraising events 1c d Related organizations 1d 294,271 e Government grants (contributions) 1e f All other contributions, gifts, grants, 1f 1,764,909 and similar amounts not included above g Noncash contributions included in 56,546 lines 1a-1f 1g 2,488,139 h Total. Add lines 1a-1f **Business Code** Program Service f All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 162,178 3,334 158,844 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents 6a 6b b Less: rental expenses c Rental inc. or (loss) 6c d Net rental income or (loss) Gross amount from (i) Securities (ii) Other sales of assets other than inventory **b** Less: cost or other basis and sales exps. 7b 7c c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$428,959of contributions reported on line 33,880 1c). See Part IV, line 18 8a b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities. 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** 900099 15,552 15,552 Miscellaneous d All other revenue 15,552 Total. Add lines 11a-11d . 2,665,869 158,844 18,886 Total revenue. See instructions

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). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (A) Total expenses Do not include amounts reported on lines 6b, 7b, Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 584,583 584,583 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 148,147 103,703 29,629 14,815 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 823,530 545,377 149,160 128,993 7 Pension plan accruals and contributions (include 24,211 3,668 16,106 4,437 section 401(k) and 403(b) employer contributions) Other employee benefits 79,991 53,500 14,736 9 13,510 Payroll taxes 73,423 10,866 49,047 10 11 Fees for services (nonemployees): Management а b 13,500 13,500 Accounting C Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, column 4,999 (A), amount, list line 11g expenses on Schedule O.) 6.779 1,568 Advertising and promotion 12 Office expenses 39,618 3,573 35,025 1,020 13 Information technology 14 15 Royalties 46,235 Occupancy 34,676 9,247 16 36,911 9,211 17 26,567 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 21 Payments to affiliates Depreciation, depletion, and amortization 944 708 189 22 23 13,897 715 956 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) E Student Advocacy 179,221 179,221 125,946 125,946 Mentor Management 101,449 Fundraising Events 101,449 Telephone 36,970 18,592 3.323 15.055 e All other expenses 31,666 9.142 17,480 5,044 2,367,021 304,971 Total functional expenses. Add lines 1 through 24e 765,455 296,595 Joint costs. Complete this line only if the

organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

				(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing			119,491	1	111,252
2		A318549A8A8A8A8A	641,233	2	874,952	
3	Pledges and grants receivable, net		1,622,608	3	1,260,041	
4	A coounte receivable met				4	
5	Loans and other receivables from any current or for					
	trustee, key employee, creator or founder, substant					
	controlled entity or family member of any of these p	- 1111 - 10.411	5			
6	Loans and other receivables from other disqualified					
2	under section 4958(f)(1)), and persons described in				6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Droppid avanages and deferred above			26,163	9	15,400
10	a Land, buildings, and equipment: cost or other	******				
	basis. Complete Part VI of Schedule D	10a	28,713			
l t	Less: accumulated depreciation	VIII - W	24,623	5,034	10c	4,090
11	Investments - publicly traded acquaities			3,585,269	11	3,765,661
12	10.00.00.00.00.00.00.00.00.00.00.00.00.0			0,000,203	12	3/,00/001
13	Investments—program-related. See Part IV, line 11	*******		13		
14	1-1		14			
15	Other coots Con Dest IV. East 44			5,797,274	15	6,134,984
16	Total assets. Add lines 1 through 15 (must equal li	ne 33)		11,797,072	16	12,166,380
17	Accounts payable and accrued expenses			65,131	17	35,325
18	Grants payable	00,101	18	33,323		
19	Defeated and and an inches			19		
20	T		SCHOOL STORY STATES			
21	Escrow or custodial account liability. Complete Part	(V of Schodule D			20	
100	Loans and other payables to any current or former of		100000000000000000000000000000000000000		21	198
	trustee, key employee, creator or founder, substant		,	7		
22	controlled entity or family member of any of these p		1	****		100 miles
23	Secured mortgages and notes navelle to unrelated	third portion			22	
24	Secured mortgages and notes payable to unrelated	triiru parties			23	
25	Unsecured notes and loans payable to unrelated the Other liabilities (including federal income tax, payable)		***************		24	
23	parties, and other liabilities not included on lines 17-		,			
	of Schedule D	24). Complete Part	^	76,091		41-750
26				141,222	25	41,750
120	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check		A A A A A A A A A A A A A A A A A A A	141,222	26	77,075
		nere 🔼				
27	and complete lines 27, 28, 32, and 33.			0 400 265		10 725 402
28	NI-AA- 201 1 12 42	1111444444	2000/00/00/10/00/20/20/20/20	9,499,365		10,735,483
20	Net assets with donor restrictions			2,156,485	28	1,353,822
	Organizations that do not follow FASB ASC 958	, check here				
00	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or equip	ment fund			30	
31	Retained earnings, endowment, accumulated incom	ie, or other funds		11 655 655	31	10 000 55
27 28 29 30 31 32				11,655,850	32	12,089,305
33	Total liabilities and net assets/fund balances		Martin Martin Control	11,797,072	33	12,166,380

Form **990** (2024)

3a

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Quen to Public

OMB No. 1545-0047

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

Open to Public

Employer identification number

College for Kids, Inc. 20-8077416 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

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

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

	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,827,801	2,184,588	3,057,869	4,412,200	2,488,139	13,970,597
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	1,827,801	2,184,588	3,057,869	4,412,200	2,488,139	13,970,597
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)				e se		,
							2,677,526
Sac	Public support. Subtract line 5 from line 4						11,293,071
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4	1,827,801	2,184,588	3,057,869	4,412,200	2,488,139	13,970,597
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	76,593	-43,944	78,497	98,517	158,844	368,507
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10	#					14,339,104
12	Gross receipts from related activities, etc. (see instructions)				12	74,443
13	First 5 years. If the Form 990 is for the org		cond, third, fourth, c	r fifth tax year as a	section 501(c)(3)		
	organization, check this box and stop here		*********				10111111111
Sec	ction C. Computation of Public Su	pport Percenta	age				
14	Public support percentage for 2024 (line 6,	column (f), divided I	by line 11, column (f))		14	78.76%
15	Public support percentage from 2023 Sche	dule A, Part II, line 1	14			15	83.12%
16a	33 1/3% support test — 2024. If the organ	nization did not ched	k the box on line 1	3, and line 14 is 33	1/3% or more, che	eck this	
	box and stop here. The organization qualif	ies as a publicly sup	ported organization				X
b	33 1/3% support test — 2023. If the organ			or 16a, and line 15	is 33 1/3% or mor	e, check	- Anna Contract
	this box and stop here . The organization q		-			* 800 00 00 00 00 00 00 00 00 00 00 00 00	
17a	10%-facts-and-circumstances test — 20	-					
	10% or more, and if the organization meets						
	Part VI how the organization meets the fact		-				
b	organization 10%-facts-and-circumstances test — 20						marian L
D							
	15 is 10% or more, and if the organization r						
	in Part VI how the organization meets the fa		J	•			i i
18	organization Private foundation. If the organization did	not check a box on	line 13 16a 16b 1	I7a or 17h check	this hox and see		
	instructions					* * * * * * * * * * * * * * * * * * * *	

990) 2024 College for Kids, Inc. Support Schedule for Organizations Described in Section 509(a)(2) Part III

(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.)

Sec	tion A. Public Support			.,		,	
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from		<u> </u>	÷ .		0.000	
	line 6.) tion B. Total Support					- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	
Caler	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6						
10a	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 businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the organization			•	` ,, ,		
Sec	organization, check this box and stop here tion C. Computation of Public Su						
				(0)		1 45 1	
15 16	Public support percentage for 2024 (line 8, or Public support percentage from 2023 Sebes	tule A. Port III. lice	by line 13, column	(T)) ***********************************	********	15	%
16 Sec	Public support percentage from 2023 Scheotion D. Computation of Investmen						%
3ec 17				actions (f)		47	0/
	Investment income percentage for 2024 (lin	e ruc, column (f),	aividea by line 13,	column (T))			%
18 10a	Investment income percentage from 2023		(4, 5, 7, 5, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,		Ab - 20 4/00/		%
19a	33 1/3% support tests — 2024. If the orga						
b	17 is not more than 33 1/3%, check this box 33 1/3% support tests — 2023. If the orga						L
IJ	line 18 is not more than 33 1/3%, check this						
20	Private foundation. If the organization did						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b 3c		
4a		
4b		
4c		
5a 5b		
5c		100
6		
7 8		
9a 9b		
9c		
10-		
10a		

Pa	t IV Supporting Organizations (continued)							
			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 on lines 11b and							
	11c below, the governing body of a supported organization?	11a		-				
b	A family member of a person described on line 11a above?	11b						
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,							
	provide detail in Part VI.	11c		5000				
Sect	ion B. Type I Supporting Organizations							
			Yes	No				
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or							
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,							
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			8				
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported							
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the							
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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						
Sect	ion 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		162	INO				
÷	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control							
	or management of the supporting organization was vested in the same persons that controlled or managed							
	the supported organization(s).							
Sect	ion D. All Type III Supporting Organizations	1 1						
5001	on B. All Type III Supporting Organizations							
4	Did the expenientian provide to each of its supported expenientians but to lead down the Still world.		Yes	No				
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the							
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax							
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the							
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		===========				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported							
	organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI							
	how the organization maintained a close and continuous working relationship with the supported organization(s).	2						
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have							
	a significant voice in the organization's investment policies and in directing the use of the organization's			1 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						
Sect	on E. Type III Functionally Integrated Supporting Organizations							
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).							
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. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction).)						
_	The organization supported a governmental entity. Describe in Fart vi now you supported a governmental entity (see instruction	ns). T	Yes	No				
2	Activities Test. Answer lines 2a and 2b below.		163	140				
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 each of its supported organizations, and how the organization determined			ë				
	that these activities constituted substantially all of its activities.	2a						
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's							
D	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	2b		34330000				
	have engaged in these activities but for the organization's involvement.	20						
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in 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						
	· · · · · · · · · · · · · · · · · · ·			_				

*****	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organizatio	ns			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust of					
	instructions. All other Type III non-functionally integrated supporting organization	s must complete	Sections A through E.			
Sect	ion A – Adjusted Net Income	(A) Prior Year (B) Current Yea (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				
Secti	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 0.015 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 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
	ion C – Distributable Amount	10	P*	Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	a 600			
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	1 1	opposite to			
0	The state of the s	1 18				

Schedule A (Form 990) 2024

Section D – D	distributions				
1 Amounts					Current Year
THE COUNTY	s paid to supported organizations to accomplish exempt pur	rposes		1	
2 Amounts	s paid to perform activity that directly furthers exempt purpo	ses of supported			
organiza	tions, in excess of income from activity			2	
3 Administ	trative expenses paid to accomplish exempt purposes of su	pported organizations		3	
4 Amounts	s paid to acquire exempt-use assets			4	
5 Qualified	d set-aside amounts (prior IRS approval required—provide	details in Part VI)		5	
	stributions (describe in Part VI). See instructions.			6	
7 Total an	inual distributions. Add lines 1 through 6.			7	
8 Distributi	ions to attentive supported organizations to which the orgar	nization is responsive			
(provide	details in Part VI). See instructions.			8	
9 Distributa	able amount for 2024 from Section C, line 6			9	
10 Line 8 ar	mount divided by line 9 amount			10	
Section E – Di	istribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2024	ıs	(iii) Distributable Amount for 2024
1 Distributa	able amount for 2024 from Section C, line 6				
	stributions, if any, for years prior to 2024 able cause required– <i>explain in Part VI</i>). See ons.				
3 Excess of	distributions carryover, if any, to 2024				100
a From 20	19				
b From 202	20				
c From 20:	21				
	22				
e From 202					
	lines 3a through 3e			-	
	to underdistributions of prior years				460
	to 2024 distributable amount				
	er from 2019 not applied (see instructions)				
24	der. Subtract lines 3g, 3h, and 3i from line 3f.			_	***
	ions for 2024 from			-	
Section I					
	o underdistributions of prior years				
	to 2024 distributable amount		* #		
	der. Subtract lines 4a and 4b from line 4.				3977 37
	ng underdistributions for years prior to 2024, if				
	tract lines 3g and 4a from line 2. For result				200
	han zero, explain in Part VI. See instructions.				100 mars
	ng underdistributions for 2024. Subtract lines 3h				4441.
	om line 1. For result greater than zero, explain in				
	See instructions.			-	
7 Excess of and 4c.	distributions carryover to 2025. Add lines 3j		ari		
8 Breakdov	wn of line 7:				
a Excess fr	Profession 1.				2747
	rom 2021				
c Excess fr	rom 2022				
d Excess fr	rom 2023				4 0.00

Schedule A (Form	n 990) 2024	College	for	Kids,	Inc.		20-8077416	Page 8
Part VI	Supplemental Info III, line 12; Part IV, B, lines 1 and 2; Pa 3a, and 3b; Part V, Section E, lines 2,	Section A, line art IV, Section (line 1; Part V,	de the s 1, 2, C, line Sectior	explanations of the second of	ons required b , 4c, 5a, 6, 9a, Section D, lind e; Part V, Sect	, 9b, 9c, 11a, 11b es 2 and 3; Part I tion D, lines 5, 6,	Part II, line 17a or , and 11c; Part IV, V, Section E, lines and 8; and Part V,	17b; Part Section
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SCHEDULE D (Form 990) (Rev. December 2024)

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

rante	of the organization		Employer identification number
C	ollege for Kids, Inc.		20-8077416
	ort I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds or Ac	20-6077416
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.	Counts
	15/1	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	1	
5	Did the organization inform all donors and donor advisors in writing that		
	funds are the organization's property, subject to the organization's exclu	sive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in v	vriting that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor		
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements		
_	Complete if the organization answered "Yes" on		
1	Purpose(s) of conservation easements held by the organization (check a		
	Preservation of land for public use (for example, recreation or education of land for public use)		·
	Protection of natural habitat	Preservation of a certified histo	ric structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserve easement on the last day of the tax year.	ation contribution in the form of a conservation	
			Held at the End of the Tax Year
a b	Total number of conservation easements Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic structure inclu	ded as line 2.	2b
d	Number of conservation easements included on line 2c acquired after Ju	ded on line 2a	2c
u	an a historia structura Bata d'a Mar Natha and Daniel		
3	Number of conservation easements modified, transferred, released, exti	entre en	2d
3		•	
4	Number of states where property subject to conservation easement is lo	Oranization and a second secon	0000
5	Does the organization have a written policy regarding the periodic monit	oring increation handling of	2001
·	violeties and enforcement of the second of	•	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	violations, and enforcing	res No
•			
7	conversation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of viola	tions and enforcing	
	conservation easements during the year		\$
8	Does each conservation easement reported on line 2d above satisfy the	requirements of section 170(h)(4)(B)	***************************************
	(i) and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easeme	nts in its revenue and expense statement and	d balance
	sheet, and include, if applicable, the text of the footnote to the organizati		
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of Art,	Historical Treasures, or Other Si	milar Assets
	Complete if the organization answered "Yes" on		±
1a	If the organization elected, as permitted under FASB ASC 958, not to re		
	of art, historical treasures, or other similar assets held for public exhibition	on, education, or research in furtherance of p	
	service, provide in Part XIII the text of the footnote to its financial statem		
b	If the organization elected, as permitted under FASB ASC 958, to report		
	art, historical treasures, or other similar assets held for public exhibition,	education, or research in furtherance of public	ic service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1	************	\$
	(ii) Assets included in Form 990, Part X	***************************************	\$
2	If the organization received or held works of art, historical treasures, or or	ther similar assets for financial gain, provide	the
	following amounts required to be reported under FASB ASC 958 relating		
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X	***************************************	\$

P	art III Organizations Maintaining	Collections of Art	, Historical Treas	sures, or Other	Similar Assets (continue	d)	-
3	Using the organization's acquisition, accession collection items (check all that apply).							
а	Public exhibition	d Loa	n or exchange program	n				
b	Scholarly research	e Othe						
С	Preservation for future generations							
4	Provide a description of the organization's colle	ections and explain how t	hey further the organiz	zation's exempt purp	ose in Part			
	XIII _{so}							
5	During the year, did the organization solicit or r	eceive donations of art, I	nistorical treasures, or	other similar				
	assets to be sold to raise funds rather than to t					Yes		No
P	art IV Escrow and Custodial Arra							
	Complete if the organization 990, Part X, line 21.	answered "Yes" on	Form 990, Part IV	V, line 9, or repo	rted an amount o	n Form		
1a	Is the organization an agent, trustee, custodiar	or other intermediary fo	r contributions or other	assets not				
	included on Form 990, Part X?		**************	***************	***********	Yes	s 🔲	No
b	If "Yes," explain the arrangement in Part XIII ar					y, 18—3.5		
						Amount		
С	Beginning balance			Name to the second second	1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on For	m 990, Part X, line 21, fo	r escrow or custodial a	account liability?	58.585B 3	Yes	3	No
	If "Yes," explain the arrangement in Part XIII. C							
	art V Endowment Funds							
	Complete if the organization	answered "Yes" on	Form 990, Part IV	/, line 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four	years b	ack
1a	Beginning of year balance	616,429	397,422	26,102	28,901		27,	319
b	Contributions	200,000	150,459	350,000				
С	Net investment earnings, gains,							
	and losses	70,367	69,048	21,487	-2,799)	1	582
d	Grants or scholarships							-
е	Other expenditures for facilities and							
				1				
f	Administrative expenses		-500	-167				
a	End of year balance	886,796	616,429	397,422	26,102		28,	901
2	Provide the estimated percentage of the currer				20,102	1	2.07	J U I
_ a		0.00%	rg, column (a)) nela a	3.				
b	Permanent endowment %	3.63.63.66.63.6						
	Torm andowment 0/							
Ŭ	The percentages on lines 2a, 2b, and 2c should	d ogual 100%						
32			والمساور المرور الماموا معمرة	internal for the				
Ja	Are there endowment funds not in the possess organization by:	ion of the organization th	at are neid and admin	istered for the		Ē	v T	N
	-						Yes	No
	(i) Unrelated organizations?					3a(i)	Х	17
	(ii) Related organizations?					3a(ii)	\dashv	X
D	If "Yes" on line 3a(ii), are the related organization	ons listed as required on	Schedule R?	******		3b		
- 4 D	Describe in Part XIII the intended uses of the o		t funds.					
	Land, Buildings, and Equip		E 000 D	/ Item 44 00 00	- 000 D	6 ft - 40		
	Complete if the organization							
	Description of property	(a) Cost or other basis	(b) Cost or other	1 ''	ccumulated	(d) Book v	alue	
		(investment)	(other)	de	preciation			
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment	9	28	713	24,623		4,	090
е	Other							
Tota	I. Add lines 1a through 1e. (Column (d) must equ	ial Form 990, Part X, line	e 10c, column (B))				4,1	090

Part VII	Investments – Other Securities Complete if the organization answered "Yes" or	Form 990 Part IV li	on 11h Son Form 990 Part V line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation:
	(including name of security)	(b) Book value	Cost or end-of-year market value
(1) Financial of	derivatives		· · · · · · · · · · · · · · · · · · ·
	eld equity interests	(1) (1)	
		375	
(A)		10: 1	
(B)		181 J	
(C)	OUNDES PURELES EN COMESCULO DE RECONDO ESTO DO ESTO DO ESTO COME ESTO DO COMESCULO DE COMESCULO DE COMESCULO D	195	
(D)		060	
(E)			
(F)		20	
(G)		10'	
(H)		180	
Total. (Column	n (b) must equal Form 990, Part X, line 12, col. (B))		***
Part VIII	Investments – Program Related	10: MI	
	Complete if the organization answered "Yes" or	n Form 990, Part IV, lii	ne 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column	n (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX	Other Assets		
	Complete if the organization answered "Yes" or	n Form 990, Part IV, li	ne 11d. See Form 990, Part X, line 15.
	(a) Description		(b) Book value
(1)	Prepaid Tuition		6,036,342
(2)	Right of Use Lease Ass		36,55
(3)	Beneficial Int in Comm	nunity Fndn	33,52
(4)	Use of Facility		26,06
(5)	Deposits		2,50
(6)	191		
(7)			
(8)			
(9)			
Total. (Column	n (b) must equal Form 990, Part X, line 15, col. (B))		6,134,98
Part X	Other Liabilities		
	Complete if the organization answered "Yes" or	n Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X,
	line 25.		
1#	(a) Description of liability	ty	(b) Book value
(1) Federal			l l
	income taxes		
	income taxes Liability-Operating		
(2) Lease			
(2) Lease	e Liabilit y-Ope rati ng		
(2) Lease	e Liabilit y-Ope rati ng		38,59 3,15
(2) Lease (3) Tuiti (4)	e Liabilit y-Ope rati ng		
(2) Lease (3) Tuiti (4) (5)	e Liabilit y-Ope rati ng		
(2) Lease (3) Tuiti (4) (5) (6)	e Liabilit y-Ope rati ng		
(2) Lease (3) Tuiti (4) (5) (6) (7)	e Liabilit y-Ope rati ng		

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Pa	Reconciliation of Revenue per Audited Financial S Complete if the organization answered "Yes" on Form	990 Part IV line 12a		
1	Total revenue, gains, and other support per audited financial statements	1000,1 41114, 1110 124.	1 1	3,136,088
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			3,130,000
		[2a] 158,	757	
	Net unrealized gains (losses) on investments	2b 311,		
b	4 * * * * * * * * * * * * * * * * * * *		402	
C	(a) approximation of the contraction of the contrac	2c		
d		2d		400 040
е	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2e	470,219 2,665,869
3	Subtract line 2e from line 1		3	2,665,869
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.))	5	2,665,869
Pa	art XII Reconciliation of Expenses per Audited Financial			
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	2,702,633
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		2.11.0	
а		2a 335,	612	
b				
c	Other losees	2c		
d		2d		
				225-612
	Add lines 2a through 2d			335,612
	Subtract line 2e from line 1			2,307,021
3	Amounts included on Form 990, Part IX, line 25, but not on line 1			
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
4 a				
4 a	Other (Describe in Part XIII.)			
4 a b	Other (Describe in Part XIII.) Add lines 4a and 4b	4b		
4 a b c	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	4b	h h-d-d A	2,367,021
4 a b c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information	3.)	5	2,367,021
4 a b c 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)	5	2,367,021
4 a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information	B.) Part IV, lines 1b and 2b; Part V, line 4	5	2,367,021
4 a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	B.) Part IV, lines 1b and 2b; Part V, line 4	5	2,367,021
4 a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part V, line 4 provide any additional information.	5 Part X, line	
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4 a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part V, line 4 provide any additional information.	; Part X, line	
4 a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part V, line 4 provide any additional information.	; Part X, line	
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4 a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part V, line 4 provide any additional information.	; Part X, line	
4 a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part V, line 4 provide any additional information.	; Part X, line	
4 a b c 5 Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part V, line 4 provide any additional information.	; Part X, line	
4 a b c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part V, line 4 provide any additional information.	; Part X, line	
4 a b c 5 Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part V, line 4 provide any additional information.	; Part X, line	

Schedule D (F	orm 990) (Rev. 1	2-2024) Col	Llege	for Ki	ds, In	ic.			20-8077	416	Page 5
Part XIII	Suppleme	ntal Informa	ation (co	ntinued)							
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SCHEDULE G (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-FZ.

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

Open to Public

OMB No. 1545-0047

Inspection Name of the organization Employer identification number College for Kids, Inc. 20-8077416 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of nongovernment grants Internet and email solicitations Solicitation of government grants h Phone solicitations Special fundraising events C In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions' col. (i) Yes No 1 2 5 6 7 8 9 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990) (Rev. 12-2024) College for Kids, Inc. 20-8077416 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events StockTheCellars BridgeTheGap 5K (add col. (a) through col. (c)) (event type) (total number) Revenue 1 Gross receipts 328,008 134,831 462,839 308,608 120,351 428,959 2 Less: Contributions 3 Gross income (line 1 minus line 2) ... 19,400 14,480 33,880 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Direct Expenses 7 Food and beverages 8 Entertainment 19,400 14,480 33,880 9 Other direct expenses 10 Direct expense summary, Add lines 4 through 9 in column (d) 33,880 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Sche	dule G (Form 990) (Rev. 12-2024) College for Kids, Inc.	20-8077416		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity			
	formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	1:	3a	%_
b	An outside facility		3b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books a records:			
	Name			
	Address		*********	
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization \$	and the		
	amount of gaming revenue retained by the third party \$	100000		
С	If "Yes," enter tha name and address of the third party:			
	Name	(* -0, -2, -1, 4 -0, -2, -1, -1, -1, -1, -2, -1, -1, -2, -1, -2, -1, -1, -1, -2, -1, -1, -2, -1, -1, -2, -1, -1, -2, -1, -2, -1, -2, -1, -2, -2, -1, -2, -2, -2, -2, -2, -2, -2, -2, -2, -2		
	Address	KERA GREEKE KERKERANE KERKERA PARAKERA	234000000000	
16	Gaming manager information:			
	Name		(a)	
	Gaming manager compensation \$			
	Description of services provided		(6)	
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations of		and the state of t	
	spent in the organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, lin	e 2b, columns (iii) and	(v); and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide	any additional informat	tion.	
	See instructions.			
mus	***************************************			

03353				

			Name of the state	
12500				
0700		\$25000000000000000000000000000000000000		
200				
* * * *	***************************************		****	(A) (A) (A) (A) (A) (A) (A)

Schedule G (Form 990) (Rev. 12-2024)

SCHEDULEI (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Go to www.irs.gov/Form990 for instructions and the latest information. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization								Employer identification number	
	College for Kids, In	Inc.					2	20-8077416	
Part I	General Information on Grants and Assistance	Assistance					i		
1 Does	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	amount of the grance?	ants or assis	stance, the grantees' e	ligibility for the grants	or assistance,		×	2
2 Desc	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	toring the use of c	grant funds in	n the United States.					
Part =	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	nestic Organ eceived more	izations attains than \$5,0	zations and Domestic Governments. Complete if the organizatio han \$5,000. Part II can be duplicated if additional space is needed.	vernments. Conduplicated if addit	iplete if the orgaional space is n	anization answ needed.	rered "Yes" on Form 90	90,
-	(a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
3									
(2)									
(3)									

(4)									
Section and section 200	scraft die Sean mit Sean mit Sean Sean Sean Sean Sean Sean Sean Sean								
(5)									
5 C 0 C 0 C 0 C 0 C 0 C 0 C 0 C 0 C 0 C	to entitle grant the Brain to grant and grant and participation programmers and the second								
(9)									
(2)									
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(8)									
(6)									
Contraction of	The Principal Control of the Control								
2 Enter	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ganizations listed	in the line 1	table	000000000000000000000000000000000000000	0.0000000000000000000000000000000000000		ACCOUNT OF THE PERSON OF THE P	

3 Enter total number of other organizations listed in the line 1 table

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

OMB No. 1545-0047

Open To Public Inspection

Employer identification number

20-8077416

Department of the Treasury Internal Revenue Service Name of the organization

College for Kids, Inc.

Pa	art I Types of Property		4					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 19	(d) Method of determing the contribution and contributio	-		
1	Art — Works of art							
2	Art — Historical treasures							
3	Art — Fractional interests							
4	Books and publications							
5	Clothing and household							
J			3,000					
6	goods							
	Cars and other vehicles	-						
7	Boats and planes							
8	Intellectual property							_
9	Securities — Publicly traded							
10	Securities — Closely held stock	-						
11	Securities — Partnership, LLC,							
40	or trust interests							
12	Securities — Miscellaneous	-						
13	Qualified conservation contribution — Historic							
	structures							
14	Qualified conservation							
	contribution — Other							
15	Real estate — Residential							
16	Real estate — Commercial							
17	Real estate — Other							
18	Collectibles							
19	Food inventory	X	2	16,589	Fair Market Val	ue/Co	st	
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (Scholarships)	X	2	30,000	Tuition Credits	5		
26	Other (Spec.EventGifts)	X	1	9,957	Fair Market Val	ue/Co	st	
27	Other (
28	Other (
29	Number of Forms 8283 received by the	ne organiza	ation during the tax year f	or contributions for				
	which the organization completed For			The state of the s	29		Yes	No
30a	During the year did the arganization			annual in Double Constant			162	No
Jua	During the year, did the organization	-	* * * *		•			
	28, that it must hold for at least 3 year							3.7
	used for exempt purposes for the enti	_	period?			30a		X
ь	If "Yes," describe the arrangement in							
31	Does the organization have a gift acc	eptance po	olicy that requires the revi	ew of any nonstandard				
	contributions?				0.578 (0.00.0050,0.00.006) (0.00.006)	31		Х
32a	Does the organization hire or use thire	d parties o	r related organizations to	solicit, process, or sell none	cash			
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an am	ount in col	umn (c) for a type of prop	erty for which column (a) is	checked,			
	describe in Part II.							

Part II	Supplemental Information . Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
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SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection Employer identification number

College for Kids, Inc.

20-8077416

Form 990 - Organization's Mission or Most Significant Activities Expanded wraparound mentoring and college-readiness services reaching 1,407 students across 36 Palm Beach County schools and campuses, supported by 612 volunteer mentors. The program guarantees a minimum 2-year Florida Prepaid college tuition scholarship upon graduation and integrates monthly family workshops, community service opportunities, and sustained postsecondary advising through College Retention Specialists. In FY2025, this multi-year model yielded a 100% high school graduation rate and a 96% college enrollment rate among participants, illustrating strong outcomes and meaningful community impact.

Form 990 - Organization's Mission

The organization's mission is to passionately promote self-worth, personal responsibility, and academic success for qualified, financially at-risk students throughout Palm Beach County by providing a unique set of resources which includes one-on-one mentoring services, college readiness coaching, college advising, post-secondary retention services, and a guaranteed post-secondary full-tuition college scholarship.

Form 990, Part III, Line 4a - First Accomplishment Take Stock in Children Palm Beach County provides a multi-year, wraparound program that pairs at-risk middle- and high-school students with a devoted mentor for weekly meetings, ongoing academic support, and college-readiness services delivered by College Readiness Coaches. The model spans roughly 5-8 years, guiding students from enrollment (typically 6th-9th grade) through high school, into postsecondary education, with senior-year transition support from College Retention Specialists. All participants come from families at or below the federal poverty line.

In FY2025, we served 1,407 students across 36 Palm Beach County schools and campuses, supported by 612 volunteer mentors. The program ensures a guaranteed minimum 2-year Florida Prepaid college tuition scholarship upon graduation and offers monthly family workshops, academic coaching, college tours, SAT/ACT prepwork, and postsecondary advising to sustain college enrollment and completion.

Outcomes are strong: 100% high school graduation and 96% college enrollment, underscoring the program's impact on individual youth and the county's economic vitality.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The form 990 is prepared, reviewed and presented to the Board of Directors for approval.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy The conflict of interest policy has been fully disclosed to the Board of Directors, officers and employees for their review and in turn they are required to sign an annual statement that they are in compliance with the

SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury 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 Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
College for Kids, Inc.	20-8077416
Form 990, Part VI, Line 15a - Compensation Process for To The executive committee of the Board of Directors establi compensation plan for the organization. The recommendation and approved by the executive committee and then voted up for implementation. Employee compensation is evaluated on competitive compensation levels in a specific market and experience in the specific job levels that are being evaluated.	p Official shes the officer ons are reviewed on by the Board the basis of on the basis of
Form 990, Part VI, Line 19 - Governing Documents Disclosu The governing documents, conflict of interest policy and statements are available to the public upon request.	re Explanation financial
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