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Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150

2009

Open to Public
Inspection

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
 ► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning

and ending

B Check if applicable

C Name of organization

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

KARES 4 KIDS PARTNERS, INC.

Number and street (or P.O. box, if mail is not delivered to street address)

2170 SATELLITE BLVD.

City or town, state or country, and ZIP + 4

DULUTH, GA 30097

D Employer identification number

20-4190676

► Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ►

I Website: ► WWW.KARES4KIDSPARTNERS.ORG

H Check ► if the organization is notJ Tax-exempt status (check only one) — 501(c) (3) (insert no.) 4947(a)(1) or 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 37,596.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	21,878.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	15,718.
b	Less: direct expenses other than fundraising expenses	6b	1,291.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	14,427.
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe ►)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►)	9	36,305.
10	Grants and similar amounts paid (attach schedule)	STMT 2	STMT 3
11	RECEIVED		
12	Salaries, other compensation, and employee benefits		
13	Professional fees and other payments to independent contractors		
14	Occupancy, rent, utilities, and maintenance		
15	Printing, publications, postage, and shipping		
16	Other expenses (describe ►)		
17	Total expenses. Add lines 10 through 16 ►)	17	39,570.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<3,265. >
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	34,467.
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►)	21	31,202.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	34,467.	31,202.
23	Land and buildings	22	
24	Other assets (describe ►)	23	
25	Total assets	24	
26	Total liabilities (describe ►)	34,467.	31,202.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	0.	0.
		26	
		34,467.	31,202.

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Form 990-EZ (2009)

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? **SEE STATEMENT 6**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 SEE STATEMENT 5

Expenses

(Required for section 501(c)(3)
and 501(c)(4) organizations and
section 4947(a)(1) trusts, optional
for others.)

(Grants \$ 1,000.) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a	1,000.
29 SOLICITATION OF DONATIONS FROM THE COMMUNITY FOR THE SUPPORT OF VISION ATLANTA - CAMP GRACE.			
(Grants \$ 7,200.) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a	7,200.
30 SOLICITATION OF DONATIONS FROM THE COMMUNITY FOR SUPPORT OF THE WORLD VISION			
(Grants \$ 5,980.) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a	5,980.
31 Other program services (attach schedule) SEE STATEMENT 7			
(Grants \$ 21,600.) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a	21,600.
32 Total program service expenses (add lines 28a through 31a)		32	35,780.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MARNI FAIR, 2170 SATELLITE BLVD, STE 460, DULUTH, GA 30097	PRESIDENT	5.00	0.	0.
BRYAN FAIR, 2170 SATELLITE BLVD, STE 460, DULUTH, GA 30097	DIRECTOR	1.00	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes
 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.

	Yes	No
33		X
34		X

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?
 b If "Yes," has it filed a tax return on Form 990-T for this year?
 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N

► 37a 0.

35a	X
35b	N/A

36	X
37b	X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
 b Did the organization file Form 1120-POL for this year?

38a	X
38b	N/A

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?

39a	N/A
39b	N/A

39 Section 501(c)(7) organizations. Enter:

39b	N/A
40a	

a Initiation fees and capital contributions included on line 9
 b Gross receipts, included on line 9, for public use of club facilities

40a	
40b	X

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
 section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.

40b	X
40c	

40c	
40d	

40d	
40e	X

40e	X
41	

41 List the states with which a copy of this return is filed. ► GA

42a The organization's books are in care of ► MARCI FAIR Telephone no. ► 678-775-2753
 Located at ► 2170 SATELLITE BLVD., DULUTH, GA ZIP + 4 ► 30097

	Yes	No
42b		X

42c		X
43		

43		
43		N/A

43		
44		X

44		X
45		X

45		X
Form 990-EZ (2009)		

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46	X	
47	X	
48	X	
49a	X	
49b		

(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

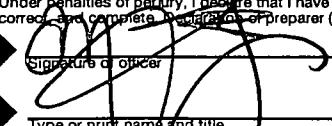
f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

NONE

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►

Sign Here	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. No officer or preparer (other than officer) is based on all information of which preparer has any knowledge				
		Date 5/14/10	<input type="checkbox"/> Check if self-employed	Preparer's identifying number (See instr)	
					
Paid Preparer's Use Only	Preparer's signature 	Date 5/14/10	<input type="checkbox"/> Check if self-employed	Preparer's identifying number (See instr)	
	Firm's name (or yours if self-employed), address, and ZIP + 4 MOORE STEPHENS TILLER LLC 1960 SATELLITE BOULEVARD, SUITE 3600 DULUTH, GA. 30097			EIN ►	
				Phone ►	
				no. 770-995-8800	

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

Form 990-EZ (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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. ► See separate instructions.

Name of the organization

Employer identification number

20-4190676

KARES 4 KIDS PARTNERS, INC.

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 11, 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.)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 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.)
 6 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.)
 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s).

Yes	No
11g(i)	
11g(ii)	
11g(iii)	

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

Total

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		51,402.	53,970.	38,718.	37,596.	181,686.
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		51,402.	53,970.	38,718.	37,596.	181,686.
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)						10,213.
6 Public support. Subtract line 5 from line 4						171,473.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4		51,402.	53,970.	38,718.	37,596.	181,686.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 IV.)						
11 Total support. Add lines 7 through 10						181,686.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	►	<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	►	<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in 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 IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 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-EZ. ► See separate instructions.

Name of the organization

KARES 4 KIDS PARTNERS, INC.

Employer identification number
20-4190676

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input checked="" type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2 a 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Total

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

GA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue	BALL / AUCTION (event type)	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		(event type)	(total number)		
		15,718.			
1	Gross receipts	15,718.			15,718.
2	Less: Charitable contributions				
3	Gross income (line 1 minus line 2)	15,718.			15,718.
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages				
8	Entertainment				
9	Other direct expenses	1,291.			1,291.
10	Direct expense summary. Add lines 4 through 9 in column (d)				► (1,291,)
11	Net income summary. Combine line 3, column (d), and line 10				► 14,427.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				► ()
8	Net gaming income summary. Combine line 1, column (d), and line 7				►

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain:

Yes	No
9a	
10a	
11	
12	

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

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?

13 Indicate the percentage of gaming activity operated in:

a The organization's facility
 b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ► MARCI FAIR

Address ► 2170 SATELLITE BLVD, STE 460 - DULUTH, GA 30097

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____
 _____ Director/officer Employee Independent contractor

17 Mandatory distributions.

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

15a

17a

KARES. 4 KIDS PARTNERS, INC.

20-4190676

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
<hr/>			
DESCRIPTION		AMOUNT	<hr/>
LEGAL FEES		30.	
ACCOUNTING FEES		1,173.	
SUPPLIES		1,567.	
EQUIPMENT RENTAL		318.	
BANK CHARGES		4.	
CREDIT CARD FEES		684.	
POSTAGE AND SHIPPING		14.	
TOTAL TO FORM 990-EZ, LINE 16		3,790.	
<hr/>			

KARES 4 KIDS PARTNERS, INC.

20-4190676

FORM 990-EZ

NONCASH GRANTS AND ALLOCATIONS

STATEMENT 2

CLASS OF ACTIVITY

CHARITABLE CONTRIBUTION

NAME OF GRANTEE

GRANTEE ADDRESS

VARIOUS CHARITABLE ORGANIZATIONS

ATLANTA, GA 30332

RELATIONSHIP OF GRANTEE

DESCRIPTION OF PROPERTY

DATE OF GIFT

NONE

BOOKBAGS, GIFT CARDS, HOUSEHOLD
ITEMS, TOILETRIES, FOOD, CLOTHING

12/31/09

METHOD USED TO DETERMINE BOOK VALUE

COST

METHOD USED TO DETERMINE FAIR MARKET VALUE

BOOK VALUE

AMOUNT GIVEN

COST

21,600.

21,600.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

21,600.

KARES. 4 KIDS PARTNERS, INC.

20-4190676

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT

3

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
CHARITABLE CONTRIBUTION FOSTER CHILDREN'S ORGANIZATION P. O. BOX 2469 DULUTH, GA 30096	NONE	1,000.
CHARITABLE CONTRIBUTION VISION ATLANTA-CAMP GRACE P. O. BOX 867 ROSWELL, GA 30077-0867	NONE	7,200.
CHARITABLE CONTRIBUTION WORLD VISION SPONSORSHIPS P. O. BOX 70220 TACOMA, WA 98481-0200	NONE	5,980.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		<u>14,180.</u>

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

KARES 4 KIDS PARTNERS, INC.

20-4190676

990-EZ PG 2

STATEMENT 5

FOSTER CHILDREN'S ORGANIZATION - DONATIONS OF MONEY AND/OR SCHOOL SUPPLIES TO THE ORGANIZATION AS WELL AS "NECESSITY" ITEMS DURING CHRISTMAS (CLOTHING, TOILETRIES, DIAPERS, ETC.)

16080504 133675 L42015

15 STATEMENT(S) 5
2009.03051 KARES 4 KIDS PARTNERS, INC. L42015_1

KARES 4 KIDS PARTNERS, INC. IS A CHARITABLE ORGANIZATION THAT SOLICITS DONATIONS FROM THE CITIZENS OF GWINNETT COUNTY, A GEORGIA COMMUNITY, TO AID IN FULFILLING SEVERAL EFFORTS THROUGHOUT THE YEAR. THE ORGANIZATION'S EXEMPT ACTIVITIES INCLUDE PROVIDING CHILDREN WITH SCHOOL SUPPLIES THROUGHOUT THE YEAR AND GIVING FOSTER CHILDREN CLOTHING, TOILETRIES, DIAPERS, ETC. AT CHRISTMAS TIME. THE ORGANIZATION ALSO USES CONTRIBUTIONS RECEIVED TO DONATE TEDDY BEARS TO HOSPITALIZED CHILDREN IN THE COMMUNITY, AS WELL AS TO PROVIDE SUPPORT TO CHILDREN IN THIRLD WORLD COUNTRIES THROUGH THE PROVISION OF FUNDS TO OTHER 501(C)3 ORGANIZATIONS.

KARES 4 KIDS PARTNERS, INC.

20-4190676

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT

7

DESCRIPTION

GRANTS

EXPENSES

SOLICITATION OF DONATIONS FROM THE COMMUNITY FOR THE
SUPPLY OF ITEMS FOR NEEDY FAMILIES IN THE GWINNETT
COMMUNITY.

21,600. 21,600.

TOTAL TO FORM 990-EZ, LINE 31

21,600. 21,600.