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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Inspection

Department of the Treasury

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For the 2009 calendar year, or tax year beginning and ending CHILD ENRICHMENT CORPORATIN DBA KID D Employer identification number Check if applicable C Name of organization use IRS Address change Doing Business As 72-1312723 label or print or Name change E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite type Initial return 225-906-5030 2046 DIAMOND SPRINGS DRIVE See Specific Terminated City or town, state or country, and ZIP + 4 Instruc-308,793 G Gross receipts \$ Amended return HOUSTON 77077 tions Yes X Application pending Name and address of principal officer H(a) Is this a group return for affiliates? ARPITA BHANDARI 2046 DIAMOND SPRINGS DRIVE, HOUSTON, TX H(b) Are all affiliates included? If "No," attach a list (see instructions) Х 501(c) (4947(a)(1) or Tax-exempt status 3) **◄** (insert no) Website: ► KIDSWORLDBR COM H(c) Group exemption number K Form of organization X Corporation Other > L Year of formation M State of legal domicile Trust Association 1995 LA Part I Summary Briefly describe the organization's mission or most significant activities Activities & Governance 2 If the organization discontinued its operations or disposed of more than 25% of its net assets Check this box ▶ 3 Number of voting members of the governing body (Part VI, line 1a) 1 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 11 Total number of employees (Part V, line 2a) 6 0 6 Total number of volunteers (estimate if necessary) 0 Total gross unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 0 Contributions and grants (Part VIII, line 1h) 8 297,107 308,793 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 308,793 297,107 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 155,258 Benefits paid to or for members (Part IX, cqlumn (A) tipe (1) 0 14 Salaries, other compensation, employee benefits (Rart IX, Golumn (A) lines 5-10) 76,489 166,924 15 Professional fundraising fees (Part IX, column (A), line 11e) 16a Š Total fundraising expenses (Part IX, column 12), line 25) 9 9 2010 מַ 137,242 85,420 17 Other expenses (Part IX, column (A), lines 11a 11d, 11f-24f) 317,167 304,166 18 Total expenses Add lines 13-17 (must equal Part IX column (A Revenue less expenses Subtract line 18 from line (2) -20,060 4,627 19 Beginning of Current Year End of Year 20 13,547 17,274 Total assets (Part X, line 16) 23,678 22,778 21 Total liabilities (Part X, line 26) -5,504 22 Net assets or fund balances Subtract line 21 from line 20 -10,131Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Boon Kempho. Here Type or print Date Check if Preparer's identifying number Preparer's self-(see instructions) signature Paid ▶ X 9/21/2010 employed Preparer's Firm's name (or yours Rai R Brahmbhatt, CPA EIN **Use Only** if self-employed), 2825 Wilcrest Dr., Suite 374, Houston, TX 77042 Phone no **►** (713) 977-8829 address, and ZIP + 4 X No May the IRS discuss this return with the preparer shown above? (see instructions) Yes

SCANNED OCT

72-1312723

' Pa	art III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	TO PROVIDE DAY CARE IN NURTURING ENVIRONMENT TO CHILDREN		 .
	••••••		 .
2	Did the organization undertake any significant program services during the year which were not listed on		,
	the prior Form 990 or 990-EZ?	Yes X	No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		,
	services?	Yes X	No
	If "Yes," describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services b		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	int of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 304,166 including grants of \$ 304,166) (Revenue \$	308,793)
	PROVIDE CARE AND EDUCATION TO 77 CHILDREN FOR APPROXIMATELY		
	253 DAYS WE PRIVIDE NURTURING ENVIRONMENT TO CHILDREN BEFORE AND		
	AFTER SCHHOL CARE IS ALSO PROVIDED TO PRE SCHOOLERS AND INFANTS		
			-
4b	(Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)
			. .
		- 	
			.
			. <i></i>
4c	(Code) (Expenses \$0 including grants of \$0) (Revenue \$	0	!)
			.
			. .
			.
			.
			. .
			. .
4d	Other program services. (Describe in Schedule O)		
	Other program services. (Describe in Schedule O) (Expenses \$ 0 including grants of \$ -304,166) (Revenue \$ Total program service expenses \$ 304,166	0)	

<u>P</u> ar	t 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,"			ĺ
	complete Schedule A .	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	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	3		LX
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice			
	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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? <i>If</i> "Yes,"			
·	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	<u> </u>		
3	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes,"			
	complete Schedule D, Part IV	9		х
40	\cdot	ا ا		 ^-
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		Х
44		10		 ^
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	11		Х
_	VII, VIII, IX, or X as applicable .			^
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	,		
_	Schedule D, Part VI			j) .)
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	:		į
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		i	
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			:1
•	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			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			ŀ
•	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? If "Yes," complete Schedule D, Part X			ij
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No			ì
	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
	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, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х

Checklist of Required Schedules (continued)

	D. I. I		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	21		x
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		-^-
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			- ^-
23	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			
_ 14	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		х
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	ĺ		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	26	х	
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	20	 ^- -	-
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		Ιx
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	.c. 4		
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			17.43
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	ŀ		
	Schedule L, Part IV	28b	X	<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV .	28c	X	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,		_	
•	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	ļ	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	<u> </u>	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	25		х
3 6	Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35	-	 ^-
36	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	100		 ^`
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			T
	19? Note . All Form 990 filers are required to complete Schedule O	38	Х	<u></u>
		Form	990	(2009)

Pan	Statements Regarding Other IRS Filings and Tax Compliance		1	
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		Yes	No
ıa	U.S. Information Returns Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
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 11			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return (see	_==		
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Χ
b	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
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 goods			
	and services provided to the payor?	7a		Χ
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		.,
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year		.	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
_	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	x	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	/ 11		
O	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
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			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

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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 in
	Schedule O. See instructions	

	Scriedule O See Instructions								
Sect	ion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body 1a2								
b	Enter the number of voting members that are independent 1b 1								
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								
3		3		v					
	supervision of officers, directors or trustees, or key employees to a management company or other person?	4		<u>X</u>					
4									
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Χ					
6	Does the organization have members or stockholders?	6		Х					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members								
	of the governing body? .	7a		X					
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during								
U		1		1					
_	the year by the following		 -						
а	The governing body?	8a	X						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	1							
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		_X_					
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal								
	enue Code)								
			Yes	No					
102	Does the organization have local chapters, branches, or affiliates?	10a		X					
	· · · · · · · · · · · · · · · · · · ·	100		^					
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	40.		v					
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		<u>X</u>					
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the								
	form?	_ 11	Х						
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			i					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.	12a	Х						
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give								
_	rise to conflicts?	12b	х						
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	 -							
С		420	х						
	describe in Schedule O how this is done	12c							
13	Does the organization have a written whistleblower policy?	13	X						
14	Does the organization have a written document retention and destruction policy?	14	Х						
15	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	X						
b	Other officers or key employees of the organization	15b							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	-							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			ì					
IQA		16a		X					
_	with a taxable entity during the year?	104	-						
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			1					
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			لــــا					
	the organization's exempt status with respect to such arrangements?	16b							
Sect	ion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► LA								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the section 6104 requires an organization of the section 6104 requires and 6104 requires an organization of the section 6104 requires an organization of the section 6104 requires and 6104 requires an organization of the section 6104 requires and 6	nlv)							
. •	available for public inspection. Indicate how you make these available. Check all that apply	,,							
4.0	Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inter-	est							
	policy, and financial statements available to the public								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne							
	organization ► ARPITA BHANDARI 225-806-83								
	2046 DIAMOND SPRINGS DRIVE, HOUSTON, TX 77077								

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

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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons

X Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average							Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
ARPITA BHANDARI TRUSTEE	4	х						0	0	0
LOIS HILLEY MEMBER	12	х						0	0	. 0
DENISE MILLER MANAGER	40				х			18,171	0	0
							l i			

72-1	31	2723
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	(A)	(B)	sition	•	C)	hat ap	nlv)	(D)	(E)	!)	
	Name and title	Average hours per week	or director	Institutional trustee	Officer	Key employee	employee employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportabli compensabli from relate organizatioi (W-2/1099-Mi	on d ns	Estima amour othe compen- from organiz and rel organiza	nt of er sation the ation ated
										_			
												_	
									<u> </u>				
													<u></u>
													_
1b	Total							▶	18,171		0		0
2	Total number of individuals (including but no reportable compensation from the organization)		se list	ted a	bove 0	e) wl	ho re	ceiv	ed more than \$1	00,000 in			
												Yes	No
3	Did the organization list any former officer, employee on line 1a? <i>If</i> "Yes," complete Sci					-		-	st compensated		3	 	X
4	For any individual listed on line 1a, is the su	m of reportable	com	pens	atio								
	the organization and related organizations of individual	reater than \$15	50,00	0? If	"Ye:	s," c	ompl	ete S	Schedule J for s 	uch	4		Х
5	Did any person listed on line 1a receive or a services rendered to the organization? If "You	•				-			-		5	-	X
Sec	tion B. Independent Contractors	, , , , , , , , , , , , , , , , , , , ,											1
1	Complete this table for your five highest cor compensation from the organization	npensated inde	pend	ent o	contr	acto	rs th	at re	ceived more tha	n \$100,000	of		
	(A) Name and business a	ddress							(B) Description of ser	vices	Comp	(C) ensation	
													0
													0
												_	0 0
								1-					0
2	Total number of independent contractors (in more than \$100,000 in compensation from t	•		ed to	thos	se lis	sted a	abov	e) who received		_		

Total revenue. See instructions

308,793

308,793

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) but are not req	uired to complete	columns (B), (C), a	nd (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22	o			
3	Grants and other assistance to governments,				21 March 2
	organizations, and individuals outside the				ger in b
	U S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees .	36,205	36,205		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) .	0			
7	Other salaries and wages	119,653	119,653		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	11,066	11,066		
11	Fees for services (non-employees)				
a	Management	0	7.40		
b	Legal	746	746	· · · · · · · · · · · · · · · · · ·	
C	Accounting	1,260	1,260		
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees Other	0			
g 12	Advertising and promotion	6,519	6,519		· · · · · · · · · · · · · · · · · · ·
13	Office expenses	968	968		
14	Information technology	0			
15	Royalties	0			
16	Occupancy	48,000	48,000		
17	Travel	0	10,000		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	o	İ		
19	Conferences, conventions, and meetings	Ö			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	14,936	14,936		
24	Other expenses. Itemize expenses not				
	covered above (Expenses grouped together				. 35
	and labeled miscellaneous may not exceed			!	The second second second
	5% of total expenses shown on line 25 below)				
а	UTILITIES	10,790	10,790		
b	VAN LEASE	15,000	15,000		
С	MAINTAINANCE	2,623	2,623		
d	DAY CARE SUPPLIES	24,189	24,189		
е	REPAIRS	8,022	8,022		<u>-</u>
f	All other expenses	4,189	4,189		
25	Total functional expenses. Add lines 1 through 24f	304,166	304,166	0	0
26	Joint costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation				

Part X **Balance Sheet** (A) (B) End of year Beginning of year 17,274 1 Cash-non-interest-bearing 13,547 1 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 0 3 0 4 0 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 0 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete 0 Part II of Schedule L 6 Assets 7 Notes and loans receivable, net ol 7 Inventories for sale or use 8 Prepaid expenses and deferred charges. 9 10a Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D **b** Less accumulated depreciation 10b Ol 10c 0 0 0 Investments—publicly traded securities 11 11 ol 0 12 Investments—other securities See Part IV, line 11 12 0 Investments—program-related See Part IV, line 11 0 13 13 0 0 14 Intangible assets 14 15 Other assets See Part IV, line 11 0 15 13,547 16 17,274 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22,778 persons Complete Part II of Schedule L 23,678 22 23 Secured mortgages and notes payable to unrelated third parties 0 23 0 24 0 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 0 25 0 22,778 23,678 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here ► X and or Fund Balances complete lines 27 through 29, and lines 33 and 34. -10,131 27 -5,504 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. Net Assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32 -10,131 33 -5,504 33 Total net assets or fund balances Total liabilities and net assets/fund balances 13,547 34 17,274

Pari	XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a_		X
b	Were the organization's financial statements audited by an independent accountant?	2b		_ X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both		<u> </u>	
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	ļ		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	<u> </u>	
			.m 991) connas

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open-to-Public-Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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.

Employer identification number

<u>CHIL</u>	<u>D EN</u>	<u> IRICHMENT</u>	CORPORATIN	DBA KIDS WORLD #4	1					72-13	<u>312723</u>		
Par	tl	Reason	for Public Ch	narity Status (All org	ganizatio	ns must	complete	this par	t) See ir	struction	18		
	orgar		•	ation because it is. (Fo		-							
1	닏			rches, or association of			ed in sec	tion 170(b)(1)(A)(i).			
2	M	A school des	scribed in sectio	on 170(b)(1)(A)(ii). (At	tach Sche	edule E)							
3	\sqsubseteq	A hospital or	a cooperative h	nospital service organi	zation de	scribed in	section	170(b)(1)	(A)(iii).				
4			search organiza me, city, and sta	ation operated in conju	inction wi	th a hospi	tal descri	bed in se	ction 170	(b)(1)(A)	(iii). Ent	er the	
5		An organizat	tion operated for	r the benefit of a collec	ge or univ	ersity owi	ned or op	erated by	a govern	mental ur	nit desci	ribed	
6	\Box	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	Ħ			y receives a substanti						or from the	e aener	al publi	IC
•		described in	section 170(b)	(1)(A)(vi). (Complete I	Part II)			,			- 9	 ,	
8	\sqsubseteq	A community	trust described	d in section 170(b)(1)((A)(vi) . (C	omplete f	Part II)						
9				y receives (1) more th									
		support from	gross investme	ed to its exempt function ent income and unrelate an after June 30, 1975	ted busine	ess taxab	le income	(less sec	tion 511 t				S
10		An organizat	tion organized a	nd operated exclusive	ly to test	for public	safety S	ee sectio	n 509(a)(4).			
11	\sqcap	-	•	nd operated exclusive	-	•	=				ry out th	ne	
				blicly supported organ									on
		509(a)(3). C	heck the box tha	at describes the type of	f support	ing organ	ızatıon an	d comple	te lines 1	1e throug	h 11h		
		a Type	1 b 🗀	Type II c	Турє	e III-Fund	ctionally in	ntegrated		d ∐ T	ype III-	-Other	
е				y that the organization									
				on managers and othe	r than on	e or more	publicly s	supported	l organıza	tions des	cribed i	n section	on
			section 509(a)(2										
f		_	zation received : , check this box	a written determination	n from the	RS that	ıt ıs a Typ	e I, Type	II, or Typ	e III supp	orting		
g		Since Augus	st 17, 2006, has	the organization acce	pted any	gift or cor	tribution t	from any	of the				<u> </u>
		following per			46					(11)		Yes	No
			-	or indirectly controls, verning body of the su		-		persons	aescribea	in (ii)	11g(ı)	162	NO
		•		person described in (i		rgariizatic					11g(iı)		-
				y of a person describe		(II) above	· ?				11g(iii)		-
h				ation about the suppor									
(i)		of supported anization	(n) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	1–9 in col (i) listed in your the governing document?		the organ	rou notify nization in of your port?	organizat (i) organi	is the tion in col zed in the S ?	(vii) Amount of support		of
				(See mondenons),	Yes	No	Yes	No	Yes	No	1		
												_	0
· · · · ·		. <u> </u>			<u>.</u>								0
													0
									ļ				0
													С
_					-		ļ.			1			_

Sched	ule A (Form 990 or 990-EZ) 2009 CHILD ENRICH	HMENT CORPO	ORATIN DBA K	(IDS WORLD#	#4 _	72-131272	3 Page 2
Par	Support Schedule for Organi	zations Desc	ribed in Sec	tions 170(b)(1)(A)(iv) and	170(b)(1)(A)	
	(Complete only if you checked	the box on line	5, 7, or 8 of	Part I)			
	ion A. Public Support					 -	
Cale	ndar 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.") .	0	0				0
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on	ĺ				}	
	its behalf	0	0				0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0				0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each	harden er en					
	person (other than a governmental unit						
	or publicly supported organization) included on line 1 that exceeds 2% of the			1			
	amount shown on line 11, column (f)	j					
6	Public support. Subtract line 5 from line 4						0
	ion B. Total Support	<u> </u>		<u></u>			
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,						<u> </u>
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	0	0				0
9	Net income from unrelated business						
	activities, whether or not the business is						0
10	regularly carried on Other income Do not include gain or						0
10	loss from the sale of capital assets						
	(Explain in Part IV)	l ol	0				0
11	Total support. Add lines 7 through 10			1 (1942)	4515		0
12	Gross receipts from related activities, etc. (s)			12	
13	First five years. If the Form 990 is for the o	rganization's fir	st, second, thi	rd, fourth, or fif	th tax year as a	a section 501(c	:)(3)
	organization, check this box and stop here	J		,	•	·	▶ 🗌
Sect	ion C. Computation of Public Suppor	t Percentage		·			
14	Public support percentage for 2009 (line 6,		ed by line 11.	column (f))		14	0 00%
15	Public support percentage from 2008 Sched	, ,				15	0 00%
16a	33 1/3% support test-2009. If the organiza			line 13, and lin	ne 14 is 33 1/39		
	and stop here . The organization qualifies a						▶ [
b	33 1/3% support test-2008. If the organiza				nd line 15 is 33	3 1/3% or more	, check this
	hav and stan hare. The arganization qualifi						_

Ject	IQI	ı U.	COMP	Julation	UIF	ublic	JU	ւկկե	UILF	ercent	ayı	5
	_											_

17	rubile support percentage for 2003 (line of column (i) divided by line in column (i))		0 0070
15	Public support percentage from 2008 Schedule A, Part II, line 14.	15	0 00%
	the control of the co		

box and stop here. The organization qualifies as a publicly supported organization 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

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

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

	(Complete only if you checked the	ne box on line	9 of Part I)				
	tion A. Public Support		# \ 0000	() 0007	(!) 0000	() 0000	(f) T. I. I
Cale	endar 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")	0	0				0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an	0	0	<u> </u>			0
4	unrelated trade or business under section 513 Tax revenues levied for the organization's						0
5	benefit and either paid to or expended on its behalf The value of services or facilities	0	0				0
	furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5	0	0	0	0	0	0
6 7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		U	0	0	0	0
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						0
с 8	Add lines 7a and 7b Public support (Subtract line 7c from	0	0	0	0	0	0
Sec	line 6) tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Jan		''					
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans,	0	0	0	0	0	0
b	rents, royalties and income from similar sources Unrelated business taxable income (less						0
С	section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly						
12	carried on Other income Do not include gain or loss from the sale of capital assets						0
13	(Explain in Part IV) Total support. (Add lines 9, 10c, 11,	0	0				0
14	and 12) First five years. If the Form 990 is for the org	0	t second thur	0	0 tay year as a	9 section 501(c)	(3)
	organization, check this box and stop here	,	a, occoria, triire	., 10a.u., or mu	your as a	100	``' ▶ [
Seci	tion C. Computation of Public Support	Percentage		· · · · · · · · · · · · · · · · · · ·		 -	
			d by line 12 o	olumn (f)	- ,	15	0.00%
15 16 Sect	Public support percentage for 2009 (line 8, con Public support percentage from 2008 Schedution D. Computation of Investment Incomp	ile A, Part III, li	ne 15		•	15	0 00%
17	Investment income percentage for 2009 (line	10c, column (f) divided by lin	e 13, column (f))	17	0 00% 0 00%
18 19a	Investment income percentage from 2008 Sc 33 1/3% support tests-2009. If the organiza	tion did not chi	eck the box on			han 33 1/3% ai	nd line 17 is
b	not more than 33 1/3%, check this box and si 33 1/3% support tests-2008. If the organization do line 18 is not more than 33 1/3%, check this box ar	id not check a bo	ox on line 14 or I	ne 19a, and line	16 is more than	33 1/3% and	▶ [
20	Brivata foundation. If the ergonization did as			401			

Schedule A (Form 9	990 or 990-EZ) 2009	CHILD ENR	ICHMENT (CORPO	RATIN DI	BA KIDS WO	ORLD #4	72-1312723	Page 4
Part IV	Supplemental	Information	. Complete	this pa	art to pro	vide the ex	planations rec	juired by Part II, line	10,
	Part II, line 17a	or 17b, and I	Part III, line	12 Pr	ovide ar	y other add	ditional inform	ation See instruction	IS
	• • • • • • • • • • • • • • • • • • • •								
									• • • • • • • • • • • • • • • • • • •
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SCHEDULE E (Form 990 or 990-EZ)

Schools

Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.



Department of the Treasury
Internal Revenue Service
Name of the organization

CHILD ENRICHMENT CORPORATIN DBA KIDS WORLD #4

Employer identification number

72-	1 7	4	ο.	71	าา

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	х	
2		· · · ·	^	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,		1	
	programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media			
	during the period of solicitation for students, or during the registration period if it has no solicitation program,	,		
	in a way that makes the policy known to all parts of the general community it serves? If "Yes," please	***		
	describe If "No," please explain If you need more space, use Schedule O (Form 990)	3	X	
	RACIALLY NON-DESCRIMINATORY POLICY IS PART OF REGISTRATION PACKET IT IS GIVEN TO GENERAL PUBLIC WITH ENROLLMENT INFORMATION			
	CENERAL I COLIC MITTERIOLEMENT IN COMMITTON			
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	75		
Ŭ	with student admissions, programs, and scholarships?	4c	x	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O			
	(Form 990)			
5	Does the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?	5a		X
				.,
b	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e		X
f	Use of facilities?	5f	}	x
-				
g	Athletic programs?	5g		X
h	Other extracurricular activities?	5h	ļ	X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Schedule O	***	, 4	
	(Form 990).	: '		
				1
	•			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		Х
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
_	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O	-		
	4.05 of Nev Proc 75-50, 1975-2 C.B. 567, covering radial nondiscrimination? If No, explain on Schedule O	7	- v	

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Open To Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection Employer identification number

CHILD ENRICHMENT CORPORATIN DB	72-1312723											
Part I Excess Benefit Transactio Complete if the organization and									, line 40	0b		
			(b) Description of transaction								(c) Con	rected?
1 (a) Name of disqualified person					(b) Description	or trans	action				Yes	No
 Enter the amount of tax imposed of under section 4958 Enter the amount of tax, if any, on leading to the company of tax in the amount of tax. 	_		_			ons du	ring th	e year	•	\$ \$		
Part II Loans to and/or From Ir	tereste	d Perso	ns.				_					
Complete if the organization	answere	d "Yes"	on Form 9	990, Part	IV, line 26, c	r Form	1 990-l	EZ, Pa	rt V, lı	ne 38a		
(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Ori principal	•	(d) Balance	(d) Balance due		due (e) In default?		(f) Approved by board or committee?		/ritten ment?
	То	From					Yes	No	Yes	No	Yes	No
BHANDARI LLC WORKING CAPITAL RE	d	Х		26,000		22,778 X		X		Х		
				0		0						
				0		0						
	<u> </u>			0		0			ļ			
	-			0		0						
Tatal				0	ļ <u>.</u>	0		L	-	<u> </u>		
Part III Grants or Assistance Be Complete if the organization						22,778						
(a) Name of interested person			between int				(c) Amo	unt of g	rant or ty	pe of as	sistance	1
	-		organiza	tion		-						
		•										
	-											
Part IV Business Transactions						l					_	
Complete if the organization	answere	d "Yes"	on Form 9									
(a) Name of interested person	me of interested person (b) Relationship interested perso organizat		n and the transaction		(d) Description of transaction				ion	organi	aring of zation's nues?	
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

OMB No 1545-0047 Open-to-Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

CHILD ENRICHMENT CORPORATIN DBA KIDS WORLD #4 72-1312723 Form 990 Part VI Section C Line 19 GOVERNING DOCUMENTS, FINANCIAL STATEMENTS TAX RETURNS AND CONFLICT OF INTEREST POLICIES ARE MADE AVAILABLE TO GENERAL PUBLIC AT AAAGREED UPON TIME ONCE THE REQUEST IS RECEIVED. THE INSPECTION MUST TAKE PALCE DURING NORMAL BUSINESS HOURS IN PRESENCE OF AN OFFICER OF THE ORGANIZATION.