PUBLIC DISCLOSURE COPY

** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury Internal Revenue Service

▶ 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.

A F	or the	2018 calendar year, or tax year beginning and en	nding		
B c	neck if oplicable	C Name of organization		D Employer identific	cation number
X	Addres	SONGS FOR KIDS FOUNDATION INC			
	Name change			61-1	516132
	Initial return		oom/suite	E Telephone numbe	
	Final return/	145 NASSAU ST NW			541-9231
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	404,054.
	Amend return	AILANIA, GA 30303		H(a) Is this a group re	
	Application	F Name and address of principal officer: UOSH KIFKIND		for subordinates	? Yes X No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: $X = 501(c)(3) = 501(c)($) (insert no.) 4947(a)(1) or	527	If "No," attach a	list. (see instructions)
		e: ► WWW.SONGSFORKIDSFOUNDATION.ORG		H(c) Group exemptio	
		organization: X Corporation	L Year	of formation: 2007	M State of legal domicile: GA
Pa		Summary	TITNO	miin i 13700 Oi	- CULT DDEN
ا ۾		Briefly describe the organization's mission or most significant activities: ENRICE	HING	THE LIVES OF	HCTCTANC
auc	-	IN NEED THROUGH MUSIC. SONGS FOR KIDS FOU			
ler.		Check this box if the organization discontinued its operations or disposed Number of voting members of the governing body (Part VI, line 1a)		1 _	Sets.
န်		Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			2
∞ ∞		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			23
Activities & Governance		Total number of volunteers (estimate if necessary)			20
흙		Total unrelated business revenue from Part VIII, column (C), line 12			0.
٩		Net unrelated business taxable income from Form 990-T, line 38			0.
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		175,306.	314,848.
Ĭ,	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
~	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		82,561.	77,834.
\rightarrow		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		257,867.	392,682.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		57,073.	138,248.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
찞			0.	144,262.	239,511.
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		201,335.	377,759.
		Revenue less expenses. Subtract line 18 from line 12		56,532.	14,923.
28	10	Tevende 1666 expenses. Gastract line 16 from line 12	Bei	ginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)		344,091.	363,908.
Ass		Total liabilities (Part X, line 26)		1,751.	5,441.
Net Assets or Fund Balances		Net assets or fund balances. Subtract line 21 from line 20		342,340.	358,467.
	rt II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules ar			knowledge and belief, it is
true,	correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer	has any knowledge.	
		Signature of officer		Data	
Sign		•		Date	
Here	•	JOSH RIFKIND, OFFICER Type or print name and title			
			Τr	Date Check	PTIN
Deiq	ļ	Print/Type preparer's name KATHERINE MOOSARIPARAMBIL		if	
Paid Prep	- 1	Firm's name CHERRY BEKAERT LLP		self-employ	56-0574444
Use	- 1	Firm's address 1029 GREENE STREET		Firm's EIN ▶	<u> </u>
000	,	AUGUSTA, GA 30901		Phone no 70	6-724-3557
 Mav	the IR	S discuss this return with the preparer shown above? (see instructions)		11 Holle Ho. 7 0	X Yes No

Pa	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	ENRICHING THE LIVES OF CHILDREN IN NEED THROUGH MUSIC. SONGS FOR KIDS
	FOUNDATION BRINGS MUSICIANS YEAR ROUND TO CHILDREN'S HOSPITALS AND
	SPECIAL NEEDS KIDS CAMPS.
	DIECIAL NEEDS KIDS CAMIS:
	Did the organization undertake any significant program services during the year which were not listed on the
2	
_	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 organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$344,064. including grants of \$) (Revenue \$)
	TO BRING MUSICIANS YEAR ROUND TO CHILDREN'S HOSPITALS AND SPECIAL NEEDS
	KIDS CAMPS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 344,064.

Form 990 (2018) SONGS FOR KIDS FOUNDATION INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
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		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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			l
	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 of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part 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	l		1 37
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
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			1 37
	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			_V
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		l 🕶
40	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? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		 ^ `
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
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			<u> </u>
	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		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2018) SONGS FOR KIDS FOUNDATION INC Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			٠.,
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			X
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	000		Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	280		Α_
С		28c		x
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	Х	122
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	21	
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٥.	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	L	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
D-	Note. All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	 T	\perp
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8	-		
b		-		
С			v	
	(gambling) winnings to prize winners?	1c	X	

SONGS FOR KIDS FOUNDATION INC Page 5 Form 990 (2018) Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 23 filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a 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)? Х 4a **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 Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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? Х 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). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? **b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? 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 income?

16

Х

If "Yes," complete Form 4720, Schedule O.

Form 990 (2018) SONGS FOR KIDS FOUNDATION INC 61-1516132 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Page 6 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	3								
	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 in Schedule O.									
b		2								
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		х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or 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		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization become aware during the year of a significant diversion of the organization s assets: Did the organization have members or stockholders?									
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		X						
	more members of the governing body?	7a		x						
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	'~								
	and the state of t	7b		x						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10								
		8a	х							
a h	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X							
ь 9		OD	21							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x						
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u> </u>		72						
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	N _a						
100	Did the erganization have lead chapters branches or affiliates?	10a	162	No X						
	Did the organization have local chapters, branches, or affiliates?	IUa		122						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	106								
44.	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	Х							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Ha	- 1							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	v							
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	١.,		, v						
	in Schedule O how this was done	12c	37	X						
13	Did the organization have a written whistleblower policy?	13	X							
14	Did 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?									
	The organization's CEO, Executive Director, or top management official	15a		X						
b	Other officers or key employees of the organization	15b		X						
	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 with a									
	taxable entity during the year?	16a		X						
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								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶GA, CA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availat	ole						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	ial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
	JOSH RIFKIND - 404-541-9231									
	145 NASSAU ST NW, SUITE B, ATLANTA, GA 30303									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Name and Title Average hours per week (list any hours for related organizations below line) (1) RYAN RADDING BOARD MEMBER (2) JOSH RIFKIND PRESIDENT (4) SANJAY KOTHARI Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) (5) Total Compensation from related organization (W-2/1099-MISC) (6) Total Compensation from related organization (W-2/1099-MISC) (8) Total Compensation from related organization (W-2/1099-MISC) (8) Total Compensation from related organization (W-2/1099-MISC) (8) Total Compensation from related organization (W-2/1099-MISC) (9) Total Compensation from related organization (W-2/1099-MISC) (1) RYAN RADDING 1 . 0 0 PRESIDENT X		organization compensate					sate	sated any current officer, director, or trustee.				
(list any hours for related organizations below line) (1) RYAN RADDING BOARD MEMBER (2) JOSH RIFKIND PRESIDENT (3) JUSTIN KERENYI SECRETARY (4) SANJAY KOTHARI (list any hours for related organizations below line) (1) RYAN RADDING (3) JUSTIN KERENYI (1) RYAN RADDING (1) RYAN RADDING (1) RYAN RADDING (2) JOSH RIFKIND (3) JUSTIN KERENYI (4) SANJAY KOTHARI (1) RYAN RADDING (1) RYAN RADDING (2) JOSH RIFKIND (3) JUSTIN KERENYI (4) SANJAY KOTHARI (1) RYAN RADDING (4) SANJAY KOTHARI (5) TOTH Trible organization (W-2/1099-MISC) (6) Gue organization (W-2/1099-MISC) (7) O. (8) O. (8) O. (9) O. (1) RYAN RADDING (9) O. (1) RYAN RADDING (1) RYAN RADDING (1) RYAN RADDING (2) JOSH RIFKIND (3) JUSTIN KERENYI (4) SANJAY KOTHARI (5) O. (6) O. (7) O.	(A) Name and Title	hours per	box	Position (do not check more than one box, unless person is both an				n an	compensation	Reportable compensation	(F) Estimated amount of	
BOARD MEMBER X 0. 0. (2) JOSH RIFKIND 40.00 X 45,833. 0. 6,09 PRESIDENT X 45,833. 0. 6,09 (3) JUSTIN KERENYI 7.00 X 0. 0. SECRETARY X 0. 0. 0. (4) SANJAY KOTHARI 15.00 0. 0. 0.		(list any hours for related organizations below line)	_						the organization	organizations	compensation	
(2) JOSH RIFKIND 40.00 PRESIDENT X 45,833. 0.6,09 (3) JUSTIN KERENYI 7.00 X 0.0. 0.0. SECRETARY X 0.0. 0.0. 0.0. (4) SANJAY KOTHARI 15.00 0.0. 0.0. 0.0. 0.0.	(1) RYAN RADDING	1.00										
PRESIDENT X 45,833. 0. 6,09 (3) JUSTIN KERENYI 7.00 X 0. 0. (4) SANJAY KOTHARI 15.00			Х						0.	0.	0.	
(3) JUSTIN KERENYI		40.00										
SECRETARY X 0. 0. (4) SANJAY KOTHARI 15.00 . .					X				45,833.	0.	6,097.	
(4) SANJAY KOTHARI 15.00		7.00			,,					_	0	
		15 00			X				0.	0.	0.	
		15.00	-		v				_	_	0.	
	INDIONAL		-		Λ					0.	•	
			-									
			-									
			-									
			-									
			-									

832007 12-31-18 Form **990** (2018)

rait	Section A. Officers, Directors, Trus	tees, Key Emp	<u>oloy</u>	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)		(B) (C) Average Position							(D)	(E)			(F)	
	Name and title	Average hours per		not c	heck i	more	than c		Reportable	Reportable			stimate	
		week					s both or/trust		compensation from	compensation from related	- 1	aı	nount o other	וכ
		(list any	ector						the	organization		com	pensa	tion
		hours for related	Individual trustee or director	96			ated		organization	(W-2/1099-MIS	3C)		om the	
		organizations	rustee	Institutional trustee		ee ee	Highest compensated employee		(W-2/1099-MISC)			_	anizati d relati	
		below	dual tı	utiona	_	Key employee	st cor	ъ					anizatio	
		line)	Indivi	Instit	Officer	Key er	Highe emplo	Former						
-			_											
·														
			_											
-			<u> </u>											
	Sub-total								45,833.		0.		6,09	
	otal from continuation sheets to Part VI							>	0.		0.		<u>- 0</u>	0.
	otal (add lines 1b and 1c)							<u> </u>	45,833.	200 - f	0.		6,09	<i>j</i> / •
	otal number of individuals (including but not not not not not not not not not no	ot limited to th	ose	liste	a ab	ove	e) wn	o re	eceived more than \$100,	Juu of reportable	3			0
	en penediten nen ine ergan ausen.												Yes	No
3 D	Did the organization list any former officer,	director, or tru	uste	e, ke	y en	nplo	yee,	or l	highest compensated en	nployee on				
li	ne 1a? If "Yes," complete Schedule J for s	uch individual										3		X
	for any individual listed on line 1a, is the su	•		•					•	J				
	and related organizations greater than \$150	,		•								4		<u> X</u>
	Did any person listed on line 1a receive or a											5		Х
	endered to the organization? <i>If</i> "Yes," com on B. Independent Contractors	piete Schedule	<u> </u>	or st	icn r	<u>oers</u>	on .					<u> </u>		
1 C	Complete this table for your five highest co										oensat	ion fr	om	
t	he organization. Report compensation for to (A)	the calendar ye	ear e	endir	ng w	ith c	or wi	:hin	ı the organization's tax yı (B)	ear.		(0	<u> </u>	
	Name and business	address							Description of s	ervices	С		nsatio	า
	TTY COMMERCIAL CONSTRU		2	n 2	40				CONCEDIORION			1 2	7 7	11
3445	BUFFINGTON CTR, ATLA	MTA, GA		0.3	49			\dashv	CONSTRUCTION			13	7,7	<u>± Т •</u>
								ı						
2 T	otal number of independent contractors (in	ncluding but n	ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
\$	\$100,000 of compensation from the organiz	zation -				1	L							

\$100,000 of compensation from the organization

61-1516132

ı u	L VII				- in this Deat VIII			
		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII (A)	(B)	(C)	(D) Revenue excluded
					Total revenue	Related or exempt function	Unrelated business	from tax under
						revenue	revenue	sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
ρ, G M		Fundraising events		71,384.				
ar F		Related organizations						
s, G	е	Government grants (contributi	ons) 1e					
r Si	f	All other contributions, gifts, grant	ts, and					
but the		similar amounts not included abov	/e 1f	243,464.				
E G	g	Noncash contributions included in lines	la-1f: \$	0F 001 1				
<u>පි පි</u>	h	Total. Add lines 1a-1f			314,848.			
				Business Code				
e	2 a	·						
ē Ķ	b	·						
Scon	С	·						
ran 3ev	d							
Program Service Revenue	е	·						
Δ.		All other program service reve						
		Total. Add lines 2a-2f						
	3	Investment income (including	•	· '				
		other similar amounts)						
	4	Income from investment of tax		·				
	5	Royalties	(i) Real	(ii) Personal				
	6.2	Gross rents	· · · · · · · · · · · · · · · · · · ·	(II) Personal				
		Less: rental expenses						
	0	Rental income or (loss)						
	d	Net rental income or (loss)		>				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	() 5556	()				
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
o o	8 a	Gross income from fundraising	g events (not					
ğ		including \$ 71,3	84 . of					
eve		contributions reported on line						
Other Revenue		Part IV, line 18		89,206.				
푩		Less: direct expenses		11,372.				
		Net income or (loss) from fund	-	>	77,834.			77,834.
	9 a	Gross income from gaming ac						
		Part IV, line 19		1				
		Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sales						
	11 a	Miscellaneous Revenue		Business Code				
	ii a b		•					
	C							
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			392,682.	0.	0.	77,834.

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 (**D**) Fundraising expenses (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 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, 45,833. 38,958. 6,875. trustees, and key employees 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 57,394. 48,785. 8,609. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 6,097. 5,181. 916. Other employee benefits 9 28,924. 24,585. 4,339. 10 Payroll taxes 11 Fees for services (non-employees): Management 5,279. 4,487. 792. Legal 3,580. 3,043. 537. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 41,361. 35,157. 6,204. column (A) amount, list line 11g expenses on Sch O.) 3,546. 3,546. Advertising and promotion 12 16,688. 14,185. 2,503. Office expenses 13 14,012. 11,910. 2,102. Information technology 14 15 Royalties 32,383. 32,383. 16 Occupancy 8,034. 8,034. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 874. 874. Depreciation, depletion, and amortization 22 5,463. 4,645. 818. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 72,088. 72,088. MUSIC SUPPLIES **ACTIVITY EXPENSE** 36,203. 36,203. С d All other expenses 377,759. 344,064. 33,695. 0. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2018)
Part X Balance Sheet

t X	Balance Sheet					
	Check if Schedule O contains a response or not	e to any	line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	343,813.	1	196,072.		
2				2		
3				3		
4					4	
5						
	trustees, key employees, and highest compensa					
	Part II of Schedule L				5	
6						
	section 4958(f)(1)), persons described in section	4958(c)	(3)(B), and contributing			
	employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
	employees' beneficiary organizations (see instr).	Comple	te Part II of Sch L		6	
7					7	
8					8	
9			l		9	
10a						
		10a	166,604.			
b	Less: accumulated depreciation	10b	24,049.	278.	10c	142,555.
11	Investments - publicly traded securities					25,281.
12					12	
		344,091.		363,908.		
17				·		•
18					18	
19						
20						
21						
22						
	• •					
		•	· ·		22	
23						
	. ,					
	· · · · · · · · · · · · · · · · · · ·	-				
	0 1 1 1 5			1,751.	25	5,441.
26			·····	1,751.		5,441. 5,441.
				·		
27	- ·			342,340.	27	358,467.
28					28	
29	B			29		
	and complete lines 30 through 34.					
30				30		
31					31	
32					32	
33				342,340.		358,467.
34				344,091.	34	363,908.
	1 2 3 4 5 5 6 6 7 8 9 10 a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33	Check if Schedule O contains a response or note 1	Check if Schedule O contains a response or note to any Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net Accounts receivable, net Loans and other receivables from current and former off trustees, key employees, and highest compensated emp Part II of Schedule L Loans and other receivables from other disqualified pers section 4958(f)(1)), persons described in section 4958(c) employees' beneficiary organizations (see instr). Complet omployees' beneficiary organizations (see instr). Complet Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments · publicly traded securities Investments · other securities. See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule L Secured mortgages and notes payable to unrelated third per Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third per Other liabilities. Add lines 17 through 25 Other liabilities (including federal income tax, payables to parties, and other liabilities not included on lines 17-24). Schedule D Total liabilities. Add lines 17 through 25 Organizations that do not follow SFAS 117 (ASC 958), check complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets Organizations that do not follow SFAS 117 (ASC 958), check complete lines 27 through 29, and lines 30 and 34. Organizations that do not follow SFAS 117 (ASC 958), check complete lines 27 through 39. Paid-in or capital surplus, or land, building, or eq	Check if Schedule O contains a response or note to any line in this Part X Cash - non-interest-bearing	Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year 1 Cash - non-interest-bearing 3 3 4 3 , 8 1 3 . 2 Savings and temporary cash investments 3 Piedges and grants receivable, net 4 Accounts receivable, net 5 Laans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Laans and other receivables from other disqualified persons (as defined under section 4956)((1)), persons described in section 4956)((3)(8)), and contributing employees' beneficiary organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepald expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV Schedule D 10b 166,604. 1 Investments - publicity traded securities 1 Investments - publicity traded securities 1 Investments - program-related. See Part IV, line 11 1 Intragible assets 1 Investments - program-related. See Part IV, line 11 1 Intragible assets 1 Investments - program-related. See Part IV, line 11 1 Intragible assets 1 Deferred revenue 2 Tax-exempt bond liabilities 2 Escrow or custodial account liability. Complete Part IV of Schedule D 2 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 2 Complete Part II of Schedule L 3 Secured notes and loans payable to unrelated third parties 4 Unrestricted net assets 5 Other liabilities (including federal income tax, payables to related third parties 4 Unrestricted net assets 5 Organizations that follow SFAS 117 (ASC 958), check here 2 Total liabilities. And lines 17 through 25 3 Total liabilities. And lines 33 and 34. 2 Unrestricted net assets 9 Permanently restricted net assets 10 Gepital stock or trust principal, or current funds 10 Paic	Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year

Form **990** (2018)

Form **990** (2018)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)		392	1,68	32.
2	Total expenses (must equal Part IX, column (A), line 25)	2		7.75	
3	Revenue less expenses. Subtract line 2 from line 1	3		, 92	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		, 34	
5	Net unrealized gains (losses) on investments	5		•	
6	Donated services and use of facilities	6			
7					
8	or period adjustments 8		1	,20)4.
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	358	, 46	57.
Pa	rt XII Financial Statements and Reporting	1		•	
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e 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 Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	an analita, annalain ndan in Calandula O anal describe annu atama talum ta un dema anala andita		O.	- 1	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization SONGS FOR KIDS FOUNDATION INC 61-1516132 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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, city, and state: 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). X 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.) 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 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 in 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 I, Type II, 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 (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sed	ction A. Public Support						_
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	143,357.	164,480.	217,538.	175,306.	314,848.	1015529.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	440.055	154 100	0.1 = 5.0	455 226	214 242	1015500
4	Total. Add lines 1 through 3	143,357.	164,480.	217,538.	175,306.	314,848.	1015529.
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,						00 106
	column (f)						89,126.
	Public support. Subtract line 5 from line 4.						926,403.
	• • • • • • • • • • • • • • • • • • • •		(1) 22.17	() 22/2	()) 00.17	() 22/2	
	ndar year (or fiscal year beginning in)	(a) 2014 143, 357.	(b) 2015 164,480.	(c) 2016 217, 538.	(d) 2017 175, 306.	(e) 2018 314,848.	(f) Total 1015529 •
	Amounts from line 4	143,337.	104,400.	Z17,330.	1/3,300.	314,040.	1015529.
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						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	. /5		1,450.	2,263.			3,713.
11	Total support. Add lines 7 through 10		2/2000	2/2001			1019242.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	417,318.
	First five years. If the Form 990 is for	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	organization, check this box and stop	_					
Sec	ction C. Computation of Publi						
14	Public support percentage for 2018 (li	ine 6, column (f) div	vided by line 11, co	olumn (f))		14	90.89 %
	Public support percentage from 2017					15	91.04 %
	33 1/3% support test - 2018. If the c					ore, check this box	k and
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶ X
b	33 1/3% support test - 2017. If the o						
	and stop here. The organization quali	ifies as a publicly s	upported organiza	ition			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac-	ts-and-circumstand	es" test, check th	is box and stop h	iere. Explain in Pai	t VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		>
b	10% -facts-and-circumstances test	- 2017. If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test. 7	The organization q	ualifies as a public	ly supported orgar	nization	>
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	·

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

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

Se	quality under the tests listed be ction A. Public Support	now, please comp	Diete Part II.)				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	nother than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
8 Se	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	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 VI.)						
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, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here						>
	ction C. Computation of Public						
	Public support percentage for 2018 (lin			column (f))		15	%
						16	%
	ction D. Computation of Inves					т т	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2018. If the						/ is not
k	more than 33 1/3%, check this box and 33 1/3% support tests - 2017. If the		-	•			P
	line 18 is not more than 33 1/3%, chec	k this box and s	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
48		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
34		
9b		
9c		
10a		
10b		
n 990 or 99	0-EZ)	2018

Par	t IV Supporting Organizations _(continued)		
		Yes	s No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		
	below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	:	
Sect	tion B. Type I Supporting Organizations		
		Yes	s No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		
	controlled the organization's activities. If the organization had more than one supported organization,		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
	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 tion C. Type II Supporting Organizations		
000	ion of Type in oupporting Organizations	Yes	s No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	16:	, NO
	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	tion D. All Type III Supporting Organizations		
		Yes	s 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?		\perp
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).	_	
	By reason of the relationship described in (2), did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
Soot	supported organizations played in this regard. 3 tion E. Type III Functionally Integrated Supporting Organizations		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	20)	
	Activities Test. Answer (a) and (b) below.	Yes	s No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		111
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		
	those supported organizations and explain how these activities directly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, and how the organization determined		
	that these activities constituted substantially all of its activities.		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		
	reasons for the organization's position that its supported organization(s) would have engaged in these		
	activities but for the organization's involvement.	\bot	\bot
3	Parent of Supported Organizations. Answer (a) and (b) below.		
	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? Provide details in Part VI.		
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.		

Pai	rt V	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ	izations	
1		Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. All
	C	other Type III non-functionally integrated supporting organizations must cor	nplete Se	ctions A through E.	
Sect	ion A - A	Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net sh	ort-term capital gain	1		
2	Recove	eries of prior-year distributions	2		
3	Other	gross income (see instructions)	3		
4	Add lin	nes 1 through 3	4		
5	Depred	ciation and depletion	5		
6	Portior	n of operating expenses paid or incurred for production or			
	collect	tion of gross income or for management, conservation, or			
	mainte	enance of property held for production of income (see instructions)	6		
7	Other 6	expenses (see instructions)	7		
8	Adjust	ted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - I	Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggreo	gate fair market value of all non-exempt-use assets (see			
	instruc	ctions for short tax year or assets held for part of year):			
а	Averag	ge monthly value of securities	1a		
b	Averag	ge monthly cash balances	1b		
С	Fair ma	arket value of other non-exempt-use assets	1c		
d	Total ((add lines 1a, 1b, and 1c)	1d		
е	Discou	unt claimed for blockage or other			
	factors	s (explain in detail in Part VI):			
2	Acquis	sition indebtedness applicable to non-exempt-use assets	2		
3	Subtra	act line 2 from line 1d	3		
4	Cash c	deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see ins	structions)	4		
5	Net va	lue of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multipl	ly line 5 by .035	6		
7	Recove	eries of prior-year distributions	7		
8	Minim	um Asset Amount (add line 7 to line 6)	8		
Sect	ion C -	Distributable Amount			Current Year
1	Adjust	ed net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 8	85% of line 1	2		
3	Minimu	um asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter o	greater of line 2 or line 3	4		
5	Income	e tax imposed in prior year	5		
6	Distrib	outable Amount. Subtract line 5 from line 4, unless subject to			
	emerge	ency temporary reduction (see instructions)	6		
7		Check here if the current year is the organization's first as a non-functionall	y integrate	ed Type III supporting orga	anization (see
	i	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

ı aı	Type in Non-Functionally integrated 509	aj(s) Supporting Orga	ilizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
	Evenes from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990)-EZ) 2018	SONGS	FOR	KIDS	FOUND	ATION	INC		61-151613		8
Part VI	Supplement Part IV, Section line 1; Part IV, S	al Inforr A, lines 1, ection D, I 5, 6, and 8	nation. F 2, 3b, 3c, 4 lines 2 and	Provide th 4b, 4c, 5a 3; Part IV	ne explana a, 6, 9a, 9t ^r , Section	ations requi o, 9c, 11a, E, lines 1c,	red by Part 11b, and 1 ⁻ 2a, 2b, 3a,	II, line 10; 1c; Part IV, and 3b; Pa	Section B, lines art V, line 1; Part	or 17b; Part III, line 12 1 and 2; Part IV, Sec V, Section B, line 1e onal information.	2; tion C,	
												_
												_

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Name of the organization

SONGS FOR KIDS FOUNDATION INC

Employer identification number

61-1516132

Organization type (check one):								
Filers of	:	Section:						
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization						
Form 99	D-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
	•	s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General	Rule							
	ū	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special	Rules							
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year								
but it mu	ıst answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

SONGS FOR KIDS FOUNDATION INC

61-1516132

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$15,000 . _	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$ <u>10,000.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 25,281.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization Employer identification number

SONGS FOR KIDS FOUNDATION INC

61-1516132

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	300 SHARES OF TOTAL SYS SVCS INC		
<u>6</u>	_		
		\$\$	06/28/18
(a)		(c)	
No. rom	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a)	<u>.</u> .	(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncastr property given	(See instructions.)	Date received
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
rom Part I	Description of noncash property given	(See instructions.)	Date received
—			
		\ \$	
(a)		(0)	
No.	(b)	(c) FMV (or estimate)	(d)
rom Part I	Description of noncash property given	(See instructions.)	Date received
—		<u> </u>	
		\$	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
rom Part I	Description of noncash property given	(See instructions.)	Date received

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization **Employer identification number** SONGS FOR KIDS FOUNDATION INC 61-1516132 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

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

Name of the organization

SONGS FOR KIDS FOUNDATION INC

Employer identification number 61-1516132

	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Donor advised funds	(w) i dried and other accounts
	Total number at end of year		
	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)		
	Aggregate value at end of year Did the organization inform all donors and donor advisors in wr	iting that the assets hold in donor advi	isod funds
	are the organization's property, subject to the organization's ex	-	
	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or o		
	• •		
Parl			
1	Purpose(s) of conservation easements held by the organization		,
	Preservation of land for public use (e.g., recreation or edu		storically important land area
	Protection of natural habitat		ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
	Number of conservation easements on a certified historic struc		
	Number of conservation easements included in (c) acquired aft		
	listed in the National Register	*	l l
	Number of conservation easements modified, transferred, relea		
	year 🕨		
4	Number of states where property subject to conservation ease	ment is located >	
	Does the organization have a written policy regarding the perio		f
	violations, and enforcement of the conservation easements it h	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing cor	nservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserv	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizatio	n's financial statements that describes	s the organization's accounting for
	conservation easements.		
Part	t III Organizations Maintaining Collections of A		other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	90, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	oition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			> \$
2	If the organization received or held works of art, historical treas	ures, or other similar assets for financi	ial gain, provide
	the following amounts required to be reported under SFAS 116	· ·	
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		

Par	t III Organizations Maintaining Co	ollections of Art	, Historic	cal Trea	sures, o	r Other S	imilar <i>i</i>	Assets	(continue	ed)
3	Using the organization's acquisition, accession	n, and other records	, check any	of the fol	lowing that	are a signi	ficant use	e of its c	ollection ite	ms
	(check all that apply):									
а	Public exhibition	d	Loa	n or excha	inge progra	ams				
b	Scholarly research	е	Oth	er						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they for	urther the	organizatio	n's exemp	t purpose	in Part	XIII.	
5	During the year, did the organization solicit or	receive donations of	f art, histori	cal treasu	res, or othe	er similar as	sets			
	to be sold to raise funds rather than to be ma	intained as part of th	e organizat	ion's colle	ction?] Yes	No
Par	t IV Escrow and Custodial Arrang	gements. Comple	te if the org	anization	answered '	'Yes" on Fo	orm 990, I	Part IV, I	ine 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia	an or other intermedia	ary for cont	ributions o	or other ass	ets not inc	luded			
	on Form 990, Part X?] Yes	No
b	If "Yes," explain the arrangement in Part XIII a									
									Amount	
С	Beginning balance						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 Fo						?		Yes	No
	If "Yes," explain the arrangement in Part XIII.								[
Par										
		(a) Current year	(b) Prior		(c) Two year			ars back	(e) Four ye	ars back
1a	Beginning of year balance	, ,	` '		, , ,	,				
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
·	and programs									
f	Administrative expenses									
g g	End of year balance									
2	Provide the estimated percentage of the curre	ent vear end halance	(line 1a, co	olumn (a)) k	neld as:					
a	Board designated or quasi-endowment		% %	, , , , , , , , , , , , , , , , , , ,	icia ao.					
b	Permanent endowment	%	_′°							
	Temporarily restricted endowment									
·	The percentages on lines 2a, 2b, and 2c shou									
32	Are there endowment funds not in the posses	· ·	tion that are	hold and	administar	ad for the	organizati	on		
oa	by:	ssion of the organizat	ion that are	ricia ana	administer	ca for the v	n gai iizati	OH	V	es No
									3a(i)	3 110
									3a(ii)	+
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organizations	tions listed as require	nd on Schoo	dulo D2					3b	
4									SD	
	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipment		virient lunus	5.						
	Complete if the organization answered		Part IV line	o 11a Soc	Form 990	Dart Y lin	o 10			
	Description of property	(a) Cost or ot		(b) Cost o			umulated		(d) Book v	oluo.
	Description of property	basis (investm		basis (of	I	. ,	umulated eciation		(u) book v	alue
	Land	· ` `	,	24010 (0		асріс	3,41011			
_	Land			1/12	,151.		59	6	1/12	555.
b	Buildings			T#2	, 1 2 1 0		23	- 	144,	
c	Leasehold improvements			2.5	,453.		23,45	1		0.
d	Equipment			4.3	,=33.		.J, L J.	- 		<u> </u>
	Other	•	,	5) " : =	,			$\overline{}$	1/12	555.
rota	. Add lines 1a through 1e. (Column (d) must ed	aual Form 990. Part X	(. column (E	3). line 10c	.)				144,	222.

Schedule D (Form 990) 2018

|--|

Complete if the organization answered "Yes" of				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of	on Form 990, Part IV,	line 11c. See Form 990, F	Part X, line 13.	
(a) Description of investment	(b) Book value			d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.				
Complete if the organization answered "Yes" of	on Form 000 Port IV	ling 11d Soc Form 000 I	Dort V line 15	
	Description	ille 11d. See Form 990, i	rant A, illie 15.	(b) Book value
	Description			(b) Dook value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990. Part X, col. (B) line	15.)		>	
Part X Other Liabilities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV,		990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) PAYROLL TAX LIABILITY - FE	EDERAL	2,492.		
(3) PAYROLL TAX LIABILITY - ST	TATE	609.		
(4) OTHER LIABILITY - CAPITAL	ONE			
(5) SPARK		2,340.		
		-		
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	05.)	5,441.		
		.).++1.		

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Pa	rt XI Reconciliation of Revenue per Audited Fir	nancial Statements With Revenue per Re	turn.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial s	statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line	e 12:	
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d		ا م ا	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on li		
а	a Investment expenses not included on Form 990, Part VIII, line	e7b 4a	
b	Other (Describe in Part XIII.)	4b	
С			4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990.), Part I, line 12.)	5
Pa	art XII Reconciliation of Expenses per Audited F		Return.
	Complete if the organization answered "Yes" on Form		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line	25:	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	_
С	Other losses	2c	_
d	d Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on lin	1 1	
а	Investment expenses not included on Form 990, Part VIII, line	e 7b	_
b	Other (Describe in Part XIII.)		
С			4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 99	90, Part I, line 18.)	5
	art XIII Supplemental Information.		
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III		l; Part X, line 2; Part XI,
lines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa	art to provide any additional information.	

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

SONGS F	OR KIDS FOUNDATION	INC	7		61-1516	132
Part I Fundraising Activities.	Complete if the organization answe	red "Y	es" or	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
required to complete this part				, ,		
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with priduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover ising of ing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	aiser ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
「otal			>			
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from re	gistration

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

Schedule G (Form 990 or 990-EZ) 2018

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 NONE (add col. (a) through CONCERTS FOODFEST col. (c)) (event type) (event type) (total number) 127,069. 33,521. 160,590. Gross receipts 71,384. 2 Less: Contributions 71,384. 55,685. 33,521. 89,206. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 11,372. 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) $\overline{77},834$ 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 (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs 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) **9** 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? **b** If "No," explain: _ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	ledule G (Form 990 or 990-EZ) 2018 SONGS FOR KIDS FOUNDATION INC	<u>отс</u>	TOZ	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	O 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	O No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	. 🗀	Yes	☐ No
b	o 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			
-			Yes	☐ No
L	retain the state gaming license?	ш	163	140
L	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Рa	organization's own exempt activities during the tax year > \$ Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	4 111 152		0h 10h
ı a	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, III	ies 9,	9D, 1UD,
		_		

Schedule G	i (Form 990 or 990-EZ)	SONGS FOR	KIDS	FOUNDATION	INC	61-1516132	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Inform	mation (continued	()				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Name of the organization SONGS FOR KIDS FOUNDATION INC Employer identification number 61-1516132

Pai	t I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	termini	•	5
1	Art - Works of art		itomo contributou	Training of the vini, into 19				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	1	25,281.	FMV			
10	Securities - Closely held stock		_	23,201				
11	Securities - Partnership, LLC, or							
•••								
12								
13	Qualified conservation contribution -							
10								
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	zation during	the tax vear for c	ontributions	- I			
	for which the organization completed Form 82						0	
	Tel Willer the organization completed form of	00,1 41111,1		Jointone			Yes	No
30a	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I lines 1 throu	nh 28 that it		100	110
000	must hold for at least three years from the date	-			-			
	exempt purposes for the entire holding period	_	ŕ			30a		Х
h	If "Yes," describe the arrangement in Part II.	•				Jour		
31	Does the organization have a gift acceptance	oolicy that re	quires the review	of any nonstandard contribu	tions?	31		Х
	Does the organization hire or use third parties							
	contributions?					32a		х
b	If "Yes," describe in Part II.					<u></u>		
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is che	cked.			
	describe in Part II.	(5) 101	., _{[-} p. 0 0 (t)		,			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

Schedule M	(Form 990) 2018	SONGS	FOR	KIDS	FOUNDAT	ION	INC		61-1516132	Page 2
Part II	Supplemental	Informat	ion. P	rovide the	information rec	quired by	Part I, lines	30b, 32b, and 33 eceived, or a com	, and whether the organiz bination of both. Also con	ation
-										

SCHEDULE O

(Form 990 or 990-EZ)

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 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

SONGS FOR KIDS FOUNDATION INC

Employer identification number 61-1516132

BONGS TON KIDS TOURDATION THE OT 13.	10132
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
YEAR ROUND TO CHILDREN'S HOSPITALS AND SPECIAL NEEDS KIDS CAMPS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
A COPY OF THE FORM 990 IS PROVIDED TO THE OFFICERS FOR REVIEW AND	APPROVAL
BEFORE FILING.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO	THE
PUBLIC UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	35,157.
MANAGEMENT AND GENERAL EXPENSES	6,204.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	41,361.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	41,361.