PUBLIC INSPECTION COPY

EXTENDED TO JUNE 15, 2021

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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 For the 2019 calendar year, or tax year beginning AUG 1 and ending JUL 31

Open to Public Inspection

	eck if	C Name of organization			D Employer identifi	cation number
ар	plicable:					
	Address change Name	MENTORKIDS USA				
	change Initial	Doing business as			86-0865368	
	return	Number and street (or P.O. box if mail is not delivered to	,	Room/suite	E Telephone number	
	Final return/ termin-	15300 N 90TH ST.		200	480-767-6707	
	termin- ated Amende	City or town, state or province, country, and ZIP or	foreign postal code		G Gross receipts \$	880,232.
	return Applica-	SCOTISDALE, AZ 65200			H(a) Is this a group r	
	tion	F Name and address of principal officer: AARON PARI	RO'I"I'		for subordinates	
		SAME AS C ABOVE			H(b) Are all subordinates i	
		npt status:	sert no.) 4947(a)(1)	or 527	1	list. (see instructions)
		MENTORKIDSUSA.ORG	n Other	1	H(c) Group exemption	
Pai		rganization: 🗴 Corporation Trust Associatio Summary	on Other >	L Year	of formation: 1997	M State of legal domicile: AZ
<u>. u.</u>		riefly describe the organization's mission or most signific	ant activition. SEE SC	HEDIII.E O		
9	1 B	rieny describe the organization's mission or most signific	ant activities. Bull be	ппропп о		
Governance	2 C	heck this box if the organization discontinued	Lite operations or dispos	ed of more	than 25% of its not as	eate
Veri		umber of voting members of the governing body (Part V			ء ا	9
Ĝ		umber of independent voting members of the governing				9
		otal number of individuals employed in calendar year 20				55
ij		otal number of volunteers (estimate if necessary)				75
Activities &		otal unrelated business revenue from Part VIII, column (0				0.
٩		et unrelated business taxable income from Form 990-T,				0.
					Prior Year	Current Year
	8 C	ontributions and grants (Part VIII, line 1h)			803,398.	838,865.
ğ	9 P				0.	0.
Revenue	10 In	vestment income (Part VIII, column (A), lines 3, 4, and 7			1,195.	3,086.
æ		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10			-1,824.	19,926.
	12 T	otal revenue - add lines 8 through 11 (must equal Part VI	II, column (A), line 12)		802,769.	861,877.
	13 G	rants and similar amounts paid (Part IX, column (A), lines	s 1-3)		0.	2,114.
	14 B	enefits paid to or for members (Part IX, column (A), line	1)		0.	0.
န္		alaries, other compensation, employee benefits (Part IX,			520,401.	592,918.
Expenses	16a P	rofessional fundraising fees (Part IX, column (A), line 11e			0.	0.
×		otal fundraising expenses (Part IX, column (D), line 25)		050.		
ш		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24			186,247.	152,296.
		otal expenses. Add lines 13-17 (must equal Part IX, colu			706,648.	747,328.
	19 R	evenue less expenses. Subtract line 18 from line 12			96,121.	114,549.
Net Assets or Fund Balances				Be	ginning of Current Year	End of Year
Sset		otal assets (Part X, line 16)			514,123. 36,643.	751,015.
et A		otal liabilities (Part X, line 26)			477,480.	168,986. 582,029.
Pai		et assets or fund balances. Subtract line 21 from line 20 Signature Block			477,400.	302,023.
		es of perjury, I declare that I have examined this return, including	an accompanying schedules	and etatem	ante and to the heet of m	v knowledge and helief it is
		and complete. Declaration of preparer (other than officer) is ba				y knowledge and belief, it is
1140, 1	1	and complete. Becautation of property (ether than emost) is bar	ou on an information of wi	non propuror	That arry knowledge:	
Sign		Signature of officer			Date	
Here	Ι.	AARON PARROTT, EXECUTIVE DIRECTOR				
110.0		Type or print name and title				
	1	Print/Type preparer's name Prepar	er's signature		Date Check	PTIN
Paid		ACQUELINE ECKMAN	7 0		if self-emplo	yed P01300648
Prepa	rer [irm's name CLIFTONLARSONALLEN LLP		· · · · · · · · · · · · · · · · · · ·	Firm's EIN ▶	41-0746749
Use C		Firm's address 20 EAST THOMAS ROAD, SUITE 23	00			
		PHOENIX, AZ 85012			Phone no. (60	02) 266-2248
May	the IRS	discuss this return with the preparer shown above? (se	e instructions)			X Yes No

MENTORKIDS USA 86-0865368 <u> Page</u> **2** Form 990 (2019) Part III Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: MENTORKIDS USA IS A CHRISTIAN BASED ORGANIZATION THAT EQUIPS AND EMPOWERS YOUTH TO BE TRANSFORMATIVE LEADERS IN THEIR LIVES. THEIR FAMILIES AND THEIR COMMUNITIES. Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. If "Yes," describe these changes on Schedule O. 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. 245,514. including grants of \$ _ 0.) 2,054.) (Revenue \$ 4a (Code: _____) (Expenses \$ ____ SOUTH PHOENIX PROMISE NEIGHBORHOOD: LOCATED NEAR 32ND ST. AND BROADWAY RD., OUR SOUTH PHOENIX PROMISE NEIGHBORHOOD PROVIDES FREE PROGRAMS FOR NEIGHBORHOOD RESIDENTS INCLUDING AFTER SCHOOL PROGRAM, SUMMER ENRICHMENT PROGRAM, AND PARENT ENGAGEMENT PROGRAM YOUTH PROGRAMS INVOLVED 150 CHILDREN IN GRADES K -12 WITH A FOCUS ON ACADEMIC SUCCESS. SPIRITUAL GROWTH, LEADERSHIP DEVELOPMENT, AND POST-SECONDARY PLANNING. KEY RESULTS: OVER 80% OF CHILDREN DEMONSTRATED MEASURABLE GROWTH IN THEIR UNDERSTANDING OF KEY LEADERSHIP PRINCIPLES; YOUTH DESIGNED AND IMPLEMENTED COMMUNITY ENGAGEMENT EVENTS INVOLVING 650 COMMUNITY RESIDENTS; 93% OF SUMMER ENRICHMENT PARTICIPANTS EITHER MAINTAINED OR IMPROVED THEIR READING 233,436. including grants of \$ 60.) (Revenue \$) (Expenses \$ PALAMINO PROMISE NEIGHBORHOOD: LOCATED NEAR 32ND ST. AND GREENWAY RD., OUR PALOMINO PROMISE NEIGHBORHOOD PROVIDES FREE PROGRAMS FOR NEIGHBORHOOD RESIDENTS INCLUDING AFTER SCHOOL PROGRAM, SUMMER ENRICHMENT PROGRAM, ONE-ON-ONE MENTORING AND PARENT ENGAGEMENT PROGRAM. YOUTH PROGRAMS INVOLVED OVER 150 CHILDREN IN GRADES 1 - 6 WITH A FOCUS ON ACADEMIC SUCCESS SPIRITUAL GROWTH, LEADERSHIP DEVELOPMENT AND POST-SECONDARY PLANNING. KEY RESULTS: 88% OF STUDENTS SHOWED SIGNIFICANT READING IMPROVEMENTS IN KEY AREAS; 100% OF STUDENTS PARTICIPATED IN DAILY HOMEWORK SUPPORT; 96% OF STUDENTS DEMONSTRATED COMPETENCY IN 12 KEY SOCIAL SKILLS; 93% OF SUMMER ENRICHMENT PARTICIPANTS EITHER MAINTAINED OR IMPROVED THEIR

78,636. including grants of \$ _ 0.) (Revenue \$ _) (Expenses \$ PAIUTE PROMISE NEIGHBORHOOD:

LOCATED NEAR 64TH ST. AND OSBORN, OUR NEWEST PROMISE NEIGHBORHOOD (PAIUTE) WAS LAUNCHED IN AUGUST OF 2019 WITH DEVELOPMENT BEGINNING IN LATE 2018. MENTORKIDS OFFERS FREE A AFTER SCHOOL PROGRAM AND SUMMER ENRICHMENT PROGRAM CURRENTLY SERVING OVER 75 CHILDREN. LIKE OUR OTHER NEIGHBORHOODS, PAIUTE PROGRAMS FOCUS ON ACADEMIC SUCCESS, SPIRITUAL GROWTH, LEADERSHIP DEVELOPMENT, AND POST-SECONDARY PLANNING FOR CHILDREN IN GRADES K - 6TH.

4d	Other program services	(Describe on Schedule O.)
	<i>t</i>	

557,586. Total program service expenses

Form **990** (2019)

) (Revenue \$

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Form 990 (2019) MENTORKIDS USA 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	Х	
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		Х
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
_	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	ا ا		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
• •	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		44.	х	
h	Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_ A
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_ A
a	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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	۱		.
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			_v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	 		,
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	l		.
46	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	٠. ا		.
	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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		.,	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		Х

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Form 990 (2		MENTORKIDS		
Part IV	Check	list of Required Sch	edules	(continued)

	i (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	NO
	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		х
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		Х
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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? F Contract Con	00-		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		<u> </u>
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	_23		<u> </u>
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	-		
-	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		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			1
D -	Note: All Form 990 filers are required to complete Schedule O	38	X	Щ_
Pa				
	Check if Schedule O contains a response or note to any line in this Part V		 I	X
			Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 7 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
b	Litter the number of Forms w-2d included in line 1a. Enter-0-11 not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4 -		
00000	(gambling) winnings to prize winners?	1c	990	<u> </u> (2019)
932004	1 01-20-20	LOUI	550	(CU19)

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Form 990 (2019)

MENTORKIDS USA

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	. (continued)		Yes	No
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		162	NO
	filed for the calendar year ending with or within the year covered by this return 2a 55			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
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?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		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).			l
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	l _		
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	۱.,		х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization file roll obes as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h		
8	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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.			
b	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 They the amount of receives an hand	-		
C 1/10	Enter the amount of reserves on hand Did the examination receive any payments for indeed tenning convices during the tay year?	14-		Х
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation on Schedule O</i> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
15		15		x
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	13		
16	le the consciention on advertised institution subject to the continue (000 surject to use not investment income)	16		х
10	If "Yes," complete Form 4720, Schedule O.	10		

MENTORKIDS USA Page 6 Form 990 (2019)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Tall Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, at the governing body describes the governing body describes an experimental differences in voting rights among members of the governing body, or if the governing body describes the governing body describes the governing to the governing body describes the governing to the governing body describes the governing to the governing the governing the governing to the governing the governing the governing the governing to describe the governing to the governing to describe the governing to the governing to the governing to describe the governing to govern the govern the governing to govern the governi		Check if Schedule O contains a response or note to any line in this Part VI			Х
to there are unable of voting members of the governing body of the flag overning body of the governing body? In governing body	Sec				
to there are unable of voting members of the governing body of the flag overning body of the governing body? In governing body				Yes	No
If there are material differences in voting rights among members of the governing body, of if the governing body delegate broad authority to an excustive committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, director, trustee, or key employee? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders? 7 Did the organization have members, stockholders? 7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Avairy governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8 Did the organization not contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 9 Is there any officer, director, trustee, or key employees lested in Part IVI, Section A, who cannot be reached at the organization have written policies and procedures governing body? 9 Is the end of the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is exempt purposes? 10a Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are co	1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
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b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization if we organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed NoNE 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) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Y Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	11a			Х	
12a					
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 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? 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? Section 6.104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			12a	Х	
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13		,	12c	Х	
14 Did the organization have a written document retention and destruction policy? 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? 15 The organization's CEO, Executive Director, or top management official 15 Other officers or key employees of the organization 15 If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16 Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 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? 16 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 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) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website ▼ Upon request □ Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	13			Х	
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Own website Another's website X Upon request Other (explain on Schedule O) 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records	. =		,/		-
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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	19	(-	l financ	cial	
20 State the name, address, and telephone number of the person who possesses the organization's books and records			··········	ui	
	20				
	_0	AARON PARROTT - 480-767-6707			
15300 N. 90TH STEET #200, SCOTTSDALE, AZ 85260					

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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.

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

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

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) AARON PARROTT	40.00									
EXECUTIVE DIRECTOR				Х				60,169.	0.	11,364.
(2) TAMMY VALDEZ	4.00									
BOARD CHAIR		Х		Х				0.	0.	0.
(3) DANIEL GONZALES	4.00									
TREASURER		Х		Х				0.	0.	0.
(4) KAREN YEARWOOD	1.00									
SECRETARY (RESIGNED 1/20)		Х		Х				0.	0.	0.
(5) SARAH BRAMMER	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) JOHN LEGGAT	1.00									
CHAIRMAN EMERITUS		Х						0.	0.	0.
(7) CHRIS DESAVINO	1.00									
DIRECTOR		Х						0.	0.	0.
(8) MARK HARSHBARGER	1.00	ŀ								
DIRECTOR		Х						0.	0.	0.
(9) TOM AMBROSE	1.00	ļ.								
DIRECTOR		Х						0.	0.	0.
(10) MITCH SIVERTSON	1.00									
DIRECTOR (RESIGNED 9/19)		Х						0.	0.	0.
(11) DOMINIC OROZCO	1.00									
DIRECTOR		Х						0.	0.	0.
(12) BRUCE UTTERBACK	1.00									
DIRECTOR		Х						0.	0.	0.
932007 01-20-20		<u> </u>		l	<u> </u>	I				Form 990 (2019)

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Section A. Onicers, Directors, Trus		лоус	.es,			gnes			,	\neg		
(A)	(B)			(C Posi				(D)	(E)		(F)	
Name and title	Average		not cl	neck r	more	than c		Reportable	Reportable		Estimat	
	hours per week					s both or/trust		compensation	compensation		amount	
	(list any						-/	from the	from related	_	othe	
	hours for	lirect						organization	organizations (W-2/1099-MISC)	- 1	ompens from th	
	related	e or d	tee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	- 1	organiza	
	organizations	ruste	l trus		99	n ben		(***2/1099*****100)		- 1	and rela	
	below	dual t	rtiona		nploy	st cor yee	-			- 1	organizat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				<u>g</u>	
		_	_	Ŭ	×	1				\top		
										\top		
										\top		
										\perp		
										\perp		
1b Subtotal						ا	▶	60,169.	(٠.	11	,364.
c Total from continuation sheets to Part VII	, Section A						>	0.	(٠.		0.
d Total (add lines 1b and 1c)							<u> </u>	60,169.	().	11	,364.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable			
compensation from the organization											1	0
											Yes	No
3 Did the organization list any former officer,	,	,	,	•	,	,	_		•			
line 1a? If "Yes," complete Schedule J for st											3	X
4 For any individual listed on line 1a, is the su	•		-						-			
and related organizations greater than \$150	,000? If "Yes,	" coi	mple	ete S	Sche	edule	J fo	or such individual		. 🚅	4	X
5 Did any person listed on line 1a receive or a									lual for services			
rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ch r	ers	on .					5	X
Section B. Independent Contractors				_								
1 Complete this table for your five highest con										sation	from	
the organization. Report compensation for t	he calendar ye	ear e	ndin	g wi	ith c	or wit	hin T		ear.			
(A) Name and business	addross	1701						(B) Description of s	onvicos	Corr	(C) pensatio	n
- Name and business	address	NOI	NE				\dashv	Description of s	ervices		iperisatio	711
							\dashv					
							\dashv					
							\dashv					
							\dashv					
2 Total number of independent contractors (in	ncluding but p	nt lim	nited	l to t	thos	e lie	L	above) who received mo	ore than			
\$100,000 of compensation from the organiz	•	1111				0		22570, WHO 1000IVOU IIIC				
\$ 100,000 of compensation from the organiz	acion -										200	

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Form 990 (2019) MENTORKIDS

Part VIII Statement of Revenue

		Check if Schedule O	contair	is a response	or note to any line	e in this Part VIII			
				•	,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenuè excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	a Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues							
ية ق		c Fundraising events			365,230.				
ffs,		d Related organizations							
ig ig									
ons,		e Government grants (con							
utic		f All other contributions, gifts			173 635				
^듩		similar amounts not include			473,635. 13,307.				
ont		Noncash contributions included i				020 065			
O g		h Total. Add lines 1a-1f				838,865.			
					Business Code				
ce	2	a							
ervi		b							
n S.		c							
ran 3ev		d							_
Program Service Revenue		e							
<u>a</u>		f All other program service	e revenu	e					
		g Total. Add lines 2a-2f							
	3	Investment income (inclu	ıding div	vidends, intere	st, and				
		other similar amounts)			>	3,086.			3,086.
	4	Income from investment							
	5	Royalties	<u></u>						
				(i) Real	(ii) Personal				
	6	a Gross rents	6a						
		b Less: rental expenses							
		c Rental income or (loss)	6с						
		d Net rental income or (los	s)						
		a Gross amount from sales of		(i) Securities	(ii) Other				
		assets other than inventory							
		b Less: cost or other basis							
<u>o</u>		and sales expenses	7b						
her Revenue		c Gain or (loss)							
ě		d Net gain or (loss)							
푸		a Gross income from fundrais							
	0	including \$							
Ò		contributions reported or							
		•		·	9,735.				
		Part IV, line 18			' . ' . 				
		b Less: direct expenses				-8,620.			-8,620.
		c Net income or (loss) from			D	5,020.			3,020.
	9	a Gross income from gami							
		Part IV, line 19							
		b Less: direct expenses							
		c Net income or (loss) from							
	10	 Gross sales of inventory, 		I .					
		and allowances		I					
		b Less: cost of goods sold							
\rightarrow		c Net income or (loss) from	n sales c	of inventory					
<u>ග</u>					Business Code				
e e	11	a OTHER INCOME			900099	28,546.			28,546.
Miscellaneous Revenue		b							
Sev.		c							
Ais		d All other revenue							
		e Total. Add lines 11a-11d				28,546.			
	12	Total revenue. See instruct	ions			861,877.	0.	0.	23,012.

932009 01-20-20

86-0865368

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a response	7.5.		(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,114.	2,114.		
3	Grants and other assistance to foreign	,	,		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	83,594.	41,796.	20,899.	20,899
6	Compensation not included above to disqualified	,	,	,	,
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	442,682.	371,028.	63,562.	8,092
8	Pension plan accruals and contributions (include	,	,	, ,	,
_	section 401(k) and 403(b) employer contributions)	3,335.	495.	2,548.	292
9	Other employee benefits	12,704.	6,852.	3,877.	1,975
10	Payroll taxes	50,603.	41,664.	6,950.	1,989.
11	Fees for services (nonemployees):	7	/ * * - •	7	
·· a	Management				
b	Legal				
	Accounting	21,080.		21,080.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	5,445.	316.	4,981.	148,
12	Advertising and promotion	956.	883.	10.	63.
13	Office expenses	17,746.	5,160.	3,661.	8,925.
14	Information technology	7,802.	3,074.	4,728.	,
15	Royalties	, .	, .	,	
16	Occupancy	3,102.	3,102.		
17	Travel	, -	, .		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	15,770.	8,393.	7,377.	
24	Other expenses. Itemize expenses not covered	,	,	,	
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	60 207	67 401	805.	1.01
a	PROGRAM EVENTS AND ACTI	68,387.	67,421.	-	161,
b	MEMBERSHIP AND MILEAGE	6,162.	2,048.	3,787.	327
C	STAFF DEVELOPMENT	4,843.	3,240.	1,424.	179
d	MISCELLANEOUS EXPENSE	1,003.		1,003.	
e	All other expenses	747 200	EE7 E06	146 600	42 OF0
25	Total functional expenses. Add lines 1 through 24e	747,328.	557,586.	146,692.	43,050
26	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 (2010

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Form 990 (2019)
Part X | Balance Sheet

Pai	rt X	Balance Sheet						
		Check if Schedule O contains a response or	note to a	ny line in	this Part X			
						(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				208,786.	1	271,467
	2	Savings and temporary cash investments				272,142.	2	385,685
	3	Pledges and grants receivable, net				23,240.	3	79,994
	4	Accounts receivable, net			4			
	5	Loans and other receivables from any currer						
		trustee, key employee, creator or founder, so	ubstantial	contribut	or, or 35%			
		controlled entity or family member of any of			5			
	6	Loans and other receivables from other disq						
		under section 4958(f)(1)), and persons descr	ibed in se	ction 495	8(c)(3)(B) L		6	
s,	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use					8	
As	9	Donat del como con estado de fermo el electronico				9,955.	9	13,869
	10a	Land, buildings, and equipment: cost or other						
		basis. Complete Part VI of Schedule D	10a		4,150.			
	b	Less: accumulated depreciation			4,150.	0.	10c	C
	11	Investments - publicly traded securities			11			
	12	Investments - other securities. See Part IV, li					12	
	13	Investments - program-related. See Part IV, I					13	
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11			15			
	16	Total assets. Add lines 1 through 15 (must				514,123.	16	751,015
	17	Accounts payable and accrued expenses		36,643.	17	57,756		
	18	Grants payable		18				
	19	Deferred revenue			19			
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Comple					21	
"	22	Loans and other payables to any current or						
<u>‡</u>		trustee, key employee, creator or founder, so						
Liabilities		controlled entity or family member of any of					22	
<u>"</u>	23	Secured mortgages and notes payable to ur	-				23	
	24	Unsecured notes and loans payable to unrel		•			24	111,230
	25	Other liabilities (including federal income tax						,
		parties, and other liabilities not included on I	· · ·					
		of Schedule D					25	
	26	Total liabilities. Add lines 17 through 25				36,643.	26	168,986
		Organizations that follow FASB ASC 958,						,
es		and complete lines 27, 28, 32, and 33.			_			
ũ	27	Net assets without donor restrictions				477,480.	27	515,637
3916	28	Net assets with donor restrictions	·	28	66,392			
ᅙ		Organizations that do not follow FASB AS						
בַּ		and complete lines 29 through 33.						
ō	29	Capital stock or trust principal, or current fur	nds				29	
ets	30	Paid-in or capital surplus, or land, building, or					30	
Ass	31	Retained earnings, endowment, accumulate					31	
Net Assets or Fund Balances	32	Total net assets or fund balances				477,480.	32	582,029
Z	33	Total liabilities and net assets/fund balances				514,123.	33	751,015

Form 990 (2019) MENTORKIDS USA 86-0865368 Page **12**

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		861,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		747,	328.
3	3 Revenue less expenses. Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		477,	480.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-10,	000.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10		582,	029.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				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 O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	X 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	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle 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 required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2019)

932012 01-20-20

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization Employer identification num					r identification number				
	MENTORKIDS USA 86-0865368					86-0865368			
Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.								
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or association	on of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2	Ш	A school described in sect	ion 170(b)(1)(A)(ii). ((Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3	Ш	A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).		
4		A medical research organiz	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv).	Complete Part II.)						
6	Щ	A federal, state, or local government	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Х	An organization that norma	-	ntial part of its support for	rom a gove	ernmental	unit or from th	ne general _l	public described in
		section 170(b)(1)(A)(vi). (C	•						
8		A community trust describe			•				
9		An agricultural research org				-		-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or
		university:						. ,	
10	Ш	An organization that norma							
		activities related to its exen	•						-
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	rea by the org	janization a	arter June 30, 1975.
11		See section 509(a)(2). (Con An organization organized a	•	ivaly to toot for public as	foty Coo	cootion E(00(0)(4)		
12	H	An organization organized a	•	· · ·	•			rn/ out the	nurnoses of one or
12	ш	more publicly supported or	•		-			•	
		lines 12a through 12d that	~						SHOOK THE BOX III
а		Type I. A supporting orga	* *			-		-	aivina
_		the supported organization	•	•		_			
		organization. You must o			,,				
b		Type II. A supporting org			ion with it	s supporte	ed organizatio	n(s), by hav	/ing
		control or management o	· ·				-		-
		organization(s). You mus			•				
С		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functional	ly integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	/ integrated. A supp	oorting organization oper	ated in co	nnection v	vith its suppo	ted organiz	zation(s)
		that is not functionally int	egrated. The organiz	zation generally must sat	isfy a distr	ibution red	quirement and	l an attentiv	veness
		requirement (see instructi	ions). You must cor	mplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
		functionally integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information i) Name of supported	n about the supporte	ed organization(s). (iii) Type of organization	(iv) Is the ora	anization listed	(v) Amount o	fmanatani	(vi) Amount of other
	,	organization	(II) EIN	(described on lines 1-10	in your govern	ing document?	support (see in	•	support (see instructions)
		organization		above (see instructions))	Yes	No	Cappert (CCC II		
						-			
						 			
									+

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	568,940.	767,874.	873,821.	982,943.	838,865.	4,032,443.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	568,940.	767,874.	873,821.	982,943.	838,865.	4,032,443.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						520,076.
6	Public support. Subtract line 5 from line 4.						3,512,367.
Sec	ction B. Total Support			_			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	568,940.	767,874.	873,821.	982,943.	838,865.	4,032,443.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		340.	1,024.	1,817.	3,086.	6,267.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)			7,230.	94.	28,546.	35,870.
11	Total support. Add lines 7 through 10						4,074,580.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	9,735.
13	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	year as a section	501(c)(3)	
_	organization, check this box and stor						>
Sec	ction C. Computation of Publi						
14	Public support percentage for 2019 (I					14	86.20 %
15	Public support percentage from 2018					15	81.07 %
16a	33 1/3% support test - 2019. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the o				ine 15 is 33 1/3%	or more, check this	box
	and stop here. The organization qual	ifies as a publicly s	upported organizat	ion			▶□
17a	10% -facts-and-circumstances test	- 2019. If the orga	anization did not ch	eck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	r more,
	and if the organization meets the "fac				-	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	- 2018. If the orga	anization did not ch	eck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the		•		•		-
	organization meets the "facts-and-circ	cumstances" test. T	he organization qu	alifies as a publicly	y supported orgar	nization	▶∐
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a,	16b, 17a, or 17b,	check this box ar	nd see instructions	>

Schedule A (Form 990 or 990-EZ) 2019

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	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ı	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b 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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	•		•	•	. , . ,	
<u> </u>	check this box and stop here						>
	ction C. Computation of Publi					Т Т	
	Public support percentage for 2019 (I					15	<u>%</u>
<u>16</u>	Public support percentage from 2018					16	%
	ction D. Computation of Inves			m = 10 1 (m)			
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	<u>%</u>
198	a 33 1/3% support tests - 2019. If the						. .
ı	more than 33 1/3%, check this box ar 33 1/3% support tests - 2018. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che						▶∐
20	Drivate foundation If the organization	n did not chock a	box on line 14, 10	a or 10h chack th	his boy and soo ing	etructions	▶

932023 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

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		
За		
3b		
30		
20		
3c		
4 -		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
8		
0-		
9a		
01		
9b		
9c		
10a		
10b		

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		<u> </u>
<u>c</u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			· · ·
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). stion D. All Type III Supporting Organizations	1		
000	Tion D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		_
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Sche	edule A (Form 990 or 990-EZ) 2019 MENTORKIDS USA			86-0865368	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	Nov. 20, 1970 (explain in	Part VI). See instru	uctions. Al
	other Type III non-functionally integrated supporting organizations must c	omplete Sec	tions A through E.		
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
_3	Other gross income (see instructions)	3			
_4	Add lines 1 through 3.	4			
_5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	tion C - Distributable Amount			Current Y	ear
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting org	anization (see	
	instructions).	-			

Schedule A (Form 990 or 990-EZ) 2019

Sobo	dule A (Form 990 or 990-EZ) 2019 MENTORKIDS USA			86-0865368 Page 7
	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (acadianad)	86-0865368 Page 7
		(a)(o) capporting cryc	nizations _(continued)	Current Year
	ion D - Distributions	mpt purposes		Gurrent rear
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	or purposes of supported		
	organizations, in excess of income from activity	a of our ported or conization		
3_	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
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.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	<u> </u>	ı	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
3				
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.	1		

Schedule A (Form 990 or 990-EZ) 2019

8 Breakdown of line 7: a Excess from 2015 **b** Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,		
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)		

Schedule B

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

Department of the Treasury Internal Revenue Service

Filers of:

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

2019

Name of the organization

MENTORKIDS USA

Employer identification number

86-0865368

Organization type (check one):

Form 990 or 990-EZ

X 501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

Section:

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 any one contributor, 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; or (ii) Form 990-EZ, 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, 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 ______ \bigset*

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on 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 certify that it doesn't meet the 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) (2019)

Name of organization

Employer identification number

MENTORKIDS USA

86-0865368

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 1 Person **Payroll** 18,500. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person **Payroll** 20,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person **Payroll** 135,410. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 4 Х Person **Payroll** 102,500. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Х Person **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 6 Х Person **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

86-0865368

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	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
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
9 9	Name, address, and ZIP + 4	Total contributions \$40,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Nume, audi CSS, and EIF T T	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

86-0865368

Part II Noncash Property (see instructions). Use duplicate copies of Part 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	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		l \$	I	

Name of or	rganization		Employer identification number			
MENTORKI			86-0865368			
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line en charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year stry. For organizations less for the year. (Enter this info. once.)			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of git	nt			
_	Transferee's name, address, a	nd 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			
-	Transferee's name, address, a	(e) Transfer of gif	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			
-	Transferee's name, address, a	ft 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, a	nd 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

Nam	e of the organization MENTORKIDS USA		Employer identification number
Pa		Funds or Other Similar Fund	
	organization answered "Yes" on Form 990, Part IV, line		Complete if the
	Organization answered Tes Off Form 950, Fart IV, line	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Derivi davisca idilas	(a) Famas and same assessmen
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr		
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or o		
Do	impermissible private benefit?		Yes No
Pa), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreation	· —	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the for	
	day of the tax year.		Held at the End of the Tax Year
а			
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic struc		
d	Number of conservation easements included in (c) acquired after	•	
	listed in the National Register		
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by t	ne organization during the tax
	year		
4	Number of states where property subject to conservation easer		_
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing co	nservation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, handlin	ng of violations, and enforcing conser	vation easements during the year
	\$		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	te to the organization's financial state	ments that describes the
Dai	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of A	Art Historical Transuras or (Other Similar Assets
Га	Complete if the organization answered "Yes" on Form 9		Other Similar Assets.
			Lond balance also should
та	If the organization elected, as permitted under FASB ASC 958,	•	
	of art, historical treasures, or other similar assets held for public		•
	service, provide in Part XIII the text of the footnote to its financi		
b	If the organization elected, as permitted under FASB ASC 958,	•	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in fu	rtherance of public service,
	provide the following amounts relating to these items:		> 0
	(i) Revenue included on Form 990, Part VIII, line 1		
_			·
2	If the organization received or held works of art, historical treas		cial gain, provide
	the following amounts required to be reported under FASB ASC	_	. .
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2019

MENTORKIDS USA <u> Page</u> **2** Schedule D (Form 990) 2019 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d d Additions during the year 1e Distributions during the year Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (a) Current year (b) Prior year (e) Four years back **1a** Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes Nο (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		4,150.	4,150.	0.
e Other				
Total, Add lines 1a through 1e. (Column (d) must equa	Form 000 Part V colum	an (P) line 10c)	•	0.

Schedule D (Form 990) 2019

(G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.

Complete ii	the organization answered fes t	on Form 990, Part IV, line	TTC. See Form 990, Part X, line 13.
(a) Descri	ption of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Col. (b) must equal F	Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

(B) (C) (D) (E) (F)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2019

Par	t XI	Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re	eturn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net ur	nrealized gains (losses) on investments	2a		
b		ed services and use of facilities	2b		
С		veries of prior year grants	2c		
d		(Describe in Part XIII.)	2d		
е	Add li	nes 2a through 2d		2e	
3	Subtra	act line 2e from line 1		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С		nes 4a and 4b		4c	
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Par	rt XII	Reconciliation of Expenses per Audited Financial Statemer	nts With Expenses per I	Return.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total	expenses and losses per audited financial statements		1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donat	ed services and use of facilities	2a		
b		/ear adjustments	2b		
С		losses	2c		
d	Other	(Describe in Part XIII.)	2d		
е	Add li	nes 2a through 2d		2e	
3	Subtra	act line 2e from line 1		3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	nes 4a and 4b		4c	
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Par	rt XIII	Supplemental Information.			
Provi	de the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/, lines 1b and 2b; Part V, line 4	4; Part X, line 2; Part XI,	
lines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition	onal information.		
PART	X, L	INE 2:			
THE	ORGAN	IZATION IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)	(3) OF		
THE	INTER	NAL REVENUE CODE (IRC) AND SIMILAR ARIZONA STATUTES. THE			
ORGA	NIZAT	ION IS NOT DEEMED A PRIVATE FOUNDATION AND CONTRIBUTIONS T	TO THE		
ORGA	NIZAT	ION ARE CONSIDERED TAX DEDUCTIBLE.			
THE	ORGAN	IZATION FOLLOWS THE INCOME TAX STANDARD FOR UNCERTAIN TAX			
POSI	TIONS	. UNDER THIS STANDARD, THE ORGANIZATION RECOGNIZED NO LIAB	BILITY		
FOR	UNCER	TAIN TAX POSITIONS.			

Schedule D (Form 990) 2019 MENTORKIDS USA	86-08	865368	Page 5
Schedule D (Form 990) 2019 MENTORKIDS USA Part XIII Supplemental Information (continued)			
, , , , , , , , , , , , , , , , , , ,			

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

2019

Open to Public Inspection

MENTORKIDS	USA				86-086536	8
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
1 Indicate whether the organization rais a	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover lising 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	Did aiser ustody itrol of utions?	(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			
Total 3 List all states in which the organization		ontrib	▶ utions	or has been notified	it is exempt from re	gistration
or licensing.						

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

Schedule G (Form 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 MENTORKIDS USA Page 2 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 GOLF EVENT BREAKFAST EVENT col. (c)) (event type) (event type) (total number) 47,936. 327,029. 374,965. 1 Gross receipts 2 Less: Contributions 45,893 319,337. 365,230. Gross income (line 1 minus line 2) 2,043. 7,692. 9,735. 4 Cash prizes 5 Noncash prizes 735 Direct Expenses 2,043. 2,043. 6 Rent/facility costs 7,692. 7,692. 7 Food and beverages 260 260. 8 Entertainment 1,505. 6,120. 7,625. Other direct expenses 18,355. **10** Direct expense summary. Add lines 4 through 9 in column (d) -8,620. 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. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo 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 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: _

Schedule G (Form 990 or 990-EZ) 2019

b If "Yes," explain: _

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

Sch	ledule G (Form 990 or 990-EZ) 2019 MENTORKIDS USA 86-	0865368	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
b	An outside facility	13b	%
	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:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, lines 9,	9b, 10b,
	· · · · · · · · · · · · · · · · · · ·		

Schedule G	G (Form 990 or 990-EZ)	MENTORKIDS USA		86-086536	⁸ Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	mation (continued)			-
		(00.000)			

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019
Open to Public

Open to Public Inspection

Employer identification number

MENTORKIDS USA 86-0865368 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: MENTORKIDS USA IS A CHRISTIAN MINISTRY THAT RECRUITS. TRAINS AND SUPPORTS MENTORS WHO EMPOWER YOUTH FACING TOUGH LIFE CHALLENGES TO REACH THEIR GOD GIVEN POTENTIAL AND BECOME TRANSFORMATIVE MEMBERS OF THEIR FAMILIES AND COMMUNITIES IN THE NAME OF JESUS CHRIST, FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: LEVEL OVER THE SUMMER OF 2019. DUE TO COVID 19, MEASUREMENT WAS NOT POSSIBLE IN 2020. FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: READING LEVEL OVER THE SUMMER OF 2019. DUE TO COVID 19, MEASUREMENT WAS NOT POSSIBLE IN 2020. FORM 990, PART V, LINE 2B MENTORKIDS USA HAS HAD A CO-EMPLOYMENT AGREEMENT WITH CREATIVE BUSINESS ALL PAYROLL IS PROCESSED UNDER CREATIVE BUSINESS RESOURCES RESOURCES. TAX ID. FORM 990, PART VI, SECTION A, LINE 1: EXECUTIVE COMMITTEE. THIS COMMITTEE DOES NOT HAVE ANY SPECIFIC RESPONSIBILITIES OTHER THAN TO HANDLE ON-DEMAND MATTERS THAT OCCUR BETWEEN BOARD MEETINGS. THIS COMMITTEE INCLUDES THE CHAIR, OTHER OFFICERS, AND THE CHAIRS OF THE OTHER COMMITTEES IN SECTION 3.7. EXCEPT FOR THE ACTIONS ENUMERATED BELOW. IT HAS AUTHORITY TO ACT FOR THE BOARD ON ALL MATTERS SO LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization MENTORKIDS USA	Employer identification number 86-0865368
LONG AS THE EXECUTIVE COMMITTEE DETERMINES THAT IT WOULD BE IMPRUDENT TO	
WAIT FOR THE NEXT BOARD MEETING TO TAKE SUCH ACTION. WITH RESPECT TO ANY	
ACTION TAKEN ON BEHALF OF THE BOARD, (1) THE EXECUTIVE COMMITTEE IS	
REQUIRED TO REPORT THE ACTION TO THE BOARD WITHIN 10 DAYS AND (2) SUCH	
ACTION IS SUBJECT TO FULL BOARD REVIEW AND RATIFICATION AT THE NEXT BOARD	
MEETING. THE EXECUTIVE COMMITTEE IS NOT AUTHORIZED TO MAKE DECISIONS WITH	
RESPECT TO THE FOLLOWING MATTERS: (1) DISSOLVE THE CORPORATION. (2) HIRE	
OR FIRE THE CHIEF EXECUTIVE. (3) ENTER INTO MAJOR CONTRACTS OR SUE ANOTHER	
ENTITY. (3) MAKE CHANGES TO A BOARD-APPROVED BUDGET. (4) ADOPT OR	
ELIMINATE PROGRAMS. (5) BUY OR SELL PROPERTY. (6) AMEND THE BYLAWS. (7)	
CHANGE ANY POLICIES THE BOARD DETERMINES MUST BE CHANGED ONLY BY THE BOARD.	
FORM 990, PART VI, SECTION B, LINE 11B:	_
THE RETURN IS PREPARED BY THE ORGANIZATION'S PUBLIC ACCOUNTING FIRM BASED	
ON INFORMATION PROVIDED BY MANAGEMENT. ONCE A DRAFT OF THE RETURN IS	
AVAILABLE, IT IS REVIEWED BY MANAGEMENT WITH ANY CHANGES BEING INCORPORATED	_
INTO THE FILING. THE CHAIRMAN OF THE BOARD WILL THEN REVIEW THE FORM 990	
WITH THE BOARD PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ANY DIRECTOR, PRINCIPAL OFFICER OR MEMBER OF A COMMITTEE WITH GOVERNING	
BOARD DELEGATED POWERS ARE COVERED UNDER THIS POLICY. AN INTERESTED PARTY	
MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND THE EXECUTIVE	
COMMITTEE OR THE BOARD WILL THEN MEET TO DETERMINE IF A CONFLICT EXISTS.	
THE MINUTES OF THE BOARD AND ALL COMMITTEES SHALL CONTAIN THE NAMES OF	
PERSONS WHO DISCLOSED OR HAVE BEEN FOUND TO HAVE A CONFLICT OF INTEREST.	
ALSO IN THE MINUTES WILL CONTAIN THE NAMES OF ALL MEMBERS PRESENT AND VOTES	
TAKEN IN CONNECTION WITH THE PROCEEDINGS.	

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization MENTORKIDS USA	Employer identification number 86-0865368
PER THE CONFLICT OF INTEREST POLICY, THE FOLLOWING IS REQUIRED:	
1. DUTY TO DISCLOSE - IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF	
INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL	
INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE	
BOARD OR EXECUTIVE COMMITTEE.	
2. RECUSAL OF SELF - ANY DIRECTOR MAY RECUSE HIMSELF OR HERSELF AT ANY TIME	
FROM INVOLVEMENT IN ANY DECISION OR DISCUSSION IN WHICH THE DIRECTOR	
BELIEVES HE OR SHE HAS OR MAY HAVE A CONFLICT OF INTEREST, WITHOUT GOING	
THROUGH THE PROCESS FOR DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS.	
3. DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS - AFTER DISCLOSURE OF	
THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION	
WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE BOARD OR EXECUTIVE	
COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS	_
DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR EXECUTIVE COMMITTEE	
MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.	_
4. PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST	
A. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE BOARD OR	
EXECUTIVE COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE	
THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR	
ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST.	
B. THE CHAIRPERSON OF THE BOARD OR EXECUTIVE COMMITTEE SHALL, IF	
APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE	
ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.	

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization MENTORKIDS USA	Employer identification number 86-0865368
C. AFTER EXERCISING DUE DILIGENCE, THE BOARD OR EXECUTIVE COMMITTEE	
SHALL DETERMINE WHETHER MKUSA CAN OBTAIN WITH REASONABLE EFFORTS A MORE	
ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD	
NOT GIVE RISE TO A CONFLICT OF INTEREST.	
D. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY	
POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE	
BOARD OR EXECUTIVE COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE	
DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN	
MKUSA'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND	
REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION, IT SHALL MAKE ITS	
DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.	
5. VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY	
A. IF THE BOARD OR EXECUTIVE COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A	
MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT	
SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER	
AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE.	
B. IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER	
INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE BOARD OR EXECUTIVE	
COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR	
POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND	
CORRECTIVE ACTION.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF DIRECTORS SETS THE EXECUTIVE DIRECTOR'S COMPENSATION. THE	
EXECUTIVE DIRECTOR SETS THE PROGRAM DIRECTORS AND OTHER ADMINISTRATION	
STAFF COMPENSATION AMOUNTS. MENTORKIDS USA PARTICIPATES IN THE ASU	

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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

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

All corporat	tic 6-Month Extension of Time. Only subn						
must use Fe	•		(including 1120-C filers), partnershi	ps, REMICs	, and trusts		
	orm 7004 to request an extension of time to file incom	ne tax retur	ns.				
Type or	or Name of exempt organization or other filer, see instructions.				Taxpayer identification number (TIN)		
print							
File by the	MENTORKIDS USA				86-0865	368	
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 15300 N 90TH ST., No. 200	see instruct	ions.				
instructions.	City, town or post office, state, and ZIP code. For a f SCOTTSDALE, AZ 85260	oreign addı	ress, see instructions.				
Enter the R	eturn Code for the return that this application is for (fil	e a separat	e application for each return)			0 1	
Application	n	Return	Application			Return	
Is For		Code	e Is For			Code	
Form 990 o	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990-B	3L	02	Form 1041-A				
Form 4720	(individual)	03	Form 4720 (other than individual)			09	
Form 990-P	PF	04	Form 5227			10	
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				
Form 990-T	(trust other than above)	06	Form 8870			12	
	AARON PARROTT						
	iks are in the care of \blacktriangleright 15300 N. 90TH STEET #	200 - SC					
	ne No. 480-767-6707		Fax No.			. —	
	ganization does not have an office or place of busines					• 🗀	
	for a Group Return, enter the organization's four digit	_			-	- ·	
box 🕨 📘	. If it is for part of the group, check this box	_ and atta	ch a list with the names and TINs of	nembe	ers the extens	sion is for.	
1 I requ	I request an automatic 6-month extension of time untilJUNE 15, 2021, to file the exempt organization return for						
the o	rganization named above. The extension is for the org	anization's	return for:				
	calendar year or						
$ ightharpoonup \xspace[X]{X}$	tax year beginning AUG 1, 2019	, an	d endingJUL 31, 2020		_ ·		
				1			
2 If the	tax year entered in line 1 is for less than 12 months, o	check reaso	on: Initial return	Final retur	n		
	Change in accounting period						
3a If this	s application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069, 6	enter the tentative tax, less				
any n	nonrefundable credits. See instructions.			3a	\$	0.	
b If this	s application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and				
estim	nated tax payments made. Include any prior year overp	payment all	owed as a credit.	3b	\$	0.	
c Balar	nce due. Subtract line 3b from line 3a. Include your pa	ayment with	n this form, if required, by				
using	EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ns.	3c	\$	0.	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)