

Return of Organization Exempt From Income Tax

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

Amerded

OMB No 1545-0047

Open to Public

ntern	al Revenue	Service	The organization may have to	o use a copy of this return to s	atisfy state	reporting requirements	Inspection
A F	or the 2	010 calend	ar year, or tax year beginning	and	lending		
	heck if pplicable	C Name o	forganization			D Employer identif	ication number
	Address change	SFK SU	CCESS FOR KIDS, INC.				
	Name change		usiness As	· · · · · · · ·		26-222	24994
	Initial return	Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number					
	Termin- ated	1054 S	. ROBERTSON BLVD., 2ND FLOO	DR .		310-46	54-0570
Х	Amended return	City or t	own, state or country, and ZIP + 4			G Gross receipts \$	12,528,128.
	Applica- tion	LOS AN	GELES, CA 90035			H(a) Is this a group r	
	pending		nd address of principal officer:MICH C ABOVE	AL BERG		for affiliates? H(b) Are all affiliates in	Yes X No
ΙT	ax-exem				or 52	-1	a list (see instructions)
			/SFK.ORG/	(H(c) Group exemption	·
				ssociation Other	L Year		M State of legal domicile: CA
		ummary			<u> </u>	<u> </u>	
\Box			pe the organization's mission or most	t significant activities: SEE SC	HEDULE O		
ě		•	J		-		
Activities & Governance	2 Ch	neck this bo	x If the organization disco	ntinued its operations or dispo	sed of mor	e than 25% of its net a	ssets.
8	3 Nu	ımber of vo	ting members of the governing body	(Part VI, line 1a)		3	3
۵	4 Nu	umber of inc	lependent voting members of the go	overning body (Part VI, line 1b)		4	3
es	5 To	tal number	of individuals employed in calendar	year 2010 (Part V, line 2a)		5	54
V <u>it</u> i	6 To	tal number	of volunteers (estimate if necessary)			6	30
₹c	7 a To	tal unrelate	d business revenue from Part VIII, co	olumn (C), line 12	Ŷ	7a	
_	b Ne	et unrelated	business taxable income from Form	990-T, line 34	Ci.	7b	0,
				WAS THE TOP OF		Prior Year	Current Year
e l	8 Cc	ontributions	and grants (Part VIII, line 1h)		off#	0.	<u> </u>
en	9 Pr	ogram servi	ce revenue (Part VIII, line 2g)	ઉ.૧	10. T	0.	
Revenue	10 In	vestment in	come (Part VIII, column (A), lines 3, 4	ا, and 7d)	NCH	0.	
_	11 Ot	her revenue	(Part VIII, column (A), lines 5, 6d, 8d	c, 9c, 10c, and 11e)	LASON -	0.	<u></u>
	12 To	tal revenue	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4 e (Part VIII, column (A), lines 5, 6d, 8c add lines 8 through 11 (must equal milar amounts paid (Part IX, column (a) to or for members (Part IX, column (a) r compensation, employee benefits (undraising fees (Part IX, column (A),	I Part VIII, column (A), 1(1)	300	0.	· · · · · · · · · · · · · · · · · · ·
	13 Gr	ants and si	nilar amounts paid (Part IX, column i	(A), lines 1-3)	<u> </u>	0.	
	14 Be	enefits paid	to or for members (Part IX, column (/	A), line 4)	ļ	0.	
Expenses	15 Sa	laries, othe	r compensation, employee benefits ((Part IX, column (A), lines 5-10)	<u> </u>	0.	· · · · · · · · · · · · · · · · · · ·
en						0.	21,574.
Exp			ing expenses (Part IX, column (D), lin	· 	,114. –	0.	
7			es (Part IX, column (A), lines 11a-11d			0.	
2			es. Add lines 13-17 (must equal Part		-	0.	5 505 540
SS	19 Re	evenue less	expenses. Subtract line 18 from line	12	\ R	eginning of Current Year	End of Year
Fund Balances	20 To	stal accote (l	expenses. Subtract line 18 from line Part X, line 16) (Part X, line 26) fund balances. Subtract line 21 hore Block I declare that I have examined this return, Declaration of preferent other than office	July By Vo.	\	0,	
Bal	21 To	riai asseis (i sai liabilities	(Part X line 26)	φ. fp.	/ ⊢	0.	+
	22 Ne	et assets or	fund halances. Subtract line 21 troff	n ine 20 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	<u> </u>	0.	
	rt II	Signatur	e Block				
	er penaltie	es of perjury,	I declare that I have examined this return,	Vicluding accompanying schedule	es and stater	nents, and to the best of m	ny knowledge and belief, it is
	correct, a	and complete	. Declaration of preparer other than office	er) is based on all information of w		_	
			Michael Deza			1 12 11	14-14
Sigr	n J	Signatur	e of officer			Date	
-ler		MICHAL	BERG, PRESIDENT/CEO				
		Type or p	orint name and title	1			
	P	rınt/Type pre	parer's name	Preparer's signature		Date Check	PTIN
Paid	ı :	LIOR TEME	IN	X COT	<u></u>	L1/11/14 self-employ	yed
rep		irm's name	SINGERLEWAK LLP			Fırm's EIN ▶	
Jse	Only F	ırm's address	10960 WILSHIRE BLVD. STE	700			
			LOS ANGELES, CA 90024-37			Phone no. (310) 477-3924

Form **990** (2010)

X Yes

No

May the IRS discuss this return with the preparer shown above? (see instructions)

	· · · · · · · · · · · · · · · · · · ·	26-2224994	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		x
1	Briefly describe the organization's mission: SEE SCHEDULE O		
			······································
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.	_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L	Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expe	neae	
7	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of gr		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 3,622,876. including grants of \$ 453,278.) (Rev	enue \$)
	SFK IS AN INTERNAL REVENUE CODE SECTION 501 (C)(3) NON-PROFIT		
	ORGANIZATION THAT ULTIMATELY FUNCTIONS AS A PREVENTATIVE PROGRAM BY		
	GIVING CHILDREN THE TOOLS AND SKILLS NECESSARY TO OVERCOME WHATEVER	<u></u> .	
	CHALLENGES THEY MAY FACE AND TO REALIZE THAT IT IS NEVER TOO LATE TO		
	MAKE BETTER CHOICES AND TO STOP THEIR REACTIVE BEHAVIORS.		
	SFK PROGRAMS TEACH CHILDREN THEY CAN SHAPE THEIR FUTURES BY LEARNING		
	TO MAKE WISE DECISIONS FOR THEMSELVES BY CARING FOR OTHERS AND THINKING		
	THROUGH THE CIRCUMSTANCES AND CHOICES, PRIOR TO ACTING. AT ITS HEART, SFK IS ABOUT CREATING A SENSE OF AWARENESS WITHIN AN		-
	INDIVIDUAL AND A CONNECTION BETWEEN EACH CHILD AND HIS/HER WORLD.		
	IN 2010, SFK PROVIDED FUNDING, RESEARCH, DEVELOPMENT, SUPPORT,		
	MANAGEMENT AND IMPLEMENTATION OF SFK'S 30-WEEK CURRICULUM AND LESSONS,		
4b	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$	<u>, , , , , , , , , , , , , , , , , , , </u>
	/Codds://Experiess \$\psi		·
			·
		·	
4c	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$)
			<u> </u>
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 3,622,876.		
			Form 990 (2010)
03200	SEE SCHEDING O POR COMMINITATION (S)		

12-21-10

Form 990 (2010) SFK SUCCESS FOR KIDS, INC.

Part IV Checklist of Required Schedules

			162	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	•	х	<u>.</u>
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
2 3	Did the organization regage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			<u> </u>
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X		4 s	*
	as applicable.	*	. >> 3	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	├─
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d				
	Part X, line 16? If "Yes," complete Schedule D, Part IX			x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			•
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		x
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional to the organization a school described in section 170(b)(1)(A)(i)(3) If "Yes," complete Schedule E.	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-Hd		<u> </u>
.,	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? 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 assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			l
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	20-		
	operate one or more hospitals must attach audited financial statements (see instructions)	20b Form	990 <i>i</i>	1 <u> </u>
			(_0 , 0)

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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>x</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00	х	
04-	Schedule J	23		<u> </u>
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 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	270	-	_
·	any tax-exempt bonds?	24c		
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) 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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		-	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? 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	inders	* , § 2	
	instructions for applicable filing thresholds, conditions, and exceptions):	i	~*~~~y~~; ~, } ;	·>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		х
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	- 55		
•	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? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	L
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35_		x
а	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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	х	
	Note. All Form 990 filers are required to complete Schedule O			2010)

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-onn 990 (a	2010)	SPR SUCCESS FOR RIDS, INC.	20-2224334	Pag
Part V	Statements I	Regarding Other IRS Filings and Tax Compliance		-

	Check it Schedule O contains a response to any question in this Part V			<u></u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 18			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable [1b]	1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 54			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b_	_ x	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			J
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		├─
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			۱
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	ļ	x
b	If "Yes," enter the name of the foreign country:			* *
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	 	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 	-
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			x
_	any contributions that were not tax deductible?	6a		<u> </u>
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7	Organizations that may receive deductible contributions under section 170(c).	6b		- 1
a	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	×	نــــــــــــــــــــــــــــــــــــــ
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	 		
_	to file Form 8282?	7c		x
d	if "Yes," indicate the number of Forms 8282 filed during the year	,		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			0,4
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	_8		
9	Sponsoring organizations maintaining donor advised funds.		دها . مستنشد	
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter:		Ŷ	* * * * * * * * * * * * * * * * * * *
а	Initiation fees and capital contributions included on Part VIII, line 12	l		
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			**
11	Section 501(c)(12) organizations. Enter:			974
а	Gross income from members or shareholders	l		* ;
b	Gross income from other sources (Do not net amounts due or paid to other sources against			. ;
40	amounts due or received from them.)			! '
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]	ł		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.	,	* *	
D	Enter the amount of reserves the organization is required to maintain by the states in which the	,	·	
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b	,	* .	
14a	<u> </u>	14a	* *	x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b	<u> </u>	
	1 1904 Title It mod a 1 onth rise to report a need payments: if they provide an explanation in Confedure C		990 (2010)
				,, ,_/

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Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes Νo 1a Enter the number of voting members of the governing body at the end of the tax year **b** Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 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, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Х Did the organization become aware during the year of a significant diversion of the organization's assets? X Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the Х governing body? b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х 8a a The governing body? X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the x organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a X 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a iB b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give use Х 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this is done 12c Х 13 13 Does the organization have a written whistleblower policy? Х 14 Does the organization have a written document retention and destruction policy? 14 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? X 15a a The organization's CEO, Executive Director, or top management official Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶CA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Upon request Own website ___ Another's website Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ARLENE SANTOS - 310-464-0570 CA 90035 1054 S. ROBERTSON BLVD., LOS ANGELES,

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

(A)	(B)	1		(0	C)		(D)	(E)	(F)
Name and Title	Average			Pos			Reportable	Reportable	Estimated
	hours per week (describe hours for related organizations in Schedule O)	ustee or director	lnstitutional trustee			Highest compensated a	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MICHAL BERG									
PRESIDENT/CEO	40.00	х	L	L	_		0.	62,292.	
MICHAEL KESSLER		1							
TREASURER	5.00	х	$ldsymbol{ld}}}}}}$	<u> </u>	<u> </u>	<u> </u>	0.	0.	
AYELET SHACHAM				l					
SECRETARY	5.00	X	<u> </u>	 		<u> </u>	 0.	0.	
DWAYNE ASHLEY								_	<u>.</u>
CEO, GLOBAL OPERATIONS	40.00	L.	_	х	<u> </u>	⊢	113,616.	0.	2,29
HEATH GRANT CEO, GLOBAL EDUCATION & OUTREACH	40.00			x			157,696.	0.	3,84
									
				-					-

032007 12-21-10

Fait VII Section A. Officers, Directors, Tru		Employees, and Highest Co				ees (continuea)						
(A)	(B)			(C	•			(D)	(E)		(F)	
Name and title	Average			Posr				Reportable	Reportable		Estimate	ed
	hours per	(cl	heck	all t	hat	арр	ly)	compensation	compensatio	i i	amount	
	week (describe	ē					_	from	from related		other	
	(describe hours for	trustee or director				, E	l	the	organizations		compensa from th	
	related	ee or	stee			nsate		organization (W-2/1099-MISC)	(W-2/1099-MIS	' !		
	organizations	trusi	nal tru		oyee	Э Ш 1.		(11 2/ 1033-141100)			organizat and relat	
	ın Schedule	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	ig I				organizati	
	O)	틷	Inst	ЩO	Key	Hig Em	훈					
										["	-	
			_				<u> </u>					
				\Box								
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4b Out total	L	L	<u> </u>			Ļ	<u> </u>	271,312.	62	202		124
1b Sub-total	I Cantinu A							0.	02,	292.		,134. 0.
c Total from continuation sheets to Part VI	ii, Section A							271,312.	62	292.	- 6	134.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n	at limited to th		lioto			2) 144			<u></u>		 ,	, 134.
compensation from the organization	or invited to the	1036	iiste	ual	JUVE	<i>5)</i> WI	10 16	sceived more trian \$100	,,000 iii reportabi	Е		2
compensation from the organization											Yes	No
3 Did the organization list any former officer,	director or tru	stee	ke	/ em	nlov	VAA	or h	nahest compensated er	nnlovee on	Г		4.8
line 1a? If "Yes," complete Schedule J for s			, 110	, С	p.0;	,	O. .	ingricot compensated er	iipioyee oii	-	3	X
4 For any individual listed on line 1a, is the su			amo	ensa	tion	and	d oth	her compensation from	the organization	F	<u> </u>	
and related organizations greater than \$150	•		•					•	3-	r	4 X	
5 Did any person listed on line 1a receive or a									idual for services		į,	Š
rendered to the organization? If "Yes," com											5	х
Section B. Independent Contractors								· · ·				
1 Complete this table for your five highest co	mpensated in	depe	ende	nt c	ontr	racto	ors t	hat received more than	\$100,000 of com	pensa	tion from	
the organization. NONE												
(A)								(B)			(C)	
Name and business	address							Description of s	ervices	Co	mpensatio	'n
							_					
							- 1					
							-	·				
												
							- [
O Tatal aurahan afrada and a data a saturat /	nalisalina ta			al 4 -	.			labara)t ·		}	.	
2 Total number of independent contractors (i	=	OL II	ше	u 10	เกอ	5€ IIS 0	sted	above) who received in	iore inan		, , , ,	
\$100,000 in compensation from the organiz	ZaliOi1										orm 990 (0010

032008 12-21-10

	T VII	in Statement of Never			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b					
ts,	С	Fundraising events	1c	298,778.				
gig	d	•	1d		*			
Sim	е	Ψ ,			,			
ig ig	f	, , , ,			•		_	^
음制		similar amounts not included abo		9,180,754.				
동일	g		s 1a-1f \$	6,847,237.	9,479,532.			
- 1	<u>n</u>	Total. Add lines 1a-1f		Business Code	3,473,332.			* :
ا ۵	2 a			Business Code		*		
Š	2 a							
Ser	c							
돌	d							
Program Service Revenue	e							
표	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f				* * * * * * * * * * * * * * * * * * * *	**	**** 3
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		>	410,835.			410,835.
	4	Income from investment of ta	x-exempt bond p	roceeds				
	5	Royalties	_	<u> </u>				
			(i) Real	(II) Personal	·			,
	6 a				* * * .	*		
	b	•			* ^	, . ,		
	c				_ <u> </u>	<u></u>		
	d 7 a	Gross amount from sales of	(i) Secunties	(II) Other	1	* ^ * *	~ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* * * * * * * * * * * * * * * * * * * *
	, a	assets other than inventory	2,536,061.	2,600.	` ;	1		(* "
ŀ	ь	Less: cost or other basis		,	* :		```	*
	_	and sales expenses	2,432,795.	1,308.	******			****
	c	Gain or (loss)	103,266.	1,292.			Since	
	d	Net gain or (loss)		•	104,558.	The same was the same and the s	ACCOUNT AND ACCOUNT ASSESSMENT OF A COMMUNICATION ASSESSMENT ASSES	104,558.
ه	8 a	Gross income from fundraisin					1 - 6 ;	,
enne		including \$298	,778. of		*		*	,
Other Reve		contributions reported on line	1c). See		2 x			
ē		Part IV, line 18	а	99,100.				`
튐		Less: direct expenses	b	99,100.		*		
		Net income or (loss) from fund	-		0.	* *	_	
	9 a	Gross income from gaming at			* * * * * *			
	1.	Part IV, line 19 Less: direct expenses	a b					. 4
		 Net income or (loss) from gan 		•				
		Gross sales of inventory, less	-				=	*
		and allowances	a			*		
	ь	Less: cost of goods sold	b			. *		
		: Net income or (loss) from sale	es of inventory	•				
Ì		Miscellaneous Revenu		Business Code		* * , * .	3 < > > A	* * * * * * * * * * * * * * * * * * * *
	11 a	1						
	b							
	c							
	c	All other revenue		<u> </u>		* * *		
	€	Total. Add lines 11a-11d			0.004.00=	* *	· · · · · · · · · · · · · · · · · · ·	515 202
03200 12-21	12	Total revenue. See instructions.			9,994,925.	0.	0.	515,393. Form 990 (2010)
12-21	-10							1 01 111 330 (20 10)

26-2224994

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	All other organizations must composit include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 (Grants and other assistance to governments and				
C	organizations in the U.S. See Part IV, line 21				
2 (Grants and other assistance to individuals in				
t	the U.S. See Part IV, line 22				*
3 (Grants and other assistance to governments,				
c	organizations, and individuals outside the U.S.				
5	See Part IV, lines 15 and 16	453,278.	453,278.		
4 E	Benefits paid to or for members				
5 (Compensation of current officers, directors,				
t	rustees, and key employees				
6 (Compensation not included above, to disqualified	·			
ŗ	persons (as defined under section 4958(f)(1)) and				
ŗ	persons described in section 4958(c)(3)(B)	277,486.	235,553.	14,492.	27,441.
7 (Other salaries and wages	1,588,541.	1,257,268.	265,412.	65,861.
8 F	Pension plan contributions (include section 401(k)				
а	and section 403(b) employer contributions)				
9 (Other employee benefits	90,068.	72,055.	13,510.	4,503.
10 F	Payroll taxes	145,219.	116,175.	21,783.	7,261.
11 F	ees for services (non-employees)				
a M	Management				
b l	_egal	35,592.	30,253.	1,780.	3,559,
c A	Accounting				
d l	_obbying				
e F	Professional fundraising services. See Part IV, line 17	21,574.			21,574.
f I	nvestment management fees				<u>-</u>
g (Other	275,904.	238,048.	14,874.	22,982.
12 /	Advertising and promotion	26,428.	22,464.	1,321.	2,643.
	Office expenses	212,197.	110,258.	84,949.	16,990.
14	nformation technology	81,741.	69,480.	4,087.	8,174.
15 F	Royalties				· -
16 (Occupancy	157,535.	120,879.	24,438.	12,218.
17 7	Travel	177,965.	125,278.	52,687.	
18 F	Payments of travel or entertainment expenses				
f	or any federal, state, or local public officials				
19 (Conferences, conventions, and meetings				
20 l	nterest				
21 F	Payments to affiliates				
22 [Depreciation, depletion, and amortization	52,029.	44,225.	2,600.	5,204.
23 I	nsurance	62,785.	53,367.	3,139.	6,279.
24	Other expenses. Itemize expenses not covered		y / \$ ·		-
	above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)		, , ,	*	* *
	amount, list line 24f expenses on Schedule 0.)		* * *		» « »
a (CURRICULUM/EDUCATION MA	547,479.	547,479.		
ь 5	TRANSLATION COSTS	89,818.	89,818.		
c I	BANK FEES	41,932.	4,193.	33,546.	4,193.
d Ž	AUTO EXPENSES	17,178.	13,742.	2,577.	859.
e I	REPAIRS & MAINTENANCE	13,078.	11,116.	654.	1,308.
-	All other expenses	89,556.	7,947.	15,544.	66,065.
	Total functional expenses. Add lines 1 through 24f	4,457,383.	3,622,876.	557,393.	277,114.
	Joint costs. Check here If following SOP				
' (98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	12-21-10				Form 990 (2010)

032010 12-21-10

Part X | Balance Sheet (B) End of year (A) Beginning of year 167,100. 1 Cash - non-interest-bearing 1 610,386. 2 2 Savings and temporary cash investments 650,000. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 53,518. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 382,342, 10b 163,581, 0 218,761. 10c b Less: accumulated depreciation 4,941,184. 11 Investments - publicly traded securities 11 12 Investments - other securties. See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 95,553. 14 Intangible assets 14 11,300. Other assets See Part IV, line 11 15 15 6,747,802. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 550,110. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 525,068. Other liabilities. Complete Part X of Schedule D 0. 25 25 1,075,178. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here > X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 4,501,892. 27 Unrestricted net assets 27 1,170,732. Temporanly restricted net assets 28 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 5,672,624. 33 Total net assets or fund balances 33 6,747,802. Total liabilities and net assets/fund balances

Form	990 (2010) SFK SUCCESS FOR KIDS, INC.	26-2224994		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				х
1	Total revenue (must equal Part VIII, column (A), line 12)	1			925.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4	,457	,383.
3	Revenue less expenses. Subtract line 2 from line 1	3	5	,537	,542.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
5	Other changes in net assets or fund balances (explain in Schedule O)	5		135	082.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,672,624.		
Pa	rt XII Financial Statements and Reporting	-	•••		
	Check if Schedule O contains a response to any question in this Part XII				
		•		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			,	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	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 in Sch	edule O		*	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a)	
	separate basis, consolidated basis, or both:		•	~ /	,
	X Separate basis Consolidated basis Both consolidated and separate basis		نظرا		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?	-	3a		х
b	If "Yes " did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

SFK SUCCESS FOR KIDS, INC. 26-2224994 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). Х An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of orgañizátion in col. organization n col. (i) listed in your organization in col. organization (i) organized in the support (described on lines 1-9) governing document? (i) of your support? U.S.? above or IRC section (see instructions)) Yes Yes No Yes Nο LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2010

Form 990 or 990-EZ.

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and					1 1	
	membership fees received. (Do not						
	include any "unusual grants.")					9,479,532.	9,479,532.
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		•			9,479,532.	9,479,532.
5	The portion of total contributions	. *		*	۸.	4	
	by each person (other than a	* ; **		* ()	* 4	*	
	governmental unit or publicly			* *	·	**.	
	supported organization) included	* . , *		* * * * * * * * * * * * * * * * * * * *		* * *	
	on line 1 that exceeds 2% of the	. 4 .					
	amount shown on line 11,	* * * * * *		· · // ››	8	· /· · · · · · ·	
	column (f)			* * *	^* *	* * * * * * *	
	Public support. Subtract line 5 from line 4	<u> </u>		<u> </u>	8		9,479,532.
	ction B. Total Support			- -	,	· · · · · · · · · · · · · · · · · · ·	
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4					9,479,532.	9,479,532.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources					410,835.	410,835.
9	Net income from unrelated business					1	
	activities, whether or not the					1	
	business is regularly carried on			 			
10	Other income. Do not include gain						
	or loss from the sale of capital			1		1	
	assets (Explain in Part IV.)	· * *					
11	• • • • • • • • • • • • • • • • • • • •	* * * * * * * * * * * * * * * * * * * *	<u> </u>	x	4 × 3 × 3 × 4		9,890,367.
12	Gross receipts from related activities,	•	•	6		12	
13	First five years. If the Form 990 is for	-	s first, second, thi	rd, fourth, or fifth ta	ax year as a section	on 501(c)(3)	▶ X
Sec	organization, check this box and storection C. Computation of Publication		rcentage				
	Public support percentage for 2010 (-	column (fl)		14	
	Public support percentage from 2009			Column (ij)		15	<u>%</u> %
	33 1/3% support test - 2010.If the o	•	•	n line 13, and line 1	4 is 33 1/3% or m	L	
	stop here. The organization qualifies	=			1413 00 17070 01 11	iore, crieck triis box	and ▶□
b	33 1/3% support test - 2009.If the o		•		line 15 is 33 1/3%	or more check this	hox
	and stop here. The organization qual	=				or more, ericent trice	▶ □
17a	10% -facts-and-circumstances tes	•			13, 16a, or 16b, a	and line 14 is 10% o	r more.
	and if the organization meets the "fac	_					•
	meets the "facts-and-circumstances"			•	•	and organia	▶ []
b	10% -facts-and-circumstances tes	_	•		•	17a, and line 15 is 10	0% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ				•		ightharpoons
18	Private foundation. If the organization				· · · · · ·		
						edule A (Form 990 o	or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	qualify under the tests listed beat tion A. Public Support	elow, please comp	olete Part II.)	-			
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	(a) 2000	(b) 2007	(0) 2008	(u) 2009	(e) 2010	(i) Total
•	membership fees received. (Do not				ł		
	include any "unusual grants ")]	
2	Gross receipts from admissions,				 		
~	merchandise sold or services per-					!	
	formed, or facilities furnished in	ļ į					
	any activity that is related to the						
_	organization's tax-exempt purpose				+	1	
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
_	iness under section 513				 	ļ	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to					İ	
	or expended on its behalf	ļ					
5	The value of services or facilities				1		
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5			ļ			
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)	, «	. 4	***		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						_
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business		<u> </u>		<u> </u>		
	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						
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)				 	 	
	First five years. If the Form 990 is for	the organization's	e firet second thi	rd fourth or fifth	tay year as a section	D 501(c)(3) organiz	ation
17	check this box and stop here	the organizations	s mat, second, um	a, lourar, or mar	tax year as a section	or 50 f(c)(5) Organiza	ation,
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2010 (I			column (fl)	 	15	%
	Public support percentage from 2009			column (1))		16	
	ction D. Computation of Inves					110 1	
17						17	%
18	Investment income percentage from 2	•		10, column (I))		18	
	33 1/3% support tests - 2010. If the			on line 14 and lin	na 15 is more than t		
136		-					, 19 HUL
	more than 33 1/3%, check this box at		-	-			
	33 1/3% support tests - 2009. If the	•				•	. []
~~	line 18 is not more than 33 1/3%, che		=			-	
20	Private foundation. If the organization	n did not check a	DOX ON line 14, 19	a, or 190, check	uns box and see in	structions	<u> </u>

SCHEDULE D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

	SFK SUCCESS FOR KIDS, INC.				26-2224994
Pa	t I Organizations Maintaining Donor Advise	ed Funds o	r Other Similar Funds	or Ac	counts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.			
		(a) Do	onor advised funds	(b)	Funds and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year	·			
5	Did the organization inform all donors and donor advisors in	wnting that th	e assets held in donor advis	ed funds	
	are the organization's property, subject to the organization's	-			Yes No
6	Did the organization inform all grantees, donors, and donor a	-		used onl	v
	for charitable purposes and not for the benefit of the donor of				
	impermissible private benefit?		, , ,		Yes No
Pai		ganization ans	swered "Yes" to Form 990, F	art IV, lin	
1	Purpose(s) of conservation easements held by the organizat				·
	Preservation of land for public use (e.g., recreation or e		Preservation of an his	toncally i	mportant land area
	Protection of natural habitat	,	Preservation of a cert		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	fied conserva	tion contribution in the form	of a cons	servation easement on the last
	day of the tax year.				
				*	Held at the End of the Tax Year
а	Total number of conservation easements				2a
b	Total acreage restricted by conservation easements			-	2b
c	Number of conservation easements on a certified historic str	ructure include	ed in (a)	<u></u> ⊢	2c
d	Number of conservation easements included in (c) acquired			-	
_	listed in the National Register	u, 0., , , , , , , , , , , , , , , ,			2d
3	Number of conservation easements modified, transferred, re	leased, extino	uished, or terminated by the	_	
•	year >		, ,	, v. g	
4	Number of states where property subject to conservation ea	sement is loca	ated >		
5	Does the organization have a written policy regarding the pe				
	violations, and enforcement of the conservation easements i		3 , -p , 3		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		conservation easements d	uring the	vear ▶
7	Amount of expenses incurred in monitoring, inspecting, and		-	-	•
8	Does each conservation easement reported on line 2(d) above				
	and section 170(h)(4)(B)(ii)?	-	•	. , . , . , . ,	Yes No
9	In Part XIV, describe how the organization reports conservat	ion easement	s in its revenue and expense	stateme	ent, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza		-		
	conservation easements.			Ū	S .
Par	t III Organizations Maintaining Collections o	f Art, Histo	orical Treasures, or O	ther Si	milar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV,	line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to	o report in its revenue staten	nent and	balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, educa	ation, or research in furthera	nce of pu	iblic service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	bes these itei	ms.		·
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to rep	oort in its revenue statement	and bala	ance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or re	esearch in furtherance of pui	blic servi	ce, provide the following amounts
	relating to these items:		·		
	(i) Revenues included in Form 990, Part VIII, line 1			1	▶ \$
	(ii) Assets included in Form 990, Part X			ĺ	> \$ > \$
2	If the organization received or held works of art, historical tre	asures, or oth	er sımılar assets for fınancıa		
	the following amounts required to be reported under SFAS 1			- / •	
а	Revenues included in Form 990, Part VIII, line 1		-	ı	▶ \$
b	Assets included in Form 990, Part X			j	> \$ > \$

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Schedule D (Form 990) 2010

			•	•			_			- 0
		FOR KIDS, IN		1 - 1 - 1 -		011		5-22249		Page 2
	t III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	ion, and other rec	ords, chec	k any of the	following tha	at are a si	gnificant u	se of its	collection	items
	(check all that apply)		<u></u>							
а	Public exhibition		d		hange progr	ams				
b	Scholarly research		е 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co							e in Par	t XIV	
5	During the year, did the organization solicit of					er sımılar	assets	_	7	
_	to be sold to raise funds rather than to be m								⊻ Yes	No_
Pai	t IV Escrow and Custodial Arran		plete if the	e organizatio	on answered	"Yes" to I	Form 990,	Part IV, I	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other intern	nediary for	contribution	ns or other as	sets not	ıncluded	_	7	
	on Form 990, Part X?								」 Yes	L No
þ	If "Yes," explain the arrangement in Part XIV	and complete the	following	table:						
									Amount	
C	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		T	
	Did the organization include an amount on F		ine 21?						Yes	└─ No
	If "Yes," explain the arrangement in Part XIV									
<u>"Pai</u>	t V Endowment Funds. Complete			"Yes" to Fo	T				-	
		(a) Current year	(b) F	Prior year	(c) Two year	rs back (d) Three ye	ars back	(e) Four	years back
1a	Beginning of year balance						, et	*	* 1 5 5	* '> '
b	Contributions						*		1 12 3.4	<i>*</i> * * * * * * * * * * * * * * * * * *
С	Net investment earnings, gains, and losses								/ 3 CI	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
d	Grants or scholarships								* \$ 4	: ***
е	Other expenditures for facilities					*	*		* ; <*	
	and programs .						* * * * *			• ; ; ; ; ;
f	Administrative expenses						37000)	* * .		*1
g	End of year balance									
2	Provide the estimated percentage of the year	ır end balance hel	d as:							
а	Board designated or quasi-endowment		%							
b	Permanent endowment	 %								
C		%								
3a	Are there endowment funds not in the posse	ession of the orgai	nization th	at are held a	ınd admınıste	ered for th	ne organiza	tion	_	
	by:								\	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations	-	-						3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	•							3ь	
4	Describe in Part XIV the intended uses of the									
Pai	t VI. Land, Buildings, and Equipm			i				<u> </u>		
	Description of investment	(a) Cost o			or other		cumulated		(d) Book	value
	· · · · · · · · · · · · · · · · · · ·	basis (inve	stment)	basis	(other)		reciation			
	Land	<u> </u>				* *				
b	Buildings	<u> </u>		ļ				_	_	
C	Leasehold improvements				165,674.		16,9			148,691.
	Equipment			<u> </u>	122,454.		83,0			39,377.
	Other	<u> </u>			94,214.		63,5	21.		30,693.
Total	LAdd lines 1a through 1e (Column (d) must e	qual Form 990 P.	art X colui	mn (R) line 1	10(c))			. I		218 761.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities.	See Form 990, Part X, Irr	ne 12.		
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valuatest or end-of-year mark	
(1) Financial derivatives		···		
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)			<u> </u>	· · · · · · · · · · · · · · · · · · ·
(D)			<u> </u>	
(E)				
(F)				
(G)			· · · · · · · · · · · · · · · · · · ·	
(H)				
(I)). h
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				À
Part VIII Investments - Program Related	See Form 990, Part X, II	ne 13.		. . – –
(a) Description of investment type	(b) Book value	Co	(c) Method of valuat est or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)			=.	=.
(7)				
(8)				
(9)		-		
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) Part IX Other Assets. See Form 990, Part X, II	<u> </u>		**	
	(a) Description		 ·	(b) Book value
(1)	(a) Booonphon			(b) Book Valdo
				
(3)				
(4)	· · · · · · · · · · · · · · · · · · ·	····		
(5)				
(6)				
(7)		·		
(8)				
(9)	· — ·			
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15)			
Part X Other Liabilities. See Form 990, Part			•	_
1. (a) Description of liability		(b) Amount	· > 2 ×	
(1) Federal income taxes				*
(2) DUE TO/FROM KABBALAH CENTRE INTERNA	TIONAL	340,924.		\$ \$
(3) DUE TO OTHERS		184,144.	* .	** }
(4)	-		* &	•
(5)				* * *
(6)			· ·	*.
(7)				
(8)]	•
(9)				
(10)				: : : : : : : : : : : : : : : : : : :
(11)			1 2 2 3 3 3072	n n n n n n n n n n n n n n n n n n n
				Y. 1811/20
Total. (Column (b) must equal Form 990, Part X, col (B) FIN 48 (ASC 740) FOOTNOTE IN Part XIV, provide the text of the footno 2. FIN 48 (ASC 740)	line 25.)	525,068.		tax positions under

ORGANIZATION RECOGNIZES POTENTIAL ACCRUED INTEREST AND PENALTIES RELATED

TO UNCERTAIN TAX POSITIONS IN INCOME TAX EXPENSE. DURING THE YEARS ENDED

Schedule D (Form 990) 2010

032054 12-20-10

Schedule D (Form 990) 2010 SFK SUCCESS FOR KIDS, INC.	26-2224994	Page 5
Part XIV Supplemental Information (continued)		
DECEMBER 31,2010, THE ORGANIZATION DID NOT RECOGNIZE ANY AMOUNT IN		
POTENTIAL INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
FUNDRAISING EXPENSES 99,100.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
MISCELLANEOUS EXPENSES 9,699.		· · · · · · · · · · · · · · · · · · ·
PART XIII, LINE 2D - OTHER ADJUSTMENTS:		
FUNDRAISING EXPENSES 99,100.		
PART XIII, LINE 4B - OTHER ADJUSTMENTS:		
MISCELLANEOUS EXPENSES 9,699.		
		······································
	<u></u>	
		
	Schedule D (Forn	n 990) 2010

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

Open to Public

Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer identification number SFK SUCCESS FOR KIDS, INC. 26-2224994 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the L Yes 🗓 No grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (e) If activity listed in (d) (f) Total (d) Activities conducted in region employees, offices (by type) (e.g., fundraising, program expenditures is a program service, agents, and for and in the region services, investments, grants to describe specific type independent contractors investments recipients located in the region) of service(s) in region ın region in region 0 ٥. 3 a Sub-total **b** Total from continuation 0 ٥. sheets to Part I

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Schedule F (Form 990) 2010

c Totals (add lines 3a

and 3b)

Schedule F (Form 990) 2010

26-2224994

(i) Method of valuation (book, FMV, appraisal, other) CASH GRANT CASH GRANT CASH GRANT Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any (h) Description of non-cash assistance 0.N/A 0.N/A 0.N/A (g) Amount of non-cash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement (f) Manner of 350,216,WIRE 91,000, WIRE 12,062.WIRE (e) Amount of cash grant recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter (d) Purpose of PROGRAM FUNDING PROGRAM FUNDING PROGRAM FUNDING grant ENTRAL AMERICA SOUTH AMERICA (c) Region Part II can be duplicated if additional space is needed. KIDDLE EAST (b) IRS code section and EIN (if applicable) ď, è 3 Ý (a) Name of organization **#**4 \$⁵. . / * A. ***** *Part;II *

30

Enter total number of other organizations or entities

က

Schedule F (Form 990) 2010

Page 3

Schedule F (Form 990) 2010 SFK SUCCESS FOR KIDS, INC.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed

.*		•	•		
(h) Method of valuation (book, FMV, appraisal, other)					
(g) Description of non-cash assistance					
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

Schedule F (Form 990) 2010

Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

Foreign Partnerships. (see Instructions for Form 8865)

for Form 5713)

Schedule F (Form 990) 2010

Yes X No

Yes X No

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Inspection

Name of the organization		• •				Employer ide	ntification number
	s FOR KIDS, INC.					26-2224994	
Part I Fundraising Activities required to complete this part	 Complete if the organization answ t. 	ered "\	es" to	o Form 990, Part IV,	line 1	7. Form 990-E2	filers are not
Indicate whether the organization raise A	e X Solicita f Solicita g X Special or oral agreement with any individua	tion of tion of I fundra	non-g gover alsing ding o	overnment grants nment grants events fficers, directors, tru	stees	or X Yes	
key employees listed in Form 990, F b If "Yes," list the ten highest paid ind compensated at least \$5,000 by the	ividuals or entities (fundraisers) purs			_			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) funds have co or cor contrib	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
GLOBAL IMPACT - 33 WEST 17TH STREET, 10TH FLOOR, NEW YORK,	BIKE RIDE	Yes X	No	145,735.		21,574.	124,161.
		ļ					
							<u></u>
						-	
	, , , , , , , , , , , , , , , , , , ,					· · · · · · - · ·	_
Total		I		145,735.		21,574.	124,161.
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is	exempt from re	egistration
CA							
				-			
LHA Paperwork Reduction Act Notice,	see the Instructions for Form 900	or 900).F7			Schedule & (For	n 990 or 990-EZ) 2010

032081 01-13-11

SEE PART IV FOR CONTINUATIONS

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			I I		
		BIKE RIDE	5K	8	(add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
1	Gross receipts	145,735.	130,999.	121,144.	397,878.
2	Less: Charitable contributions	134,163.	84,403.	80,212.	298,778.
3	Gross income (line 1 minus line 2)	11,572.	46,596.	40,932.	99,100.
4	Cash prizes				
5	Noncash prizes		17,225.		17,225.
6	Rent/facility costs	3,665.		25,053.	28,718.
7	Food and beverages	215.		198.	413.
8	Entertainment	7 (00	00.074	2,700.	2,700.
9	•	<u> </u>	29,371.	12,981.	50,044.
	-		•		(99,100 ₎
17 1	Net income summary Combine line 3, colum	n (d), and line 10 answered "Yes" to Form	990 Part IV line 19 or n	enorted more than	
-		4.10.101.00	. 555, 1 are 17, 111 15 15, 51 1	oportoa moro trian	
	, ,		(b) Pull tabs/instant		(d) Total gaming (add
		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
1	Gross revenue				
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses				
		Yes %	Yes% No	☐ Yes % ☐ No	·, , · · · · · · · · · · · · · · · · ·
7	Direct expense summary. Add lines 2 through	h 5 ın column (d)		>	()
8	Net gaming income summary. Combine line 1	I, column d, and line 7		•	
			atataa?		Yes No
	· · · · · · · · · · · · · · · · · · ·		states?		Tes L. No
_		<u> </u>			
	, ,	•	• •	rear?	Yes No
_				0.1.1.0.7	000 000 000
	5 6 7 3 9 0 1 1 1 2 3 4 5 6 7 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9	Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Combine line 3, column IIII Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Combine line Sinter the state(s) in which the organization operate is the organization licensed to operate gaming act in No," explain: Were any of the organization's gaming licenses recombined in the organization of the organization's gaming licenses recombined in the organization operate gaming act in No," explain:	So Noncash prizes So Rent/facility costs So Rent/facility costs So Rent/facility costs So Rent/facility costs So Cother direct expenses Could be usummary. Add lines 4 through 9 in column (d) Note income summary. Combine line 3, column (d), and line 10 Still Gaming. Complete if the organization answered "Yes" to Form \$15,000 on Form 990-EZ, line 6a. (a) Bingo Gross revenue Coash prizes Noncash prizes Rent/facility costs Cother direct expenses Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) No Note gaming income summary. Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities: Inter the state(s) in which the organization operates gaming activities: Inter the state(s) in which the organization operates gaming activities: Inter the state(s) in which the organization operates gaming activities: Inter the state(s) in which the organization operates gaming activities: Inter the state(s) in which the organization operates gaming activities: Inter the state(s) in which the organization operates gaming activities: Inter the state(s) in which the organization operates gaming activities in each of these of "No," explain: Inter the state(s) in which the organization operates gaming activities in each of these of "Yes," explain: Inter the state(s) in which the organization operates gaming activities in each of these of "Yes," explain:	5 Noncash pnzes 5 Rent/facility costs 5 Rent/facility costs 7 Food and beverages 215. 7 Food and beverages 215. 8 Entertainment 9 Other direct expenses summary. Add lines 4 through 9 in column (d). Add lines 10 1 Net income summary. Combine line 3, column (d), and line 10 2 IIII Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or in \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo bingo/progressive	S Noncash prizes 3 Rent/facility costs 4 Rent/facility costs 5 Other direct expenses summary. Add lines 4 through 9 in column (d) 1 Net income summary Combine line 3, column (d), and line 10 1 Net income summary. Combine line 3 (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming bingo/pr

Sch	edule G (Form 990 or 990 EZ) 2010 SFR SUCCESS FOR KIDS, INC.	6-2224994	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	U No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
12	Indicate the percentage of gaming activity operated in:	1 1	
		400	07
	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	3:	
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
.	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
b		ıı	
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
	Name >		
	Address >		
16	Gaming manager information:		
	Name >		
	Gaming manager compensation > \$		
	Carring manager compensation		
	December of consequents A		
	Description of services provided	<u>.</u>	
	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	rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column		Dowt III
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional infor	nation (see instruc	tions).
COU	PRITE C. DARM T. LINE OR LICE OF MEN. WIGHERE DAID BURNDALEDE		
SCA	EDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I)	NAME OF FUNDRAISER: GLOBAL IMPACT		_
(I)	ADDRESS OF FUNDRAISER:		
33	WEST 17TH STREET, 10TH FLOOR, NEW YORK, NY 10011-5511		
03300	33 01-13-11 Schedule G	(Form 990 or 990	-EZ) 2010

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

SFK SUCCESS FOR KIDS, INC.

Employer identification number

26-2224994 **Questions Regarding Compensation** Yes No la Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990. Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment from the organization or a related organization? x 4a X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Х a The organization? 5a 5b x b Any related organization? (3) If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 1,20 contingent on the net earnings of: a The organization? X 6a х **b** Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments X not described in lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 Х If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2010

Regulations section 53.4958-6(c)?

Schedule J (Form 990) 2010

Part II. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

26-2224994

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	0	0	(E)	(£)
			-	-	Retirement and	Nontaxable	Total of columns	Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)·(D)(B)	reported in prior Form 990 or Form 990-EZ
	Ξ	157,696.	o	0	0	3,844.	161,540.	0
1 HEATH GRANT	(II)	0	0.	0.	0.	0	0.	0
	Θ							
2	(ii)							
	(i)							
3	(ii)							
	(1)							
4	Ξ							
	(1)							
5	Œ							
	(i)							
9	(ii)							
	(1)							
7	Ξ							
	Ξ							
8	▣							
	€							
6	≘							
	Ξ							
10	Ξ							
	Ξ							
11	≘							
	Ξ							
12	▣							
	€ €							
13								
	Ξ							
14	▦							
	Ξ							
15	⊞							
	Ξ							
16	3							

Schedule J (Form 990) 2010

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Inspection

Name of the organization SFK SUCCESS FOR KIDS, INC. Employer identification number 26-2224994

Par	t I	Types	s of Property								
				(a) Check if applicable	(b) Number of contributions or	(c) Noncash contr amounts repor		(d) Method of de noncash contrib	etermir		ts
					items contributed	Form 990, Part VI	III, line 1g				
1	Art -	Works of	art								
2	Art -	Historical	treasures								
3	Art -	Fractiona	l interests								
4	Boo	ks and pu	blications								
5	Clot	hing and h	nousehold goods		1						
6	Cars	s and othe	er vehicles								
7	Boa	ts and pla	nes								
8	Intel	llectual pro	operty								
9	Sec	urities - Pu	ıblıcly traded								
10	Sec	urities - Cl	osely held stock								
11	Sec	urities - Pa	artnership, LLC, or								
	trust	t interests									
12	Sec	urities - Mi	scellaneous								
13	Qua	lified cons	servation contribution -								
	Histo	onc struct	ures								
14	Qua	lified cons	servation contribution - Other								
15	Real	l estate - F	Residential								
16	Real	l estate - C	Commercial			I					
17	Real estate - Other										
18											
19											
20	Drug	gs and me	dical supplies								
21	Taxi	dermy									
22	Histo	oncal artif	acts				-				
23	Scie	entific spec	cimens					l	-		
24	Arch	neological	artifacts								
25	Othe	er 🕨	(TRANSFER OF A)	х	1	6,84	7,237.	FMV			
26	Othe	er 🕨	(
27	Othe	er 🕨	(
28	Othe	er 🕨	(
29	Num	ber of Fo	rms 8283 received by the orga	ınızatıon durin	g the tax year for c	ontributions					
	for v	vhich the	organization completed Form 8	3283, Part IV,	Donee Acknowled	gement	29			0	ı
						·				Yes	No
30a	Duri	ng the yea	ar, did the organization receive	by contribution	on any property rep	oorted in Part I, line	es 1-28 th	at it must hold for		**	4 Mayer
	at le	ast three	years from the date of the initia	al contribution	, and which is not	required to be use	d for exen	npt purposes for		\$ ·	
			ding period?			•			30a		X
b	If "Y	es," desc	ribe the arrangement in Part II.						₹.		
31		•	nization have a gift acceptanc		equires the review	of any non-standa	rd contrib	utions?	31		X
			inization hire or use third partie		•	•					
		tributions?	•			.,,			32a		х
b			ribe in Part II.						, 44	*	, 1
33		•	ition did not report an amount	ın column (c) t	for a type of prope	rty for which colum	nn (a) is ch	necked,	l .		
		cribe in Pa	•), F- 3F	-	()	,	(3×2	∢	
LHA			ork Reduction Act Notice, se	e the Instruc	tions for Form 99	0.		Schedule M	(Form	990)	(2010)

SCHEDULE O

(Form 990 or 990-EZ)

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.

2010
Open to Public Inspection

Department of the Treasury ► Attach to Form 990 or 990-EZ. Inspection Internal Revenue Service Name of the organization Employer identification number 26-2224994 SFK SUCCESS FOR KIDS, INC FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THROUGH UNIQUE, HIGHLY EFFECTIVE, SPIRITUAL LESSONS SFK EMPOWERS TEACHERS, PARENTS, MENTORS AND COMMUNITIES TO HELP CHILDREN REFRAME CHALLENGES INTO OPPORTUNITIES, HOPELESSNESS, AND NEGATIVITY INTO RESILIENCE AND A SENSE OF PURPOSE, SFK TEACHES CHILDREN THEY CAN SHAPE THEIR FUTURE BY MAKING WISE DECISIONS FOR THEMSELVES AND CARING FOR OTHERS. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SFK IS A DIVERSE TEAM OF DEDICATED EMPLOYEES AND VOLUNTEERS WORKING TO CREATE PROGRAMS THAT PROVIDE CHILDREN AND TEENS WITH TOOLS AND SKILLS TO OVERCOME CHALLENGES AND TO REACH THEIR FULL POTENTIAL. WHILE EMBRACING THEIR CONNECTIONS WITH OTHERS. THROUGH UNIQUE, HIGHLY EFFECTIVE, SPIRITUAL LESSONS SFK TEACHES AND GUIDES CHILDREN TO REALIZE THEIR OWN UNIQUE PURPOSE AND POTENTIAL IN LIFE. SFK IS FOUNDED ON THE BELIEF THAT PEACE AND FULFILLMENT ARE THE BIRTHRIGHTS OF ALL HUMANITY. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: IN PARTICIPATING PUBLIC SCHOOLS NATIONWIDE. THE WEEKLY LESSONS WERE PROVIDED BY TRAINED SFK TEACHERS AND VOLUNTEERS IN PUBLIC SCHOOLS AND ORGANIZATIONS LOCATED IN CALIFORNIA, NEW YORK, FLORIDA AND NEVADA. FURTHER DEVELOPMENT OF THE CURRICULUM WAS MADE, TO DELIVER CONTENT TO MIDDLE AND SENIOR SCHOOL STUDENTS, AS WELL AS AN INTEGRATED LEARNING PROGRAM THAT WOULD INFUSE SFK CONCEPTS INTO SCHOOLS' EXISTING

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

Schedule O (Form 990 or 990-EZ) (2010)

032211 01-24-11

NOW THE AMENDED INFORMATION RETURN REPORTS ENDING FIXED ASSETS AS

032212 01-24-11

AMENDED SCHEDULE D, PART X, LINE 3:

ORIGINALLY SCHEDULE D REPORTED DUE TO OTHERS AS \$89,427.

NOW THE AMENDED SCHEDULE D REPORTS DUE TO OTHERS AS \$184,144.

50

Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions. ► Attach to Form 990.

2010 Open to Public Inspection

OMB No 1545-0047

Employer identification number 26-2224994

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part I

SFK SUCCESS FOR KIDS, INC.

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets **(e)** Total income Ð Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part II

	2	<u></u>	(9	(e)	£	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13)	(b)(13)
of related organization	_	foreign country)	section	status (if section	entity	entity?	\ .
				501(c)(3))		Yes	ş
KABBALAH CENTRE INTERNATIONAL, INC							
95-4685000, 1108 S. ROBERTSON BLVD., LOS	CHURCH & SPIRITUAL						
ANGELES, CA 90035	ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 1	N/A		×
KABBALAH CHILDRENS ACADEMY - 91-2162623							
1108 S. ROBERTSON BLVD.							
LOS ANGELES, CA 90035	EDUCATIONAL ORGANIZATION	CALIFORNIA	501(C)(3)	LINE 2	N/A		٧.
RAISING MALAWI, INC 74-3248665							
C/O NKSF LLP 10960 WILSHIRE BLVD, 5TH FLOOR TO ASSIST THE	TO ASSIST THE POOR AND						
LOS ANGELES, CA 90024	NEEDY	CALIFORNIA	501(C)(3)	LINE 11A	N/A		٠,
KABBALAH CENTRE OF NEW YORK, INCORPORATED -							
13-4093698, 155 EAST 48TH STREET, NEW YORK,	CHURCH & SPIRITUAL						
NY 10017	DRGANIZATION	NEW YORK	501(C)(3)	LINE 1	N/A		ų

26-2224994

Schedule R (Form 990)

SFK SUCCESS FOR KIDS, INC.

(g) Section 512(b)(13) controlled organization? ŝ × × Yes (f)
Direct controlling
entity N/A N/A status (if section 501(c)(3)) Public charity <u>e</u> LINE 1 LINE 1 Exempt Code section 501(C)(3) 501(C)(3) ਉ Legal domicile (state or foreign country) <u>ق</u> CALIFORNIA FLORIDA Primary activity INCORPORATED - 95-4436084, 1062 S. ROBERTSON CHURCH & SPIRITUAL CHURCH & SPIRITUAL Part II Continuation of Identification of Related Tax-Exempt Organizations ORGANIZATION ORGANIZATION 65-0638140, 8411 WEST PALMETTO PARK ROAD, BOCA RATON, FL 33433 THE KABBALAH CENTRE OF FLORIDA, INC. -KABBALAH CENTRES OF THE UNITED STATES, Name, address, and EIN of related organization BLVD., LOS ANGELES, CA 90035

Page 2

26-2224994

Schedule R (Form 990) 2010 SFK SUCCESS FOR KIDS, INC.

Percentage ownership 800 seneral or|Percentage **800**. Schedule R (Form 990) 2010 . 900. managing ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) 3 Ξ Yes Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) ö ö o. Share of end-of-year assets 3 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) \equiv ö ö 。 Share of total income ate allocations? Disproportion-Yes Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets **e** 6 CORP CORP CORP (d)
Direct controlling
entity Share of total income N/A N/A N/A Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) ত Š S 5 **e** Primary activity (d)
(Direct controlling entity TITLE HOLDING <u>e</u> REAL ESTATE REAL ESTATE (c)
Legal
domicile
(state or
foreign
country) - 95-4846853 KABBALAH CENTRE HOLDINGS LIMITED - 46-3026869 Primary activity <u>@</u> - 95-4799957 KABBALAH PROPERTY FOUNDATION, INC. Name, address, and EIN of related organization KABBALAH ENTERPRISES, INC. Name, address, and EIN of related organization 1062 S. ROBERTSON BLVD. LOS ANGELES, CA 90035 1062 S. ROBERTSON BLVD. 1062 S. ROBERTSON BLVD. LOS ANGELES, CA 90035 LOS ANGELES, CA 90035 032162 12-21-10 Part IV Part III

26-2224994

Schedule R (Form 990) 2010	Scheduk		26	032163 12-21-10
				(9)
				(5)
	FMV	6,847,237.FMV	ж	(4) KABBALAH CHILDRENS ACADEMY
	FMV	117,314.	D.	(3) KABBALAH CENTRE INTERNATIONAL, INC.
	FMV	1,069,088,FMV	ы	(2) KABBALAH CENTRE INTERNATIONAL, INC.
	FMV	200,000.	a	(1) KABBALAH CENTRE INTERNATIONAL, INC.
	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-r)	(a) Name of other organization
	relationships and transaction thresholds	his line, including covered	who must complete t	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds
19 X Tr				 q Other transfer of cash or property to other organization(s) r Other transfer of cash or property from other organization(s)
ot				 Reimbursement paid to other organization for expenses Reimbursement paid by other organization for expenses
= {			ızatıon(s)	l Performance of services or membership or fundraising solicitations by other organization(s) in Sharing of facilities, equipment, mailing lists, or other assets.
1 x x x			ızatıon(s)	 Lease of facilities, equipment, or other assets from other organization(s) R Performance of services or membership or fundraising solicitations for other organization(s)
1i ×				i Lease of facilities, equipment, or other assets to other organization(s)
19 x				 g Purchase of assets from other organization(s) h Exchange of assets
				f Sale of assets to other organization(s)
×				
10 X				c only, grant, or capital contribution from other organization(s) d Loans or loan quarantees to or for other organization(s)
1a X	וון רמונט וויוע?	elateu organizations iisteu		a Receipt of (i) interest (ii) annuties (iii) royalties or (iv) rent from a controlled entity
Yes No			4	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule
ı	334, Of 30.)	to Form 990, Farmy, ime 54, 55, 55a, of 56.)	20	Iransactions with related Organizations (Complete II the organization allswered

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(q)	(c)	<u>(</u> 0	(0)	ε	(6)	3	_
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share of end-of- vear assets	Dispropor- tionate	Code V-UBI amount in box 20	g E	ral or iging
		country)	Yes No			of Schedule K-1 (Form 1065)		2
					_		L	
				:				
						Schedule R (Form 990) 2010	m 990)	2010