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

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Form 990

OMB No. 1545-0047 $\mathbf{\Pi}$ Open to Public

Dep	artment o	of the Treasury nue Service	 Do not enter social security numbers on this form as it may Go to www.irs.gov/Form990 for instructions and the latest 		Open to Public Inspection
	_		ar year, or tax year beginning JUL 1, 2020 and ending		Inspection
-	Check if applicabl	C Name o	forganization	D Employer identificat	ion number
	Addre	KTCK	START INTERNATIONAL, INC.		
	Name		usiness as	06-1613235	
	Initial				
	Final	150	and street (or P.0. box if mail is not delivered to street address) Room/suite FULTON ST 207	E Telephone number 415-346-48	20
	return termir ated		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	3,617,349.
	Amen return	ded SAN	FRANCISCO, CA 94102	H(a) Is this a group retur	
	Applic		nd address of principal officer: MARTIN FISHER	for subordinates?	
	pendi	na l	AS C ABOVE	H(b) Are all subordinates include	
		empt status:			
			KICKSTART.ORG	H(c) Group exemption n	
			X Corporation Trust Association Other L Year	of formation: 2001 M S	
Ρ	art I	Summary			
d	1	Briefly describ	e the organization's mission or most significant activities: KICKSTART	PROMOTES SUST	AINABLE
and			C DEVELOPMENT AND FOOD SECURITY BY DEVEL		
ern	2	Check this bo	i allo of game allo of all		
NOE	3		ting members of the governing body (Part VI, line 1a)		9
20	4	Total number	lependent voting members of the governing body (Part VI, line 1b)		8
tie	6	Total number	of volunteers (estimate if necessary)		7
Activities & Governance	7a	Total unrelate			0.
A	b		d business revenue from Part VIII, column (C), line 12 business taxable income from Form 990-T, Part I, line 11	7a 7b	0.
				Prior Year	Current Year
đ	8	Contributions	and grants (Part VIII, line 1h)	2,365,307.	2,717,748.
Revenue	9		ce revenue (Part VIII, line 2g)	882,002.	806,400.
eve	10		come (Part VIII, column (A), lines 3, 4, and 7d)	11,691.	27,179.
μ μ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,777.	66,022.
_	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,262,777.	3,617,349.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	0.	0.
Ses	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	1,785,260.	1,471,025.
Expenses	168	Protessional fi	undraising fees (Part IX, column (A), line 11e)	0.	0.
Exp	17		ng expenses (Part IX, column (D), line 25) 65,693.	1 000 517	1 500 000
	18	Total expense	es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>1,860,517</u> . 3,645,777.	1,523,029.
	19	Revenue less	expenses. Subtract line 18 from line 12	-383,000.	2,994,054. 623,295.
10	9			the course description of states of	
Net Assets or	20	Total assets (F		ginning of Current Year 3,003,637.	End of Year 2,914,989.
ASS	21	Total liabilities	(Part X, line 26)	2,224,060.	1,539,980.
		Net assets or	fund balances. Subtract line 21 from line 20	779,577.	1,375,009.
	art II	Signature			
Unc	ler pena	lities of perjury,	declare that I have examined this return, including accompanying schedules and statem	ents, and to the best of my kno	owledge and belief, it is
true	, correc	t, and complete.	Declaration of preparer (other than officer) is based on all information of which preparer	has any knowledge.	
0.		Signative	ePofficer / hofm ((3/21	/22
Sign				Date	
Hei	e		EL HARTWELL, TREASURER		
-	-	Print/Type prep		Date Check	PTIN
Pai	t			if self-employed	
	parer	Firm's name	▶ PKF O'CONNOR DAVIES, LLP		P00543209
	Only	the second se	500 MAMARONECK AVENUE	Firm's EIN 27	-1/20940
	- 286		HARRISON, NY 10528-1633	Phone no.914-	381-8900
Ma	y the IF	RS discuss this	return with the preparer shown above? See instructions	1. 1010 10. 2 1 1	X Yes No
	01 12-23	3-20 LHA F	or Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2020)
	S	EE SCHE	DULE O FOR ORGANIZATION MISSION STATEMEN	T CONTINUATIO	N

I	BO (2020) KICKSTART INTERNATIONAL, INC. 06-1613.		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	X
Bri	riefly describe the organization's mission:		
_	O ENABLE MILLIONS OF PEOPLE TO CLIMB OUT OF POVERTY AND BUILD A		
_	ECURE AFRICA THROUGH THE DISTRIBUTION OF IRRIGATION TOOLS THAT		
	ARMING A PRODUCTIVE, PROFITABLE, AND CLIMATE RESILIENT ENTERPRI	<u>3E.</u>	
Dic	id the organization undertake any significant program services during the year which were not listed on the		
ori	rior Form 990 or 990-EZ?	Yes	XNo
F "	"Yes," describe these new services on Schedule O.		
	id the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	escribe the organization's program service accomplishments for each of its three largest program services, as measured by exp	enses.	
Se	ection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expe		b
e١	evenue, if any, for each program service reported.		
		<u>806,4</u>	.00.
	EADQUARTERED IN NAIROBI, KENYA, KICKSTART DESIGNS AND DISTRIBUT		
	RRIGATION TOOLS ACROSS 16 COUNTRIES IN SUB-SAHARAN AFRICA, PROV	LDING	
_	MALLHOLDER FARMERS AND THEIR FAMILIES A SUSTAINABLE PATH OUT OF		
	OVERTY THROUGH INCREASED INCOME, CLIMATE RESILIENCE, AND FOOD ECURITY. WITH SIMPLE IRRIGATION TOOLS, FARMERS NO LONGER DEPEND		
_	EASONAL RAINS TO GROW FOOD, ENABLING HOUSEHOLDS TO CONSUME AND		
	HEIR HARVESTS THROUGHOUT THE DRY SEASON AND IN TIMES OF DROUGHT		
_	OST-EFFECTIVELY SCALE ITS IMPACTS, KICKSTART WORKS WITH OVER 35		
_	ISSION-ALIGNED NGOS, RELIEF AGENCIES, MICRO-FINANCE INSTITUTION		חו
	RASSROOTS ORGANIZATIONS TO INTRODUCE IRRIGATION TO THEIR NETWOR	-	
	ARMERS. TO ENCOURAGE PUBLIC AWARENESS AT THE GRASSROOTS AND GEN		
_	EMAND FOR SMALL-SCALE IRRIGATION, KICKSTART CONDUCTS A RANGE OF		
	Sode:) (Expenses \$ including grants of \$) (Revenue \$)		
Co	Code:) (Expenses \$ including grants of \$) (Revenue \$		
Dt	ther program services (Describe on Schedule O.)		
	xpenses \$ including grants of \$) (Revenue \$) table of \$) (Revenue \$) table of \$) (Revenue \$) table of \$] including grants of \$] including grants of \$] including grants of \$] (Revenue \$] including grants of \$]		
		Form 99	0 (202)
2-	2-23-20 SEE SCHEDULE O FOR CONTINUATION(S		

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 Form 990 (2020)
 KICKSTART INTERNATIONAL, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
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		<u> </u>
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 for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
10	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	4		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>	-11	
b		11b		x
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			_ <u></u>
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
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	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			-
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	0000	X
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 KICKSTART INTERNATIONAL, INC.
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 Part IV
 Checklist of Required Schedules (continued)
 Continued)
 Continued

Pai	t IV Checklist of Required Schedules (continued)	5255	P	age -
Fai	Checklist of Required Schedules (continued)			
~~			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	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			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	Controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	20		
21				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	<u>28a</u>		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the experimentiant because a state that within the experiment of $a = 10/(10)/(10)$	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
30		26		x
27	If "Yes," complete Schedule R, Part V, line 2	36		- 23
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
~~	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule 0	38	Х	
ra				37
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	늰		
b		0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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Form 990					
Part V	Statements R	egarding Other	IRS Filings and Tax C	ompliance	(continued)

			Yes	No
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	'		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country <pre></pre>			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			37
5a		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5</u> c		
юа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	60		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u>6a</u>		- 23
D		6b		
7	Organizations that may receive deductible contributions under section 170(c).			
'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		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
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. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a h	Initiation fees and capital contributions included on Part VIII, line 12 10a 10a 10b 10b10b 10b 10b 10b 10b 10b 10b 10b 10b 10b 10b	-		
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:			
 a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b	-		
	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
10	If "Yes," see instructions and file Form 4720, Schedule N.	10		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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KICKSTART INTERNATIONAL, INC.

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Yes No

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

Check if Schedule O contains a response or note to any line in this Part VI	 X
Section A. Governing Body and Management	

1a	Enter the number of voting members of the governing body at the end of the tax year 1a	9			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
	officer, director, trustee, or key employee?		2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	n			
	of officers, directors, trustees, or key employees to a management company or other person?		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the f		11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe				
	in Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?		16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure		1		
17	List the states with which a copy of this Form 990 is required to be filed CA , FL , IL , MA , NJ , NY				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5	501(c)(3)	s onlv)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.		,,,		
	X Own website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	olicy, and	d finan	cial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	MICHAEL MILLS - 415-346-4820				
	459 FULTON ST, NO. 207, SAN FRANCISCO, CA 94102				

Form	990	(2020)
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KICKSTART INTERNATIONAL, INC.

Part VII	Со	mpensation of Officers	s, Directors	, Trustees,	Key Employees,	Highest	Compensated
	Em	ployees, and Indepen	dent Contra	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of				
	week (list any hours for related organizations below line)	stee or director	Institutional trustee			Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) PETER JUMA	40.00									10 501
PRESIDENT & COO	40.00			X				105,727.	0.	12,501.
(2) MARTIN FISHER	40.00								0	46 050
CEO		Х		X				30,798.	0.	46,852.
(3) SANDER PRUJIS	2.00								<u>^</u>	•
BOARD CHAIRPERSON		Х		X				0.	0.	0.
(4) JANE BOMBA	2.00	x						0	0	0
DIRECTOR (5) WILLIAM MAYER	2.00	~						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(6) ROBERT MEANEY	2.00	~						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(7) CHARLES OWUBAH	2.00	Δ							0.	
DIRECTOR	2.00	х						0.	0.	0.
(8) CHRISTOPHER YOUNG	2.00	21								
DIRECTOR		х						0.	0.	0.
(9) DAVID YOUNG	2.00									
DIRECTOR		х						0.	0.	0.
(10) STEPHEN VAN HELDEN	2.00									
DIRECTOR		х						0.	0.	0.
(11) SAMUEL HARTWELL	2.00									
TREASURER				x				0.	0.	0.
(12) JESSICA TAUBMAN	2.00									
SECRETARY				X				0.	Ο.	0.
		-								
		-								
032007 12-23-20		I	1	l	I		I	I		Form 990 (2020)

Form 990 (2020)

	00 (2020) KICKSTART	<u>INTERN</u>	ΓAΊ	'I0	NA	ь,	I	NC	Y •	06-16	<u>132</u>	235	Pag	_e 8
Part V	Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(0				(D)	(E)			(F)	
	Name and title	Average			Pos				Reportable	Reportable			mated	
		hours per					than c s both		compensation	compensatior	n		ount of	
		week					or/trust		from	from related			ther	
		(list any	tor						the	organizations			ensatio	on
		hours for	direc				5		organization	(W-2/1099-MIS			m the	
		related	se or	stee			nsate		(W-2/1099-MISC)	(-/		nizatio	n
		organizations	ruste	al tru:		/ee	mper					•	related	
		below	dual t	ltion	_	lold	st co iyee	5					izatior	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				9		
			=		0	×	τe	ш.			+			
											\rightarrow			
											\rightarrow			
											\rightarrow			
											$ \rightarrow $			
1b S	ubtotal								136,525.		0.	59	,35	3.
	otal from continuation sheets to Part VI								0.		0.			0.
									136,525.		0.	59	,35	
	otal (add lines 1b and 1c)												, 55	5.
	otal number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,0	000 of reportable				4
CC	ompensation from the organization													1
											_	Ľ	Yes I	No
3 Di	d the organization list any former officer,	director, truste	e, k	ey e	mpl	oye	e, or	hig	hest compensated empl	oyee on				
lin	ne 1a? If "Yes," complete Schedule J for su	uch individual										3		Х
	or any individual listed on line 1a, is the su										F	_		
											- 1			х
	nd related organizations greater than \$150										···· -	4	-	<u>~</u>
	d any person listed on line 1a receive or a													
	ndered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ich r	pers	on .					5		Х
Sectio	n B. Independent Contractors													
1 C	omplete this table for your five highest cor	npensated ind	epe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensati	on fror	n	
	e organization. Report compensation for t	-												
	(A)	ine ealendar ye		- Turing	ig ii				(B)			(C)		
	Name and business	address	NC	ONE	7				Description of se	ervices	Co	ompens		
		addrooo	INC		-			_				mpon	Jacion	
2 To	otal number of independent contractors (ir	ncluding but pr	ot lin	niter	t to t	thos	se liet	ted	above) who received mo	re than				
					0	(.50						
φ	100,000 of compensation from the organiz						,						00 /-	
											F	=orm 9	ອບ (20	120)

032008 12-23-20

					NT	ERNATIONA	AL, INC.		06-1613	235 Page 9
Pa	rt \	VIII	Statement of Re	venue						_
			Check if Schedule O	contains a respo	onse o	or note to any line	e in this Part VIII (A)	(B)	(C)	[] (D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under
										sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns							
Bra			Membership dues							
s, (Am		С	Fundraising events							
Gift lar		d	Related organizations							
s, (ini		е	Government grants (contr	ributions) 1e		126,603.				
r Si		f	All other contributions, gifts,							
but			similar amounts not included	l above 1f	2,	591,145.				
d Otri		g	Noncash contributions included in	lines 1a-1f	6					
Col		h	Total. Add lines 1a-1f			►	2,717,748.			
						Business Code				
Ð	2	2 a	TOOLS SALES T	O BENEFI	С	423000	806,400.	806,400.		
vic		b						,		
Ser		c								
n a		d								
Program Service Revenue		2								
Pro		f	All other program service	revenue						
_			Total. Add lines 2a-2f				806,400.			
	3		Investment income (includ				00071000			
	5	•	other similar amounts)				589.			589.
			Income from investment of							
	4			-	-					
	5		Royalties	(i) Real		(ii) Personal				
						(II) Personal				
	6		Gross rents	6a						
			Less: rental expenses	6b						
			Rental income or (loss)	6c						
			Net rental income or (loss)		<u></u>	🕨				
	7	'a	Gross amount from sales of	(i) Securit	ies	(ii) Other				
			assets other than inventory	7a		26,590.				
		b	Less: cost or other basis							
ne			and sales expenses	7b		0.				
venue		с	Gain or (loss)	7c		26,590.				
0		d	Net gain or (loss)		<u>.</u>	►	26,590.			26,590.
Other Re	8		Gross income from fundraisi							
Oth			including \$							
			contributions reported on							
			Part IV, line 18	,	8a					
		b	Less: direct expenses		8b					
			Net income or (loss) from							
	9		Gross income from gamin							
			Part IV, line 19	-	9a					
		h	Less: direct expenses		9b					
			Net income or (loss) from							
	10				<u> </u>					
		, d	Gross sales of inventory, I		10-					
		L	and allowances							
			Less: cost of goods sold		10b					
		С	Net income or (loss) from	sales of inventor	ry					
s						Business Code	66,000			66 000
eor	11		OTHER INCOME			900099	66,022.			66,022.
lan		b								
sev.		С								
Miscellaneous Revenue	1		All other revenue							
		е	Total. Add lines 11a-11d				66,022.			
	12	2	Total revenue. See instruction	ons		►	3,617,349.	806,400.	0.	93,201.
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							9			

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KICKSTART INTERNATIONAL, INC. 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).

Section 501(C)(3) and 501(C)(4) organizations must Check if Schedule O contains a re				
Do not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D) Fundraising
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizat	ions	·		
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
3 Grants and other assistance to foreign				
organizations, foreign governments, and fore	eign			
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	175,197.	117,579.	34,454.	23,164.
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)	12,233.		<u>12,233.</u> 67,724.	
7 Other salaries and wages		981,172.	67,724.	8,038.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions) 37,565.	33,203.	3,572.	790. 4,801. 1,438.
9 Other employee benefits	157,233.	132,593.	19,839.	4,801.
10 Payroll taxes	31,863.	26,473.	3,952.	1,438.
11 Fees for services (nonemployees):				
a Management				
b Legal		3,485.	1,452.	<u>143.</u> 1,280.
c Accounting	45,389.	31,136.	12,973.	1,280.
d Lobbying				
e Professional fundraising services. See Part IV, line	: 17			
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 2				
column (A) amount, list line 11g expenses on Sch	0.) 91,815.	71,374. 67,716.	17,504.	2,937.
12 Advertising and promotion			1,600.	
13 Office expenses	30,072.	12,817.	8,345.	8,910.
14 Information technology	6,255.	6,180.		75.
15 Royalties	13,783.	10,919.	2,125.	739.
16 Occupancy		129,816.	14,216.	6,815.
17 Travel	180,089.	180,042.	47.	
18 Payments of travel or entertainment expense				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,907.	4,905.	2.	<u> </u>
20 Interest		90,659.	17,645.	6,131.
21 Payments to affiliates	40 00	10.000		
22 Depreciation, depletion, and amortization	13,500.	12,688.	555.	257.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column (
amount, list line 24e expenses on Schedule O.)				
a TOOLS FOR BENEFICIARIE		735,139.		
b BAD DEBT EXPENSES	48,390.	48,390.		
c NET FOREIGN EXCHANGE L			7,925.	105
d FOREIGN TAXES	3,275.	2,595.	<u> </u>	175.
e All other expenses	2,812.	2,269.		
25 Total functional expenses. Add lines 1 through 2		2,701,150.	227,211.	65,693.
26 Joint costs. Complete this line only if the organization				
reported in column (B) joint costs from a combine				
educational campaign and fundraising solicitation.				
Check here if following SOP 98-2 (ASC 958-720))			Form 990 (2020)

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Form **990** (2020)

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KICKSTART INTERNATIONAL, INC.

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ra	πΧ	Balance Sneet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			276,704.	1	242,495.
	2	Savings and temporary cash investments			631,592.	2	632,181.
	3		edges and grants receivable, net				998,857.
	4	Accounts receivable, net			161,486.	4	239,575.
	5	Loans and other receivables from any current or t					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualified	ed pers				
		under section 4958(f)(1)), and persons described	in secti	on 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net			43,135.	7	44,407.
Assets	8	Inventories for sale or use			260,385.	8	157,814.
As	9				78,094.	9	214,757.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,252,643.			
	b	Less: accumulated depreciation	10b	1,184,157.	77,204.	10c	68,486.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 1		28,000.	13	28,000.	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	245,910.	15	288,417.		
	16	Total assets. Add lines 1 through 15 (must equa			3,003,637.	16	2,914,989.
	17	Accounts payable and accrued expenses		629,015.	17	324,980.	
	18		Grants payable				
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
s	22	Loans and other payables to any current or forme	er office	r, director,			
Liabilities		trustee, key employee, creator or founder, substa	intial co	ntributor, or 35%			
abil		controlled entity or family member of any of these	e persor	าร		22	
Ë	23	Secured mortgages and notes payable to unrelat	ed third	parties	1,489,045.	23	1,215,000.
	24	Unsecured notes and loans payable to unrelated	third pa	arties		24	
	25	Other liabilities (including federal income tax, pay	ables to	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			106,000.	25	0.
	26	Total liabilities. Add lines 17 through 25			2,224,060.	26	1,539,980.
		Organizations that follow FASB ASC 958, chec	k here				
ces		and complete lines 27, 28, 32, and 33.					
an	27	Net assets without donor restrictions		-699,410.	27	18,302.	
Ba	28	Net assets with donor restrictions	1,478,987.	28	1,356,707.		
pu		Organizations that do not follow FASB ASC 95	khere 🕨 🗌				
Ĕ		and complete lines 29 through 33.					
s O	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equ	uipment	fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc	ome, or	other funds		31	
Net	32	Total net assets or fund balances			779,577.	32	1,375,009.
_	33	Total liabilities and net assets/fund balances			3,003,637.	33	2,914,989.

Form 990 (2020)

Form 990 (2020)
Part X Balance Sheet

Form	1990 (2020) KICKSTART INTERNATIONAL, INC.	06-16	13235	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,617		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,994		
3	Revenue less expenses. Subtract line 2 from line 1	3	623	-	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	779	, 57	17.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-27	,86	53.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,375	,00)9.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				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				
2a			<u>2</u> a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			v	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			x	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	^	
0	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	0			х
L	Act and OMB Circular A-133?		<u>3a</u>		
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		Зb		
	or audits, explain why on schedule O and describe any steps taken to undergo such addits		30 Form 9	390 /	2020)

Form **990** (2020)

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(Form	990	or	990-	EZ)
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Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

	OMB No. 1545-0047			
	2020			
	Open to Public Inspection			
Employer identification number				

T

Department of the Treasury Internal Revenue Service

I	Name	of the	organization	

			RNATIONAL, IN			()6-1613235
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The orga	nization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only o	one box.)		
1	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).	
2	A school described in sect	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	1 990 or 99	90-EZ).)		
3	A hospital or a cooperative					i).	
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,						
·	city, and state:	, i					
5	An organization operated for	or the benefit of a col	leae or university owned	or operate	ed by a do	vernmental unit describ	ed in
•	section 170(b)(1)(A)(iv). (C						
6	A federal, state, or local gov		ental unit described in	section 17	70(b)(1)(A)	(v)	
7 X		-					nublic described in
	section 170(b)(1)(A)(vi). (C	-		onna gove			
8	A community trust describe		1)(A)(vi) (Complete Part	· II)			
9	An agricultural research org			-	ad in coniu	inction with a land-gran	
5	or university or a non-land-g	-			-	-	-
	university:	grant conege of agric			name, ony	, and state of the colleg	60
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its sunn	ort from c	ontributior	s membership fees ar	d gross receipts from
	activities related to its exem	•					
	income and unrelated busir						
	See section 509(a)(2). (Col				ses acqui	red by the organization	
11	An organization organized a		volv to tost for public saf	intu Soo	soction 50	O(a)(4)	
12	An organization organized a	•					purposes of one or
	more publicly supported or	-	-	-		· · ·	
	lines 12a through 12d that	-					
a [Type I. A supporting orga	• •		-		· · · ·	aivina
a	the supported organization	-	-	• • • •	-		
				majonty 0			upporting
ь Г	organization. You must o	-		ion with it	oupporto	d organization(a) by ba	ving
b 🗌	_ Type II. A supporting org	-					-
	control or management o			arrie persoi	ns that co	ntroi or manage the sup	ported
• [organization(s). You mus	-		in connect	ion with a	and functionally interret	adwith
c L	_ Type III functionally inte its supported organization						eu wiiri,
a [Type III non-functionally		•			•	ization(a)
d 🗌	that is not functionally int						
	•	v	e ,	•		•	Veness
• 	requirement (see instructi	-	-				
e	Check this box if the organized or the organized of th					турет, турет, туретт	
f Ent	functionally integrated, or	• •	any integrated supportin	iy organiza	ation.		
	er the number of supported on wide the following information	•	d organization(o)				
<u> </u>	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other
	organization		(described on lines 1-10	in your governi Yes	No	support (see instructions)	support (see instructions)
			above (see instructions))				
Total							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

Schedule A (Form 990 or 990-EZ) 2020 KICKSTART INTERNATIONAL, INC. Part II Support Schedule for Organizations Described in Sections 170(b)

06-1613235 Page 2

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.)

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12 Gross receipts from related activities, etc. (see instructions) 12 6,757,128. 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Image: Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 60.89			05,509.	109,004.	95,250.	5,111.		
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 60.89 %								
organization, check this box and stop here Image: Computation of Public Support Percentage Section C. Computation of Public Support Percentage Image: Computation of Public Support Percentage 14 Public Support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) Image: Computation of Public Support Percentage							• • • • • • • • • • • • • • • • • • •	,///,120.
Section C. Computation of Public Support Percentage 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 60.89 9	13	-	-					
14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 60.89 9	<u>Soc</u>	organization, check this box and stop	o here	contago				
							44	60.89 %
45 Distribution of the superstation of the second state of the superstation of t								<u> </u>
		· · · •						
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	16a							N V
				-				······································
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	b							
and stop here. The organization qualifies as a publicly supported organization	-							
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	17a							
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization		•			•	•	VI how the organiz	ation
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	_		-		• • • •			
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	b		•					10% or
more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the								. —
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		-		•				
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-F7) 2020	18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b			

Schedule A (Form 990 or 990-EZ) 2020

032022 01-25-21

Schedule A (Form 990 or 990-EZ) 2020 KICKSTART INTERNATIONAL, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Pu	blic Support			-			
Calendar year (or fi	scal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants,	, contributions, and						
•	fees received. (Do not						
include any '	'unusual grants.")						
merchandise formed, or fa any activity t	ts from admissions, e sold or services per- icilities furnished in hat is related to the 's tax-exempt purpose						
•	ts from activities that nrelated trade or bus-						
iness under							
4 Tax revenues	s levied for the organ-						
ization's ben	efit and either paid to on its behalf						
5 The value of	services or facilities						
furnished by	a governmental unit to						
the organizat	tion without charge						
6 Total. Add lin	nes 1 through 5						
	luded on lines 1, 2, and om disqualified persons						
from other than d exceed the greate	d on lines 2 and 3 received lisqualified persons that er of \$5,000 or 1% of the 3 for the year						
	and 7b						
	ort. (Subtract line 7c from line 6.)						
Section B. To							•
Calendar year (or fi	scal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from	m line 6						
10a Gross incom dividends, pa securities loa							
	iness taxable income 511 taxes) from businesses						
``	June 30, 1975						
	a and 10b						
activities not	rom unrelated business included in line 10b, ot the business is ried on						
or loss from	e. Do not include gain the sale of capital ain in Part VI.)						
	(Add lines 9, 10c, 11, and 12.)						
14 First 5 years	s. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
check this be	ox and stop here						
Section C. Co	mputation of Publi	c Support Per	centage				
15 Public suppo	ort percentage for 2020 (li	ine 8, column (f), d	ivided by line 13,	column (f))		15	%
16 Public suppo	ort percentage from 2019	Schedule A, Part	III, line 15			16	%
Section D. Co	omputation of Inves	tment Income	e Percentage				
17 Investment in	ncome percentage for 20)20 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%
18 Investment in	ncome percentage from 2	2019 Schedule A,	Part III, line 17			18	%
19a 33 1/3% sup	port tests - 2020. If the	organization did n	ot check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
more than 33	3 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly	supported organiza	tion	
b 33 1/3% sup	port tests - 2019. If the	organization did n	ot check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	ind
line 18 is not	more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organization	
20 Private foun	dation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	tructions	▶□
032023 01-25-21					Sch	edule A (Form 990) or 990-EZ) 2020
			15	`			

2020.05091 KICKSTART INTERNATIONAL, 11770191

Schedule A (Form 990 or 990-EZ) 2020 KICKSTART INTERNATIONAL, INC.

1

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

16

032024 01-25-21

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 KICKSTART INTERNATIONAL, INC.

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i>			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supported organization of a result of the supported organization of the support			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
Sec	supervised, or controlled the supporting organization.			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).			

3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If* "Yes," *describe in* **Part VI** *the role the organization*'s

<u>supported organizations played in this regard.</u> Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the c	rganization used to satisfy	the Integral Part Test during th	e year (see instructions).
---	---	-----------------------------	----------------------------------	----------------------------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Schedule A (Form 990 or 990-EZ) 2020

3

2a

2b

3a

3b

Yes No

17280321 756359 1177019.000

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1

Schedule A (Form 990 or 990-EZ) 2020 KICKSTART INTERNATIONAL, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integrated		nization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 KICKSTART INTERNATIONAL, INC.

Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations _{(continu}	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years			_	
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.			_	
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A (Form 990 or 990-EZ) 2020	KICKSTART	INTERNATIONAL,	INC.
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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

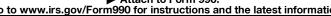
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

2017 AMOUNT: \$	109,884.	
2018 AMOUNT: \$	95,250.	
2019 AMOUNT: \$	3,777.	
2020 AMOUNT: \$	66,022.	

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.





Name of the organization

KICKSTART INTERNATIONAL, INC.

Employer identification number 06-1613235

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Fun	ds or Acco	unts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	-		
	are the organization's property, subject to the organization's of	exclusive legal control?		Yes 🔛 No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can	be used only	
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpo	ose conferring	
Der				
Par			90, Part IV, line	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat			ally important land area
	Protection of natural habitat	Preservatio	n of a certified	historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the fo	rm of a conser	
	day of the tax year.			Held at the End of the Tax Year
	Total number of conservation easements			
	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired a			
•	listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by	the organization	on during the tax
	year ▶			
4	Number of states where property subject to conservation eas		- 6	
5	Does the organization have a written policy regarding the per			
~	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing c	conservation ea	asements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and onforcing conce	nuction accom	onto during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ing of violations, and emorcing conse	ervation easem	ents during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirements of section 1	70(b)(4)(B)(i)	
0	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
5	balance sheet, and include, if applicable, the text of the footn	•		
	organization's accounting for conservation easements.			
Par		Art, Historical Treasures, or	Other Simi	lar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue stateme	nt and balance	e sheet works
	of art, historical treasures, or other similar assets held for pub			
	service, provide in Part XIII the text of the footnote to its finan	icial statements that describes these i	tems.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement a	nd balance she	eet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in t	urtherance of p	public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			► \$
2	If the organization received or held works of art, historical trea			ide
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			▶ \$
b	Assets included in Form 990, Part X			► \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2020
032051	12-01-20			

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Sche		RT INTERNA					613235		age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical T	reasures, or	Other S	imilar Asse	ets _{(contin}	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of th	e following that	make signi	ficant use of it	s	,	
	collection items (check all that apply):								
а	Public exhibition	d	l 🗌 Loan or e	xchange progra	m				
b	Scholarly research	e	e 🗌 Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they further	the organizatio	n's exempt	purpose in Pa	art XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical tre	easures, or othe	r similar ass	sets			
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organiza [.]	tion answered "	Yes" on Fo	rm 990, Part I	/, line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for contributio	ons or other ass	ets not incl	uded			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:						
							Amount		
С	Beginning balance					1c			
	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					[1f]			
	Did the organization include an amount on F					' L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								<u> </u>
Par	t V Endowment Funds. Complete i								
_		(a) Current year	(b) Prior year	(c) Two year	s back (d)	Three years bac	ck (e) Four	years I	Jack
1a	Beginning of year balance								
b	Contributions								
C.	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
_	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr			(a)) held as:					
a	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
с		%							
0-	The percentages on lines 2a, 2b, and 2c sho			and a death taken					
Ja	Are there endowment funds not in the posse	ssion of the organiza	ation that are held	and administere	ed for the o	rganization	Г	Vaa	
	by:							Yes	No
	(i) Unrelated organizations								
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organiza								
U A	Describe in Part XIII the intended uses of the						30		
Par			whient lunds.						
	Complete if the organization answere) Part IV line 11a	See Form 990	Dart X line	10			
	Description of property	(a) Cost or o		ost or other		imulated	(d) Book	value	
	Description of property	basis (investr		is (other)	• •	ciation		value	;
10	Land			15,563.	20010		1 5	5,56	53.
	Land			37,354.				, 30 , 35	
	Buildings			57,5540				, , , , ,	, = •
	Leasehold improvements		<u>م</u>	12,807.	80	1,262.	11	.,54	15
	Equipment			86,919.		2,895.		1,02	
	Other							3,48	
Total	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part</u>	<u>x, column (B), líne</u>	<u> 10C.)</u>		······ 🕨	00	, ±0	

Schedule D (Form 990) 2020

032052 12-01-20

Dort VII	Invootmonto	Other Securities		
Schedule D	(Form 990) 2020	KICKSTART	INTERNATIONAL,	INC.

ູພງມດ	escription of security or category (including name of security)	(b) Book value	e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or en	d-of-vear market value
4) E		(b) BOOK value	(c) Method of Valdation. Cost of en	u-or-year market value
	ancial derivatives			
	sely held equity interests			
3) Oth	ner			
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part	VIII Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part	IX Other Assets.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
		on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
(1)			a 11d. See Form 990, Part X, line 15.	967
	(a)		e 11d. See Form 990, Part X, line 15.	967
	(a) DEFERRED TAX		9 11d. See Form 990, Part X, line 15.	967 18,247
(2) (3)	(a) DEFERRED TAX DEPOSITS		9 11d. See Form 990, Part X, line 15.	967 18,247
(2) (3) (4)	(a) DEFERRED TAX DEPOSITS		9 11d. See Form 990, Part X, line 15.	967 18,247
(2) (3) (4) (5)	(a) DEFERRED TAX DEPOSITS		9 11d. See Form 990, Part X, line 15.	967 18,247
(2) (3) (4) (5) (6)	(a) DEFERRED TAX DEPOSITS		9 11d. See Form 990, Part X, line 15.	967 18,247
(2) (3) (4) (5) (6) (7)	(a) DEFERRED TAX DEPOSITS		e 11d. See Form 990, Part X, line 15.	967 18,247
(2) (3) (4) (5) (6) (7) (8)	(a) DEFERRED TAX DEPOSITS		e 11d. See Form 990, Part X, line 15.	967 18,247
(2) (3) (4) (5) (6) (7) (8) (9)	(a) DEFERRED TAX DEPOSITS VAT TAX CREDIT	Description		967 18,247 269,203
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. ((a) (DEFERRED TAX DEPOSITS VAT TAX CREDIT Column (b) must equal Form 990, Part X, col. (B) line	Description		967 18,247 269,203
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. ((a) DEFERRED TAX DEPOSITS VAT TAX CREDIT (Column (b) must equal Form 990, Part X, col. (B) line (Column (b) must equal Form 990, Part X, col. (B) line (Column (b) must equal Form 990, Part X, col. (B) line (Column (b) must equal Form 990, Part X, col. (B) line	Description		967 18,247 269,203 288,417
(2) (3) (4) (5) (6) (7) (8) (9) ^[] otal. (Part	(a) DEFERRED TAX DEPOSITS VAT TAX CREDIT Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" of	Description		967 18,247 269,203 288,417
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Part	(a) DEFERRED TAX DEPOSITS VAT TAX CREDIT Column (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (Description		967 18,247 269,203 288,417
(2) (3) (4) (5) (6) (7) (8) (9) ^c otal. (Part	(a) DEFERRED TAX DEPOSITS VAT TAX CREDIT Column (b) must equal Form 990, Part X, col. (B) line X Other Liabilities. Complete if the organization answered "Yes" of	Description		967 18,247 269,203 288,417
(2) (3) (4) (5) (6) (7) (8) (9) (9) (7) (9) (7) (7) (8) (9) (1) (2)	(a) DEFERRED TAX DEPOSITS VAT TAX CREDIT Column (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (Description		967 18,247 269,203 288,417
(2) (3) (4) (5) (6) (7) (8) (9) fotal. (Part (1) (2) (3)	(a) DEFERRED TAX DEPOSITS VAT TAX CREDIT Column (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (Description		967 18,247 269,203 288,417
(2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (1) (2) (3) (4)	(a) DEFERRED TAX DEPOSITS VAT TAX CREDIT Column (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (Description		967 18,247 269,203 288,417
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Part (1) (2) (3) (4) (5)	(a) DEFERRED TAX DEPOSITS VAT TAX CREDIT Column (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (Description		967 18,247 269,203 288,417
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Part (1) (2) (3) (4) (5) (6)	(a) DEFERRED TAX DEPOSITS VAT TAX CREDIT Column (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (Description		967 18,247 269,203 288,417
(2) (3) (4) (5) (6) (7) (8) (9) (7) (7) (7) (7) (3) (1) (2) (3) (4) (5) (6) (7)	(a) DEFERRED TAX DEPOSITS VAT TAX CREDIT Column (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (Description		967 18,247 269,203 288,417
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Part I. (1) (2) (3) (4) (5) (6)	(a) DEFERRED TAX DEPOSITS VAT TAX CREDIT Column (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (Description		967 18,247 269,203 288,417

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

Schedule D (Form 990) 2020

032053 12-01-20

	edule D (Form 990) 2020 KICKSTART INTERNATIONAL, J				1613235 Page 4				
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.									
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.								
1	Total revenue, gains, and other support per audited financial statements			1	3,742,776.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
а	Net unrealized gains (losses) on investments	2a							
b	Donated services and use of facilities	2b	136,584.						
с	Recoveries of prior year grants	2c							
d	Other (Describe in Part XIII.)								
е	Add lines 2a through 2d			2e	136,584.				
3	Subtract line 2e from line 1			3	3,606,192.				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a							
b	Other (Describe in Part XIII.)	4b	11,157.						
	Add lines 4a and 4b			4c	11,157.				
с									
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			5	3,617,349.				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	nents With	Expenses per R						
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)	nents With	Expenses per R		1.				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem	n ents With a.	Expenses per R						
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12.	n ents With a.	Expenses per R	leturi	1.				
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements	a.	Expenses per R	leturi	1.				
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With a. 	Expenses per R	leturi	1.				
5 Pai 1 2 a	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) TXII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 2a 2a 2b	Expenses per R	leturi	1.				
5 Par 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	Expenses per R	leturi	n. 3,147,165.				
5 Par 1 2 a b	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per R 136,584. 55,000.	leturi	n. <u>3,147,165.</u> 191,584.				
5 Pai 1 2 a b c d	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	Expenses per R 136,584. 55,000.	1	n. 3,147,165.				
5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per R 136,584. 55,000.	1 2e	n. <u>3,147,165.</u> 191,584.				
5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	Expenses per R 136,584. 55,000.	1 2e	n. <u>3,147,165.</u> 191,584.				
5 Pai 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per R 136,584. 55,000.	1 2e	n. <u>3,147,165.</u> <u>191,584.</u> 2,955,581.				
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	Expenses per R 136,584. 55,000. 38,473.	1 2e	n. <u>3,147,165.</u> <u>191,584.</u> <u>2,955,581.</u> 38,473.				
5 Pan 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	Expenses per R 136,584. 55,000. 38,473.	1 2e 3	n. <u>3,147,165.</u> <u>191,584.</u> 2,955,581.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

FOR THE YEARS ENDED JUNE 30, 2021 AND 2020, KICKSTART INTERNATIONAL, INC.							
HAS DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT							
PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES. TAX RETURNS							
FOR ALL YEARS SINCE 2018 REMAIN OPEN TO EXAMINATION BY THE RESPECTIVE U.S.							
TAXING AUTHORITIES. THERE ARE CURRENTLY NO TAX EXAMINATION IN PROGRESS.							
PART XI, LINE 4B - OTHER ADJUSTMENTS:							
FOREIGN EXCHANGE RATE LOSS REPORTED ON PART IX 11,157.							
PART XII, LINE 2D - OTHER ADJUSTMENTS:							

WRITE-OFF OF PLEDGE RECEIVABLES

032054 12-01-20

55,000. Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020 KICKSTART INTERNATIONAL, INC.	06-1613235 Page 5
Part XIII Supplemental Information (continued)	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
FOREIGN EXCHANGE RATE LOSS REPORTED ON PART IX	11,157.
GAIN ON TRANSLATION EXCHANGE	27,316.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	38,473.
	Schedule D (Form 990) 2020

edule D (Form 990) 2

032055 12-01-20

Name of the organization					Employer identi	fication number
KICKSTART INTER	NATIONAL	, INC.			06-161323	35
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "	Yes" on
Form 990, Part I	V, line 14b.					
1 For grantmakers. Doe	s the organization	n maintain recor	ds to substantiate the amount of its gra	ants and other a	assistance,	
the grantees' eligibility	for the grants or a	assistance, and t	the selection criteria used to award the	grants or assis	stance?	Yes 🗌 No
2 For grantmakers. Des United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance outs	side the
			an be duplicated if additional space is n			
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	4	40	PROGRAM SERVICES	FARM IRRIGA	TION	2,344,481.
3 a Subtotal	4	40				2,344,481
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	4	40				2,344,481.

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

Schedule F (Form 990) 2020

032071 12-03-20

17280321 756359 1177019.000

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE F (Form 990)

Schedule F (Form 990) 2020

06-1613235

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			ecognized as charities by the t				1	<u> </u>
exempt 501(c)(3) orga	nization by the IRS, o	or for which the grantee	or counsel has provided a sect	ion 501(c)(3) equ	uivalency letter			
3 Enter total number of	other organizations of	or entitles				····· ►	Sched	ule F (Form 990) 2020

Page 2

Schedule F (Form 990) 2020

KICKSTART INTERNATIONAL, INC.

06-1613235

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

Part III can be duplicated if additional space is needed.

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

Schedule F (Form 990) 2020

Part IV	Foreign Form	S		
Schedule F	(Form 990) 2020	KICKSTART	INTERNATIONAL,	INC.

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)</i>	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2020

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Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3:

Schedule F (Form 990) 2020

THE ACCOUNTING METHOD USED TO ACCOUNT FOR EXPENDITURES IS THE ACCRUAL

METHOD.

PART I, LINE 3 (E):

FARM IRRIGATION (SALES & DEVELOPMENT):

I. KICKSTART PROMOTES EMPLOYMENT CREATION BY DEVELOPING AND PROMOTING TECHNOLOGIES THAT CAN BE USED BY DYNAMIC ENTREPRENEURS TO ESTABLISH AND RUN PROFITABLE SMALL ENTERPRISES.

II. MUCH OF AFRICA DEPENDS ON SEASONAL RAINS FOR AGRICULTURE. WITH RAINS BEING UNPREDICTABLE THESE DAYS, IT RESULTS IN RIGID PATTERNS FOR FOOD PRODUCTION, WITH HARVESTS FLOODING THE MARKETS DURING THE RAINS WHEN PRICES ARE LOW AND SCARCITY DRIVES PRICES UP DURING THE LONG DRY SEASON. THIS PATTERN CREATES A PROFOUND LIMITATION TO AGRICULTURAL PRODUCTIVITY AND PRESERVES SYSTEMIC FOOD INSECURITY FOR THE MOST VULNERABLE IN SUB-SAHARAN AFRICA. HOWEVER, WITH ACCESS TO CLEAN-ENERGY IRRIGATION TOOLS, FARMING QUICKLY BECOMES A HIGHLY PROFITABLE ENTERPRISE, INCREASING YIELDS PER ACRE BY AN AVERAGE AND BOOSTING NET ANNUAL INCOME FOR THESE FARMERS, ENABLING THEM TO REINVEST IN SOCIAL WELFARE (EDUCATION, HEALTHCARE, HOUSING, ETC.) AND NEW PRODUCTIVE ASSETS (LIVESTOCK, RETAIL SHOPS, ADVANCED AGRICULTURAL INPUTS, ETC.)

III. TO ENCOURAGE PUBLIC AWARENESS AND EFFECTIVE TAKE-UP OF IRRIGATION

AND SUSTAINABLE AGRICULTURE PRACTICES, DURING THE YEAR, KICKSTART

CONDUCTED A RANGE OF EDUCATIONAL OUTREACH AND TRAINING ACTIVITIES,

Page 5

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Schedule F (Form 990) 2020 KICKSTART INTERNATIONAL, INC. 06-1613235	Page 5
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.	
INCLUDING SESSIONS ON LOW-VOLUME IRRIGATION, USAGE AND MAINTENANCE OF	
KICKSTART'S TOOLS, AND AGROPRENEURSHIP BEST PRACTICES. KICKSTART	
FACILITATED INNOVATIVE AGROPRENEURSHIP SESSIONS FOR PARTNER STAFF AND	
FARMER NETWORKS FROM HUBS IN EAST AFRICA, WEST AFRICA, AND SOUTHERN	
AFRICA. THROUGH THESE AGRICULTURE TRAINING PROGRAMS THOUSANDS OF	
INDIVIDUALS WERE EMPOWERED, BEFORE THE MAJORITY OF WHOM WERE WOMEN,	
WITH SKILLS AND KNOWLEDGE ON SUSTAINABLE IRRIGATION AND WATER	
MANAGEMENT, AGRICULTURAL BIODIVERSITY, PLANTING STRATEGIES, CROP	
STORAGE, COMMERCIAL OPTIMIZATION, AND FINANCIAL ACUMEN NECESSARY TO	
APPROACH FARMING AS A DYNAMIC BUSINESS.	
IV. WHEN COVID-19 STRUCK, SUB-SAHARAN AFRICA WAS THE HARDEST HIT, NOT	
JUST WITH THE HEALTH PANDEMIC, BUT THE REGION HAD TO GRAPPLE WITH A	
MAJOR HUNGER PANDEMIC. WITH MAJORITY OF THE POPULATION LIVING FROM	
HAND-TO-MOUTH AND DEPENDING ON A CASH ECONOMY, IT WAS EXTREMELY	
DIFFICULT TO SURVIVE AS GOVERNMENTS ENFORCED THE HARSH MEASURES TO	
CONTROL THE SPREAD OF THE VIRUS SUCH AS LOCKDOWNS, RESTRICTIONS TO	
MOVEMENT, BORDER CLOSURES ETC. TO ESCAPE THE HARD TIMES IN CITIES, MANY	
PEOPLE RELOCATED TO THE VILLAGES, CREATING A MAJOR FOOD CRISIS.	
KICKSTART DEVELOPED INNOVATIVE WAYS TO REACH THESE FARMERS BY	
DEVELOPING DIGITAL PLATFORMS TO CONDUCT VIRTUAL AGROPRENUERSHIP	
TRAININGS.	
V. KICKSTART'S PRODUCT INTELLIGENCE & DEVELOPMENT TEAM MADE CRITICAL	
PROGRESS ON MULTIPLE PRODUCT INNOVATIONS. THIS INCLUDED FINALIZING	
KICKSTART'S "STARTER PUMP", NOW THE LOWEST COST IRRIGATION PUMP ON THE	
MARKET, WHICH LAUNCHED IN 2020. THE TEAM ALSO COMPLETED VITAL DESIGN	

ELEMENTS FOR THE MONEYMAKER SOLAR PUMP, MONEYMAKER SPRINKLER AND DATA
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Schedule F (Form 990) 2020
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2020.05091 KICKSTART INTERNATIONAL, 11770191

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

LOGGERS TO TRACK USE OF SOLAR PUMPS IN THE FIELD.

VI. THOUGH SLOWED DOWN BY COVID-19, KICKSTART CONTINUED TO INCREASE

ADVOCACY EFFORTS TO CATALYZE A LARGE-SCALE UPTAKE OF IRRIGATION ACROSS

SUB-SAHARAN AFRICA, SUPPORTING THE GROWING MOMENTUM FOR INVESTMENT,

SMART-SUBSIDIES, AND DONOR SUPPORT FOR SMALLHOLDER IRRIGATION

INTERVENTIONS TO MITIGATE THE HUNGER PANDEMIC CAUSED BY THE EFFECTS OF

COVID-19 ON FOOD SUPPLY SYSTEMS. KICKSTART PARTICIPATED AND CONTINUES

TO PARTICIPATE IN A NUMBER OF VIRTUAL MEETINGS ORAGANIZED BY MAJOR

PLAYERS SUCH AS AGRA, WFP, WORLD BANK, AND AFRICA DEVELOPMENT BANK

AMONG OTHERS.

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

INC.

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

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



Employer identification number 06-1613235

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

KICKSTART INTERNATIONAL,

DISTRIBUTING IRRIGATION TECHNOLOGIES THAT CAN BE USED BY DYNAMIC

ENTREPRENEURS TO ESTABLISH AND RUN PROFITABLE FARMING ENTERPRISES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OUTREACH AND TRAINING ACTIVITIES, INCLUDING SESSIONS ON LOW-VOLUME

IRRIGATION, USAGE, AND MAINTENANCE OF KICKSTART'S TOOLS, AND

AGROPRENEURSHIP BEST PRACTICES. THIS TRAINING FRAMEWORK EMPOWERS

FARMERS WITH SKILLS AND KNOWLEDGE ON SUSTAINABLE IRRIGATION AND WATER

MANAGEMENT, AGRICULTURAL BIODIVERSITY, PLANTING STRATEGIES, CROP

STORAGE, COMMERCIAL OPTIMIZATION, AND KEY FINANCIAL ACUMEN.

IN FY21 (JULY 2019 - JUNE 2021), KICKSTART'S IRRIGATION SOLUTIONS

HELPED FARMERS START 7,400 SUCCESSFUL AGRICULTURAL BUSINESSES THAT ARE

COLLECTIVELY GENERATING APPROXIMATELY \$5.2M IN NEW PROFITS AND WAGES

PER YEAR AND HAVE ENABLED OVER 37,000 PEOPLE TO DISRUPT THE CYCLE OF

POVERTY ACROSS SUB-SAHARAN AFRICA. TO DATE, KICKSTART HAS ENABLED OVER

1.4 MILLION PEOPLE TO CLIMB OUT OF POVERTY; CREATED 270,000 PROFITABLE

FARMING BUSINESSES; AND FEEDS OVER 14 MILLION PEOPLE WITH NUTRITIOUS

FRUITS AND VEGETABLES ANNUALLY.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

KENYA, GHANA, MALI, BURKINA FASO,

ZAMBIA, TANZANIA, NIGERIA

FORM 990, PART VI, SECTION B, LINE 11B:

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

Schedule O (Form 990 or 990-EZ) 2020

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Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
KICKSTART INTERNATIONAL, INC.	06-1613235
THE ORGANIZATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE A	CCOUNTING FIRM
AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE	THAT THE
INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FO	RM 990 HAS BEEN
PREPARED, A COPY IS PRESENTED TO THE AUDIT COMMITTEE AND T	HE BOARD OF
DIRECTORS. ONCE APPROVED, THE RETURN IS FILED WITH THE INT	ERNAL REVENUE
SERVICE.	

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY THAT APPLIES TO ALL DIRECTOR, OFFICER, OR KEY EMPLOYEES, WHICH IT ANNUALLY MONITORS AND ENFORCES. EACH DIRECTOR, OFFICER AND KEY EMPLOYEES MUST ANNUALLY SIGN AND SUBMIT TO THE CHAIRPERSON A STATEMENT WHICH AFFIRMS SUCH PERSON: (A) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, (B) HAS READ THE POLICY, (C) HAS AGREED TO COMPLY WITH THE POLICY, AND (D) UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. IF A POTENTIAL OR ACTUAL CONFLICT IS DISCLOSED AT ANY TIME, AT THE REQUEST OF THE CHAIRPERSON OF THE BOARD OR COMMITTEE, OR UPON A MAJORITY VOTE OF THE BOARD OR COMMITTEE MEMBERS (EXCLUDING THE INTERESTED PERSON), THE INTERESTED PERSON MUST LEAVE THE MEETING DURING THE DISCUSSION OF AND/OR THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST. THE CHAIRPERSON OF THE BOARD OR COMMITTEE MUST, IF APPROPRIATE IN SUCH CHAIRPERSON'S DISCRETION, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. THE MINUTES OF THE BOARD AND ALL COMMITTEES WITH BOARD-DELEGATED POWERS SHALL CONTAIN:

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Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization KICKSTART INTERNATIONAL, INC.	Employer identification number 06-1613235
(A) THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WE	RE FOUND TO HAVE
A PRIVATE INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBL	E CONFLICT OF
INTEREST, THE NATURE OF THE PRIVATE INTEREST, A DESCRIPTIO	N OF ANY ACTION
TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRES	ENT, AND THE
BOARD'S OR COMMITTEE'S DECISION AS TO WHETHER A CONFLICT O	F INTEREST IN
FACT EXISTED OR COULD REASONABLY HAVE BEEN CONSTRUED TO EX	IST; AND
(B) THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSI	ONS AND VOTES
RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF	THE DISCUSSION,
INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR	ARRANGEMENT, AND
A RECORD OF ANY VOTES TAKEN IN CONNECTION THEREWITH.	

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION HAS ESTABLISHED A PROCESS FOR DETERMINING THE COMPENSATION OF THE CEO AND PRESIDENT & COO, WHICH INCLUDES THE FOLLOWING:

1. COMPENSATION COMMITTEE REVIEW AND DELIBERATION.

2. EVALUATION OF COMPARABLE DATA, COMPENSATION SURVEYS OR STUDIES.

3. RECOMMENDATION FOR REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS.

THE COMPENSATION COMMITTEE'S DECISION ON THE AMOUNT OF COMPENSATION PAID IS REQUIRED TO BE ADEQUATELY DOCUMENTED IN A CONTEMPORANEOUSLY WRITTEN FORMAT AND DOCUMENT THE DATE OF THE DECISION, THE MEMBERS PRESENT DURING THE DECISION AND THOSE WHO VOTED ON IT, THE FULL TERMS OF THE TRANSACTION THAT WAS APPROVED AND THE COMPARABLE DATA USED AND RELIED UPON TO MAKE THE DECISION. THE PROCESS WAS LAST UNDERTAKEN IN FY2021.

FORM 990, PART VI, SECTION C, LINE 19:

 FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC AT THE

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 Schedule O (Form 990 or 990-EZ) 2020

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 17280321 756359 1177019.000
 2020.05091 KICKSTART INTERNATIONAL, 11770191

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization KICKSTART INTERNATIONAL, INC.	Employer identification number 06-1613235
ORGANIZATION'S WEBSITE "WWW.KICKSTART.ORG" OR AT "WWW.GUID	ESTAR.COM" AND
OTHER SIMILAR WEBSITES. THE GOVERNING DOCUMENTS AND POLICI	ES OF THE
ORGANIZATION ARE AVAILABLE FOR PUBLIC INSPECTION AT THE OR	GANIZATION'S
WEBSITE "WWW.KICKSTART.ORG" OR AT THE OFFICE OF THE ORGANI	ZATION.
FORM 990, PART V, LINE 2A:	
FOR THE CALENDAR YEAR 2020 KICKSTART HAS 47 EMPLOYEES ACRO	SS THE
ORGANIZATION WORLDWIDE.	
EMPLOYEES REPORTED ON FORM W-3, TRANSMITTAL OF WAGES AND T.	AX
STATEMENTS: 7	
EMPLOYEES OUTSIDE OF THE UNITED STATES: 40	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
GAIN ON TRANSLATION EXCHANGE	27,316.
DEFERRED TAX	-179.
WRITE-OFF OF PLEDGE RECEIVABLES	-55,000.
TOTAL TO FORM 990, PART XI, LINE 9	-27,863.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPO	NSIBILITY FOR
THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND	SELECTION OF
AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM	M PRIOR YEAR.

032212 11-20-20

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2020 Open to Public Inspection

Employer identification number 06 - 1613235

Department of the Treasury Internal Revenue Service

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

Name of the organization

KICKSTART INTERNATIONAL, INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
KICKSTART INTERNATIONAL LLC - 98-1466784	ADVANCE OBJECTIVES OF				
459 FULTON ST, SUITE 207	KICKSTART INTERNATIONAL,				KICKSTART
SAN FRANCISCO, CA 94102	INC.	DELAWARE	0.	100.	INTERNATIONAL, INC
KICKSTART INTERNATIONAL KSI LIMITED -	ADVANCE OBJECTIVES OF				
98-1466784, INFINITE GRACE PLACE, 4 OYETUBO	KICKSTART INTERNATIONAL,				KICKSTART INTERNATIONAL
ST., LAGOS, NIGERIA	INC.	NIGERIA	363,181.	168,116.	LLC
MONEYMAKER LLC	ADVANCE OBJECTIVES OF				
459 FULTON ST, SUITE 207	KICKSTART INTERNATIONAL,				KICKSTART
SAN FRANCISCO, CA 94102	INC.	DELAWARE	130,285.	14,253.	INTERNATIONAL, INC
	-				
	-				

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	ction entity		g) 512(b)(13) rolled tity?
			501(c)(3))			Yes	No

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

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 KICKSTART INTERNATIONAL, INC.

06-1613235 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		-					1				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	or Percentage ng ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
											_
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										+	
	1		1	1		1		L	1	<u> </u>	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(k contr ent	(i) ction b)(13) rolled tity?
		country)						Yes	No
									<u> </u>
									<u> </u>
								'	

Schedule R (Form 990) 2020 KICKSTART INTERNATIONAL, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
	Gift, grant, or capital contribution to related organization(s)	1b		
	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
	Performance of services or membership or fundraising solicitations for related organization(s)	11		
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
S	Other transfer of cash or property from related organization(s)	1s		

_	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
<u>(2)</u>				
<u>(3)</u>				
<u>(4)</u>				
<u>(5)</u>				
(6)				

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Schedule R (Form 990) 2020 KICKSTART INTERNATIONAL, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on 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) (b) (c) (c) <th></th> <th>5 5</th> <th></th> <th>(n</th> <th></th> <th></th> <th>(1)</th> <th></th> <th></th> <th></th> <th>(1)</th> <th></th> <th></th>		5 5		(n			(1)				(1)		
Name, address, and EIN of entity Primary activity Legal domicing (state or foreign) country Primary activity Share of (state or foreign) recome Share of (state or foreign) recome			(c)		Are al					h)	(1)	(J)	(K)
of entity (state or foreign country) end/didet from by under sections 512-514 total yes No end/divest sections 12 understand sections 12 total sections 12	Name, address, and EIN	Primary activity	Legal domicile	Predominant income	partners	Sec.			Dispr tio	ropor- nate	Code V-UBI	General o managin	Percentage
country sections 512-514) Yes No Gram 1065) Yes No	of entity		(state or foreign	lexcluded from tax under	orgs.	?			alloca	tions?	of Schedule K-1	partner?	ownership
			country)	sections 512-514)	Yes N	No	income	assets	Yes	No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2020

KICKSTART INTERNATIONAL, INC. 06-1613235 Page 5

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2020

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