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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

For the 2017 calendar year, or tax year beginning 2017, and ending 20 Check if applicable: C Name of organization Kaleidoscope Youth Center, D Employer identification number Address change Doing business as 31-1411495 Number and street (or P.O. box if mail is not delivered to street address) Name change Room/suite E Telephone number Initial return P.O. Box 8104 (614) 294-5437 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Columbus, OH 43201 Amended return G Gross receipts \$ 534,779. Application pending F Name and address of principal officer; H(a) Is this a group return for subordinates? Yes X No Gregory Kromenacker, MBA, P.O. Box 8104, Columbus, OH 43201 H(b) Are all subordinates included? Yes No Tax-exempt status 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or If "No," attach a list. (see instructions) kycohio.org H(c) Group exemption number ▶ Form of organization: X Corporation Trust L Year of formation: 1994 M State of legal domicile: OH Summary Pantl Briefly describe the organization's mission or most significant activities: To partner with young people in Central Ohio to create safe and empowering environments for Activities & Governance lesbian, gay, bisexual, transgender, queer, questioning and 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 9 Total number of volunteers (estimate if necessary) 6 6 75 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 0. 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) . 8 389,561 525,896. Program service revenue (Part VIII, line 2g) 9 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 263. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 5,643. 11 3,240. 3,240. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 393,064. 534,779. Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . 13 Benefits paid to or for members (Part IX, column (A), line 4) 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 213,215 Professional fundraising fees (Part IX, column (A), line 11e) 284,381. 16a 9,270. Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 149,185. 150,292. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 362,400. 443,943. 19 Revenue less expenses. Subtract line 18 from line 12 30,664. 90,836. Beginning of Current Year End of Year Total assets (Part X, line 16) 20 372,758 491,598. 21 Total liabilities (Part X, line 26) . 45,825 73,829. 22 Net assets or fund balances. Subtract line 21 from line 20 326,933. 417,769. Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. megery momenach 07/31/2018 Sign Signature of officer Here Gregory Kromenacker, MBA, Board Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Paid Check X if William Powelson Preparer 08/21/2018 self-employed P00237660 Firm's name ▶ William Powelson, CPA Use Only Firm's EIN ▶ Firm's address ▶ 1250 Chambers Rd., Ste 210, Columbus, Phone no. (614)481-4409 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No For Paperwork Reduction Act Notice, see the separate instructions. BAA

rom sa		i jaja 1971 – palabaga kanala	Market Commercial Comm	Page 2
Pairt		nt of Program Ser	/ice Accomplishments	
4	Uneck It s	Schedule U contain	s a response or note to any line in this Part III	
1	90 40 5 FE FE	the organization's r	4 : 11 · · · · · · · · · · · · · · · · ·	
ASSESS.		with young pe	The production of the second s	
	leshian a	Onio to creat	e safe and empowering environments for transgender, queer, questioning and	
	ally youth	through advoc	acy, eduation, support, and community engageme	and the second s
2	Did the organiz	ration undertake any	significant program services during the year which were not listed or	n the
	prior Form 990			
	If "Yes," descri	be these new service	es on Schedule O.	
3	Did the organi	ization cease condi	icting, or make significant changes in how it conducts, any pro	gram localities
	services?		The state of the s	☐ Yes ⊠ No
	If "Yes," descri	be these changes or	Schedule O.	
4.	Describe the o	rganization's progra	m service accomplishments for each of its three largest program se	rvices, as measured by
	the total expen	tion 501(c)(3) and 50	1(c)(4) organizations are required to report the amount of grants an any, for each program service reported.	d allocations to others
	the total expen	ses, and revenue, ir	arry, for each program service reported.	
4a	(Code:) (Eyponeoe ¢	1.65 600 including grants of \$\(\dagger)\)	
76	The staff	Toluntoons	165, 692. including grants of \$ 0.) (Revenue \$	331,563.)
	a cafe and	volunteers, a	nd participants work together to cultivate mmunity at the Center of E. Town Street in	
	Columbus	OH Programmi	ng at the Center falls into five key areas: so	
	behavioral	health: holis	tic health and wellness, life-skills developme	cial and
	identity a	ffirmation and	community building; and leadership development	ent;
	empowermen	t. and advocad	y. Daily activities change on a regular basis	L. Anna
	based on i	nput from the	youth participants, and include Friday pizza	ind
	movie nigh	ts, Arts Proqu	amming, Game Nights, Discussion Groups, and	
	Health and	Fitness activ	ities. Snacks and meals are available, and a	
	resource c	enter offers	tems addressing basic needs such as clothing	
			ement and an analysis of the second of the s	
4b	(Code:) (Expenses \$	165, 691. including grants of \$ 0.) (Revenue \$	171 129)
	~~~~~~~~	ts a network of	of over 92 GSA (Genders and Sexualities Alliand	101
	clubs oper	ating in school	ls across Ohio where students anywhere along t	he
	spectrum o	f sexual orier	tation and gender identity are welcomed and	
	a culture	of support and	inclusion is developed. KYC's GSA Network	
	Coordinato	r provides qui	dance and support to advisors and students,	
	linking th	e clubs togeth	er for mutual assistance. GSA members learn a	bout
	determing	a group's miss	ion, setting goals, project planning and	
	implementa	tion, team but	lding, and leadership.	2 (1991 - 1991) 
	GSA member	s are also end	ouraged to participate in the Youth Leadership	
			provided opportunities to make them stronger,	
	see rart I	II, Ln 40 stat	<u>lement</u>	
4c	(Code:	) (Expenses \$	25,000. including grants of \$ 0. ) (Revenue \$	200000
	The goal i	e to execto me	re inclusive environments for LGBTO youth	32,087.)
	everywhere	in the commun	ity. KYC provides training to youth	
	profession	als and others	in the community to help understanding of LGF	
	vouth expe	rience, termin	ology, risk factors, how to promote success, an	d hou to avoite
	safe and a	ffirming envi	conments and services. Trainings are tailored	+ o + b o
	audience a	nd additional	resources are provided. KYC also advocates for	colume
	individual	youth within	the school, and other settings, by request.	
	*****************		ene senost, and other settings, by request	
		180 Mg Ma 30 Mg		
	- 2		The second of th	- 10 gg 170 - 10 gg 170 - 10 gg 180 gg 180 gg 180 gg 170
******			The second secon	
4d			Schedule O.)	
	(Expenses \$	includ		
4e	lotal program	service expenses 🕨	356,383.	

terrometers and	990 (2017)			<b></b>
Pan	IV Checklist of Required Schedules	8 (84°)	- <u> </u>	Page
4	Is the organization described in and a second secon		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
2	· 1985年1987年,1986年1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,1987年,19	1	×	
3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	×	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		×
	election in effect during the tax year? If "Yes," complete Schedule C, Part II			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6), organization that received	4	ļ	×
	of difficulties as defined in Revenue Procedure 98-197 if "Vec." complete Cabadula O			
_	,我 <mark>看着她</mark> 看一样,我们就是我们,我们就会看到了。""我们,我们就是这个人,我们就没有一个人,我们就是这个人,我们就是一个人,我们就是这个人,我们就是这个人,我们	5		
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	-		×
	"Yes" arounds in such funds or accounts? If	-		
7	The solution of the solution o	6	***	×
•	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		×
	complete Schedule D, Part III			
9	Did the organization report an amount in Part X, line 21, for escrew or question report an amount in Part X.	8		×
	odotodian to amounts not listed in Part X: or provide credit counseling, dobt management, and the			
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	9		V
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	3		×
11	Det V	10		×
• •	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а				
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
b	Did the organization report an amount for investments—other securities in Part V line 10 that is securities.	11a	×	
	To retail associate of the rank A, line to rith yes, "complete Schedule D. Part VII	441		
C	Did the organization report an amount for investments—program related in Part Viling 12 that is 50%	11b	J	×
	To total assess reported in Fait A, line To? If Yes, complete Schedule D. Part VIII	11c		×
ď	Did the organization report an amount for other assets in Part X line 15 that is 50% or page of the	110		
_	acpointed in Fart X, line To? If Yes, complete Schedule D, Part IX	11d		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
	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			
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII.	111	11.0	×
	Schedule D, Parts XI and XII			
b	Was the organization included in consolidated independent audited financial statements for the	12a	×_	
	and if the organization answered No to line 12a, then completing Schedule D. Parts XI and XII is ontional	105		
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete School to	12b 13		×
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		×
b	Did the organization have aggregate revenues or expenses of more than 610,000 them.			
	randialoning, business, investinent, and program convice activities official the flatter of the			
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		×
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV			
16	Did the organization report on Part IX. column (A) line 3, more than \$5,000 of popularity	15		×
	addition to of of longitudividuals? If Yes, complete Schedule F. Parts III and IV	40	***************************************	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundamental	16	+	_×
40	Terry, column (7), lines o and Territ Yes, complete Schedule G. Part I (see instructions)	17	-	V
18	Did the organization report more than \$15,000 total of fundraising event gross income and contribute	1		×
1 Q	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	×	

18

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

Liciasi	Checklist of Required Schedules (continued)		50201	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		Yes	No
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		×
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	20b		
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	21		×
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.	gilleti Aller		×
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	23 24a	à	×
C	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a	78	×
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	æ	×
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	7.	×
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member 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):			,
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		×
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29 30	22 40	×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
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	:	×
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		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35a 35b		×
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R.	30	***************************************	×
38	Part VI	37	21	×
ABACT.	19? Note. All Form 990 filers are required to complete Schedule O.	38	×	

Pari		1,45785293 7,441,531	<u>nami</u>	Page
	Check if Schedule O contains a response or note to any line in this Part V			ı
		•	Yes	N
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a	· [	+ -	-
ď	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable navments to wonders and	4		
	reportable gaming (gambling) winnings to prize winners?	4		
2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax	1c	X	
	Statements, filed for the calendar year ending with or within the years account to the			
b	If at least one is reported on line 2a, did the organization file all required federal employment tay returne?			
	wote. The sum of lines to and 2a is greater than 250, you may be required to e-file (see instructions)	2b	_×	
За	bid the organization have unrelated business gross income of \$1,000 or more during the year?	20		
b	The res, mas it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in School 10.00	3a	<del> </del>	>
4a	At any time during the calendar year, did the organization have an interest in or a cignature or ather and the	3b		-
	or of the fire in a following the fire in the second of the seco			
	그림 아이들에 보다 하는 사람들은 생각이 되었다. 그는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은	4a		
b	If "Yes," enter the name of the foreign country: ▶	- ra		>
	See instructions for filling requirements for FinCFN Form 114 Report of Foreign Route and Financial A			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	blo any taxable party notify the organization that it was or is a party to a prohibited tay shotter transportion?	5b	-	<del>                                   </del>
C C-	and 35 to line 3a of 3b, did the organization file Form 8886-T?	5c	-	+-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			+
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		>
þ	These, did the organization include with every solicitation an express statement that such contributions or	-		+-
но,	growere notice and cultile?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
in the second	and services provided to the payor?	7a	×	10985
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	×	1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal proporty for which it			1
		7c		l x
u e	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	A46 5596 (6)(64)	×
	bid the organization, during the year, pay premiums, directly or indirectly on a percent bonefit position to	·7f		T ×
g h	the organization received a contribution of qualified intellectual property, did the organization file Form 8800 as required?	7g		1
8	in the organization received a contribution of cars, poats, airplanes, or other vehicles, did the organization file a feet 1000, or	7h		1
U	opensoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
9	sponsoring organization have excess business holdings at any time during the year?	8	CASE CASE SE	×
a	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	000000000000000000000000000000000000000	×
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	9b		×
а	Initiation feet and popital contributions.			
	Initiation fees and capital contributions included on Part VIII, line 12			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
а	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
	Gross income from other sources /D			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947/aV(1) non exempt all activities			
b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
а	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		
b	Note. See the instructions for additional information the organization must report on Schedule O.			
U	the organization is licensed to issue qualified health plans			
igua/varu 1 C	Enter the amount of resonuce on hand			
irra h	Did the organization receive any payments for indoor tanning services during the tax year?	14a	1.5.1.	×
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Parti	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	and ee in:	for a	ions.
Secti	on A. Governing Body and Management	? <del>;</del>	•	. <u>X</u>
		465	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	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			
<b>L</b>	committee, explain in Schedule O.			
b 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 9			
	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?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	2	2	×
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	zi.is	×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		×
6 7a	Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint	6	i.	×
	one or more members of the governing body?	(원원) 기표		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	ļ	×
	stockholders, or persons other than the governing body?	71.	14.44 14.	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		X
	the year by the following:			
а	The governing body? .	8a	×	
b	Each committee with authority to act on behalf of the governing body?	8b	×	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		T	<b>†</b>
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9	1	×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.	)
40			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	j)	×
b	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		700
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	×	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	×	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.			
13	Did the organization have a written whistleblower policy?	12c	-	ļ
14	Did the organization have a written document retention and destruction policy?	13	×	
15	Did the process for determining compensation of the following persons include a review and approval by	14	X	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	×	
d	Other officers or key employees of the organization	15b	X	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  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		×
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?	4.51		
Secti	on C. Disclosure	16b	1	1
17		7678	100 300-2	angereprima spronana visc
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	า 501	(c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website  Another's website  Upon request  Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re James Westfall, 603 E. Town, Columbus, OH 43215 (614)294-5437	cords	:: ▶	

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)										
(A)	(B)				sition			(D)		(E)	(15)	
Name and Title	Average					e than		Reportable	R	portable	(F) Estima	44 j
	hours per	box, unless person is both an officer and a director/trustee)					compensation	i	nsation from	amoun		
	week (list any hours for	요물	3	Q	7	역표	T	from		related	othe	r ,
	related	divid	stitu	Officer	ey e	ghe	Former	the organization		anizations 1099-MISC)	compens from t	
	organizations	cto	tion	~	필	st c	ΞĎ.	(W-2/1099-MISC)			organiza	
	below dotted	Individual trustee or director	Institutional trustee		Key employee	omp					and rela	
		stee	tst		Ф	ens	:	1			organiza	tions
			96			Highest compensated employee						
				<del> </del>	<del> </del>		-					· .
(1) Amy Eldridge	40.00										-	
Executive Director-past	† <u></u>				×			60 000			j.	5.07
(2) Robert Hardin-Leeth	4.00				ļ			69,082.		0.		0.
Past President	1.00	×		×								
(3) Laura Vermilya, CPA	4.00		-			i jery	1000	O.	,4.45,4 <b>5</b> (	0.		0.
Vice Pres./Secretary	4.00	×		×								
(4) Greg Zunkiewicz	1.00		-					0.		0.		0.
Board	1	×			77	79 . . 49 %	- 4					
(5) Raphael Davis-Williams	1 00						32.4	0.		0.		0.
President	4.00	×		×		2		russer in light 12				
(6) Greg Kromenacker	7.00							0.		0.		0.
Treasurer and appropriate and a second	1.00	×		~			100					
(7) Sam Anderson				×				0.		0.		0.
Board	1.00					1000						
(8) Terry Hardaway		×						0.		0.		0.
Board Prize and Board	1.00								in instance			
(9) Kelly Francone		×				-		0.		0.		0.
Board	1.00										1 1 1/11	
(10) Stefanie Best		×				1.3 - 7		0.	41 4	0.	1.44	0.
Board	1.00				3.1					1 1 1 1 1 1 1 1 1		
(11)		×						0.		0.		0.
(11)												
(12)												
(14)												
. (13)												
. (10)	*******											***************************************
(4.4)												
(14)				e de la constante de la consta					- 21			· · · · · · · · · · · · · · · · · · ·
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Part				,			mpio	,000	(C	;)	ngnes		ompensated E	mpioyees (Co	חנוחנ	iea)
			(A) e and title			(B)  Average hours per week (list any	box, office	inles r and	eck s per d a d	nore son	than o is both or/trust	one an ee)	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation frelated		<b>(F)</b> Estimated amount of other
						hours for related organizations below dotted	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-Mis	SC)	compensation from the organization and related
WESTERN STATE STATE OF THE STATE OF	864 KS 18					line)	istee	trustee		ě	pensated		er inerroza er ineksision er pinipisen	द्याने आहे. स्ट्राह्म स्टब्स् ट्रेट के अहे स्टब्स्ट्रेस स्ट्राह्म स्टब्स से क्षेत्र स्ट्रेस्ट्रेस स्ट्रेस	girani y	organizations
(15)	******		N W 10 10 10 10 10 10 10 10 10 10 10 10 10	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~												
(16)																
(17)									1		- 14/1 -					Record
1177									2					and the state of the state of the		
(18)				****						******				r ar la surveita.	1	
(19)			<u> </u>				12.		en 13 1						0/1 L	
~~~~														\$4		
(20)			***	10 M M M M M M M M M M M M M M M M M M M										7 7 7		
(21)	W. 40 M. 40 M. 10 M. 10 M. 10 M.														-	
(22)	- 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			***************************************												
\&=&=j	·			******	~~~~~	<u> </u>	and a series of the series of									
(23)		**********		70. ht. 70. 10. 11. 50. 10. 10. 10. 10.	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					***********						
(24)																
			******		**********									grete		क्षेत्र पुरस्कातिक
(25)			***********				anno sociales de la constante						31			
1b	Sub-t			* * *					•			>	69,082.		0.	
c d			ntinuation s 1b and			VII, Sectio							60.000			
2					 Iudina bu	t not limited	to th	ose	·	ed:	above	2) 1V1	69,082. Tho received m	ore than \$10	0.) of
	report	able com	pensatio	n from 1	the organ	zation ⊳								ore trian \$10	J,000	POPT CONTROL OF
3	Did th	ne organi	zation lis	t anv f	ormer of	ficer, direc	tor. c	or tr	uste	e.	kev e	emr	oloyee, or high	est compen	cator	Yes N
	emplo	yee on lii	ne 1a? If '	'Yes," c	complete	Schedule J	for s	ıch	indi	vidı	ual				A de	3
4	For an organ individ	ization a	ual listed nd relate	on line d orga	1a, is the nizations	sum of re greater th	portal an \$"	ole (50,	com 000	iper ? It	nsatio f "Ye:	n a s,"	nd other comp complete Sch	ensation fro edule J for	m the sucl	e 1
5	Did ar	ny person vices rer	listed on dered to	line 1a the org	receive canization	or accrue co ? If "Yes," o	ompe compl	nsat ete	ion Sch	fror edu	n any ıle J f	un or s	related organiz such person	ation or indi		5
	on B. Ir	depende	ent Contr	actors										* 7 .		
1	comp year.	lete this t ensation	table for y from the o	our five organiz	e highest o ation. Rep	compensat oort compe	ed ind nsatid	depe on fo	ende or th	ent ie c	contra alend	acto ar y	ors that receive /ear ending wit	ed more than h or within th	\$100 ne orç	0,000 of ganization's tax
			Na	me and b	(A) ousiness add	ress							(B) Description of s	ervices		(C) Compensation
														*		
***************************************				······································			W									
***************************************									-						s - 12	
0	Tat-1	M	_ 6 ! !													
2	receiv	number ed more l	or iridepe than \$100	encient LOOO of	compens	ors (includir ation from	ng bu the or	it ni gan	Ot l izati	ımit on I	ed to) th	ose listed abo	ove) who		

Par	(#WIII)							
		Check if Schedule (o contains a res	ponse or note t	Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
ats ats	1a	Federated campaign	s 1a			revenue		512-514
Grants	b	Membership dues .	1b					
s, G	c	Fundraising events .		256,192.				and the same
Giffs, ilar An	d	Related organizations					100	
ıs, (imi	е	Government grants (cor	ntributions) 1e		- Control of the Cont	100		
ition er S	f	All other contributions, g	gifts, grants,					
g ij		and similar amounts not in		269,704.				
Contributions, Giffs, Grants and Other Similar Amounts	9	Noncash contributions inclu	ded in lines 1a-1f: \$					(d) and
***************************************	h .	Total. Add lines 1a-1	<u>f ,</u>		525,896.			
Program Service Revenue	2a			Business Code				
Rev	b	******************************						
/ice	С	************	*************					
Sen	d						\$ (5) (5) (4) (4)	
Sm	е							
rogr	f	All other program ser	vice revenue .					
<u>a.</u>	g	Total. Add lines 2a-2	<u> </u>	<u> </u>				100
	3	Investment income and other similar amo	(including divide				11875	
	4	Income from investmen	•		5,643.	0.	70.	5,643.
	5	Davids	it of tax-exempt bo	nd proceeds >			14311-4	25.00
	-		(i) Real	(ii) Personal				723 27 2
	6a	Gross rents	3,240.				0.000	Company Sala
	b	Less: rental expenses	2.4.4.0.			A Transfer and		Section 1
	С	Rental income or (loss)	3,240.					
	d	Net rental income or			3,240.	0.	0.	3,240.
	7.a	Gross amount from sales of	(i) Securities	(ii) Other				
	h .	assets other than inventory Less: cost or other basis						
	b	and sales expenses						
	С	Gain or (loss)		-				196
	d	Net gain or (loss)				711	10177	
				<u> </u>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7.17
Other Revenue	8a	Gross income from fu	ındraising		10.12(3)	principal section of the section of		
i.vei		events (not including \$	256,192.					100
20		of contributions reporte	ed on line 1c).					
ē			\cdot \cdot \cdot a			100		
ŏ		Less: direct expenses						
	C	Net income or (loss) f Gross income from ga	rom fundraising	events . 🕨				
	Ja	See Part IV, line 19	arning activities,					
	b	Less: direct expenses			4.0	100		
	c	Net income or (loss) f	rom gaming activ	/ities ▶	Graves and a			7 (Fe) 2
	10a	Gross sales of in	ventory, less					
		returns and allowance	EA					
	b	Less: cost of goods s	old b[:				
	С	Net income or (loss) f				100000000000000000000000000000000000000	The second secon	
	44	Miscellaneous R	evenue	Business Code				
	11a b							185x 174
	C							
	d	All other revenue .	LA		ABU SE 844388		Particular de la companya de la comp	Bergan Par Landrage Str
	e	Total. Add lines 11a-	L					
	12	Total revenue. See in			534,779.	0.	0.	8,883.

534,779.

0.

0.

Statement of Functional Expenses

Statement of runctional expenses	
Section 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All other organizations must complete column (A).
Check if Schedule O contains a respons	
Do not include amounts reported on lines 6b, 7b,	(A) (B) (C) (D) Total expenses Program service Management and Fundament

2 (i	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		2.4	Management and general expenses	expenses
	'보고요'하다 하다는 이 다른 하는 사람이 전문을 들었다. 그는 이 바다를 하고 있는 것은 사람이 없는 것은 이 없다.	3	/		
3 (Grants and other assistance to domestic individuals. See Part IV, line 22				
	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		n de partir de sulpria nación de		
	Benefits paid to or for members ,		1 45 4 - 10 10 14 -		
3 - J	Compensation of current officers, directors, trustees, and key employees	69,082.	51,812.	17,270.	0.
, , , , , , , , , , , , , , , , , , ,	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	169,443.	142,424.	25,019.	2,000.
	Other employee benefits	26,570.	21,255.	5,075.	240.
	Payroll taxes	19,286.	15,898.	3,235.	240. 153.
a l	Fees for services (non-employees): Management Legal Legal				
C /	Accounting Lobbying	7,112.	7,112.	0.	0.
	Professional fundraising services. See Part IV, line 17	9,270.			9,270.
1 l g (Investment management fees				
	(A) amount, list line 11g expenses on Schedule O.)				
13 (Advertising and promotion	7,895.	6,435.	700.	760.
15 I	Royalties	50.015		Sugar Brown and	
	Occupancy	50,915. 2,789.	50,915. 2,789.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2,7103.	2,709.		0. 40 - 27 - 2 2 - 12
19 (Conferences, conventions, and meetings .	3,633.	3,633.	0.	0.
21	Interest Payments to affiliates				
	Depreciation, depletion, and amortization .	6,765.	0.	6,765.	0.
	Insurance	4,148.	1,015.	3,133.	0.
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	Garden party	8,733.			2 2 2 2
	Program & service	37,404.	37,404.	0.	8,733.
	Relationship Mgt Software	1,914.	1,914.	0.	0.
e /	All other expenses	18,984.	13,777.	5,207.	<u> </u>
	Total functional expenses. Add lines 1 through 24e	443,943.	356,383.	66,404.	21,156.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				the step to the st
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)			ing sing of the second	

P	art X					rfeder	Page 11
		Check if Schedule O contains a response or	note to any	/ line in this Par	t X	. 41	
					(A) Beginning of year		(B) End of year
. 5 . 4	1	Cash—non-interest-bearing			133,694.	1	74,348.
y sy	2	Savings and temporary cash investments		.4, 4	202,195.	2	202,458.
	3	Pledges and grants receivable, net		[1,251.	3	0.
	4	Accounts receivable, net				4	;
	5	Loans and other receivables from current and furnistees, key employees, and highest co- Complete Part II of Schedule L	mpensated	employees.		5	
ţs	6	Loans and other receivables from other disqualified person 4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) volunt organizations (see instructions). Complete Part II of Scheduler	d contributing ary employe	employers and es' beneficiary		6	
Assets	7	Notes and loans receivable, net				7	
⋖	8	Inventories for sale or use		8			
	9				3,830.	9	3,506.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	200				
	b	· .	10a	79,494.			
	11	American makes a superior and the state of t	10b	60,195.	24,615.	10c	
	12	Investments—other securities. See Part IV, line 1			2,605.	11	187,219.
	13	Investments—program-related. See Part IV, line	1	· · · · · · · · · · · · · · · · · · ·		12	
	14	Intangible assets	11			13	
	15	Other assets. See Part IV, line 11		· · · · v/c// }	4,568.	15	4,768.
	16	Total assets. Add lines 1 through 15 (must equa	l line 34)		372,758.	16	491,598.
	17	Accounts payable and accrued expenses			21,777.	17	27,519.
1.35	18	Grants payable				18	2,,010.
	19	Deferred revenue			24,048.	19	46,310.
	20	Tax-exempt bond liabilities				20	
:	21	Escrow or custodial account liability. Complete F	art IV of Sc	hedule D .		21	
Liabilities	22	Loans and other payables to current and fo trustees, key employees, highest compens disqualified persons. Complete Part II of Schedu	sated emp	lovees, and		22	
.	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated	third parties	s [24	
	25	Other liabilities (including federal income tax, p	payables to	related third			
		parties, and other liabilities not included on lines of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			45,825.	26	73,829.
Fund Balances		Organizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and	34.				
a n	27	Unrestricted net assets			326,933.	27	417,769.
m	28	Temporarily restricted net assets		[28	
ng	29	Permanently restricted net assets		[29	
II.		Organizations that do not follow SFAS 117 (ASC 95	8), check he	re▶ 🗌 and			
Net Assets or	00	complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds	1		30		
§SS.	31	Paid-in or capital surplus, or land, building, or eq	uipment fur	nd		31	
e C	32 33	Retained earnings, endowment, accumulated inc	ome, or oth	er tunds .	2000	32	
Z	34	Total net assets or fund balances Total liabilities and net assets/fund balances .			326,933.	33	417,769.
	U-T	. The industries and her assets/fully parafices	<u> </u>	· · · · · · · · · · · · · · · · · · ·	372,758.	34	491,598.

491,598. Form **990** (2017)

Par	tXI Reconciliation of Net Assets	ja ar a dusak Majar 92486	- 1844 - 1950 1869 - 1865		Pa	age 12
	Check if Schedule O contains a response or note to any line in this Part XI					,,,,,,,,,
1	Total revenue (must equal Part VIII, column (A), line 12)					<u>. </u>
2	Total expenses (must equal Part IX, column (A), line 25)	1	***************************************			779.
3	Revenue less expenses. Subtract line 2 from line 1	2				943.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3	Segentil			336.
5	Net unrealized gains (losses) on investments	4	+9/8/31 T	3	<u>26,9</u>	933.
6	Donated services and use of facilities	5			****	
7		6				risinista in different and a second
8	Investment expenses	7				
9	Prior period adjustments . Other changes in net assets or fund balances (explain in Schedule O) .	8	<u> </u>	*****		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	9	1534.24.15 ************************************		***************************************	eritari addiktor izrae de rita de repartemento estra
	33, column (B))) total				
Della.	33, column (B)) Financial Statements and Reporting	10	767-75 <u>.</u>	4	17,7	169.
Market Market						
***************************************	Check if Schedule O contains a response or note to any line in this Part XII	per digada	<i>394</i> .	• •	• /* •	<u>, []</u>
1	Accounting mathed wood to prove the form one Co. I. The control of				Yes	No
	Accounting method used to prepare the Form 990: Cash Accrual Other	glaský stat				
	If the organization changed its method of accounting from a prior year or checked "Other," exp. Schedule O.	olain i	n			
0		tho i				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	iled c	or			
	reviewed on a separate basis, consolidated basis, or both:		para de 🏻			
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?	eo site	vg arri	2b	×	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a			
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov	ersigh	nt	142.600(36693		gargergravit.
	of the audit, review, or compilation of its financial statements and selection of an independent accour	ntant?)	2c	×	
	If the organization changed either its oversight process or selection process during the tax year, exp	olain i	n 🗔			57.267
	Schedule Q.					
- 3a	As a result of a federal award, was the organization required to undergo an audit or audits as set f	orth i	n	6470290	\$288 mm.	State and
	the Single Audit Act and OMB Circular A-133?			За		×
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	an th		Ja		<u> </u>
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dite	9 g of 1 /4'gc j m − 1	3b		
	y and go such ac	uito.			000	
				rorn	1990	(2017)

Additional information from your Form 990: Return of Organization Exempt from Income Tax

Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4a (continued)

Continuation Statement

Description	
outerwear, hygience items, referral to other community resources.	·
Events, including "Other Prom" and marching in Columbus Pride Parade,	
provide fun, safe, and positive venues for youth planning,	
organization, and leadership.	

Form 990: Return of Organization Exempt from Income Tax Form 990, Page 2, Part III, Line 4b (continued)

Continuation Statement

	The state of the s
Description	Straffen to a comment
more effective leaders. Council members are provided a formal	
space to discuss challenges facing their GSA and the ability to comb	
with other LGBTQ and ally students to plan and implement events.	
One such event is the Ohio GSA Summit, which brings together	ti Biliji Dibili
LGBTQ youth leaders from throughout Ohio to share challenges and best	
practices for GSAs, and to focus on shared advocacy for LGBTO and ally	vonth

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

Name of the organization Employer identification number 31-1411495 Kaleidoscope Youth Center, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations f Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

Part	· · · · · · · · · · · · · · · · · · ·	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	170(b)(1)(A)(v) Page 2
	(Complete only if you checked the Part III. If the organization fails to	ne box on line o qualify unde	e 5, 7, or 8 of or the tests lis	Part I or if th sted below, p	e organizatio lease comple	n failed to quete Part III.)	alify under
	on A. Public Support	***************************************					en de la companya de
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and			数i t 3/47		n eter enne 15 Mei 12	
	membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						***************************************
. 5	The portion of total contributions by each person (other than a governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			100			
	on B. Total Support					*	
Calen 7	dar year (or fiscal year beginning in) 🖾 Amounts from line 4	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
. 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						
	similar sources	g Markan Markana (1992)					
9	Net income from unrelated business activities, whether or not the business is regularly carried on	arbye Livesie zij	15, 95 2. U			uzu va seğle Langsa vakadırı gerinin vaka	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					er edik i salend sere dan erdend edikab erdesen s	
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for thorganization, check this box and stop he	ne organization	i's first, secon	d, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)
Secti	on C. Computation of Public Suppor		е				
14	Public support percentage for 2017 (line 6	S, column (f) di	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2016 Sch	nedule A, Part	II, line 14 .		padjer M2 jej Ujuli iz idl	15	%
16a	331/3% support test—2017. If the organi	zation did not	check the box	on line 13, ar	nd line 14 is 33	3 ¹ /3% or more,	
.b	box and stop here. The organization qua 331/3% support test—2016. If the organithis box and stop here. The organization	zation did not	check a box c	n line 13 or 16	a, and line 15	is 33 ¹ /3% or m	ore, check
17a	N. N.L.B.A., Leonin (1) (2.1. N. N. N. N. S.						Lil [_
	10% or more, and if the organization me Part VI how the organization meets the "	eets the "facts facts-and-circ	-and-circumst umstances" te	ances" test, ch st. The organi	neck this box a zation qualifie	and stop here. s as a publicly	Explain in
b	10%-facts-and-circumstances test—20	016. If the orga	anization did r	ot check a bo	x on line 13, 1	6a, 16b, or 17	a, and line
	15 is 10% or more, and if the organization in Part VI how the organization is supported organization	neets the "fact	ts-and-circum	stances" test.	test, check The organizati	this box and s on qualifies as	stop here. a publicly □□ □
18	Private foundation. If the organization di instructions	d not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	

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.)

Sect	ion A. Public Support		oto notou ber	ow, picase co	implete Part	U.)	
Caler	ndar year (or fiscal year beginning in) 🔲	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees			1 ay /	(4) 2010	(6) 2017	(i) iotai
^	received. (Do not include any "unusual grants.")	240,906.	305,959.	373,448.	385,574.	525 897	1,831,784.
2	Gross receipts from admissions, merchandise sold or services performed or facilities		The second secon		Jakang Buse.		1,031,704.
	furnished in any activity that is related to the			1 10 A VIII	areaver.	Azarbaise i se	4
_	organization's tax-exempt purpose	3,240.	3,240.	2,970.	3,240.	3,240.	15,930.
3	Gross receipts from activities that are not an				Száriani szer ván	Pacaeca a	
	unrelated trade or business under section 513	4-7-4-7-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4		3213122	ed grygdere en	1.3 9845\$ e/	y .
4	Tax revenues levied for the		- Management of the Control of the C		skowaniazk		71. 21
	organization's benefit and either paid to or expended on its behalf		-	**************************************	म् वर्षाः १ वर	na nyvisaas	ľa [*]
5					11 see 2 reep 1	राज्यानी होती है। उत्तर	3
J	The value of services or facilities furnished by a governmental unit to the			A ST Water	at species as their	eri okabas er	2
	organization without charge	拿进强基 红色			residing.	Subseq 1 da	· ·
6	Total. Add lines 1 through 5	244,146.	309,199.	276 116	189 12-191	in madeljedna	<i>27</i>
7a	Amounts included on lines 1, 2, and 3	244,140.	309,199.	376,418.	388,814.		1,847,714.
	received from disqualified persons .			and the second of the second o	a to stable	arko kati f e	
ь	Amounts included on lines 2 and 3						
	received from other than disqualified						Messeller Messeller
	persons that exceed the greater of \$5,000		n. October 1				
	or 1% of the amount on line 13 for the year				ing game magazine. In	त्वकृति स्टिन्ने प्रेटावेन् य ते काली क्षेत्रिकारका	
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)		100		100		1,847,714.
	on B. Total Support						11/04//114.
	dar year (or fiscal year beginning in) 🗀	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	244,146.	309,199.	376,418.	388,814	***************************************	1,847,714.
10a	Gross income from interest, dividends,				ayth said	vá z spásobené	6
	payments received on securities loans, rents, royalties, and income from similar sources			a design	Brafante e visi e		c m
h		132.	225.	235.	263.	5,643.	6,498.
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975	취심할다			oant Tii Xeasii (epi	caratani er	
С	Add 11 40- 1401	100	92 107 11 7 7	er sa sajnijes	gar gyridarin men	i storybia zaci	
11	Net income from unrelated business	132.	225.	235.	263.	5,643.	6,498.
	activities not included in line 10b, whether			, fant i Agalan (a) George	is tapă uril viti		
	or not the business is regularly carried on	J. 12			range typester		fafet fakt
12	Other income. Do not include gain or				genne Neusawe en 180		
	loss from the sale of capital assets			table of the fill No.	artiški kopia protestriji. Vijeta kor	g Perchadoure before and common states	rki de St. vit
	(Explain in Part VI.)	August 2000 sta		era entragio di veri El ariano en escapa		i Nacargoe yalik Kii surala Rajina ya	vela (1. j.) Suet
13	Total support. (Add lines 9, 10c, 11,		***		property the state of	rii yarayaya ayaasa ya	
	and 12.)	244.278.	309,424.	376 653	389,077.		
14	First five years. If the Form 990 is for the	e organization	's first, second	d, third, fourth	or fifth tax ve	ar as a sectio	n 501(c)(3)
	organization, check this box and stop her	е		international description of the second section of the section of the second section of the sect	nastania (h. 1911). Maria (h. 1911).		🖾 🗆
Secti	on C. Computation of Public Support	t Percentage	9 ili kalan di Agriya			regist quarte (de l'ore	
15	Public support percentage for 2017 (line 8	, column (f) di	vided by line 1	3, column (f))		15	99.65 %
16	Public support percentage from 2016 Sch	edule A, Part I	III, line 15	Proceedings	an wija _{de} ega en dea.	16	99.93 %
Section	on b. Computation of investment inc	ome Percer	ntage		er de deservició de des		22.33 10
1.7	investment income percentage for 2017 (li	ne 10c, colum	in (f) divided by	/ line 13 colun	nn (fl)	17	0.35 %
18	investment income percentage from 2016	Schedule A F	Part III line 17			40	
19a	331/3% support tests—2017. If the organize	zation did not	check the hove	on line 14 or	d line 15 is as		17.0
1 - 2	The not more than 33.43%, theth this box a	ina stop nere.	The organization	on qualifies as a	nublich sunna	rted organizati	on III I
b	33 /3% support tests—2016. If the organize	ation did not cl	neck a hox on I	ine 11 or line 1	On and line 10		01 01
20	The rolls not more than 33.43%, Check this b	ox and stop ne	ere. The organi	zation qualifies	as a publicly su	innorted organ	ization []
<u></u>	Private foundation. If the organization did	not check a l	oox on line 14,	19a, or 19b, c	heck this box a	and see instru	ctions

Part IV Supporting Organizations

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

Section A. A	All Supporting	Organizations

	on the time capporting organizations			
			Yes	No
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.	1		1988
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).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
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.	3b		
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.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
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?	5b		
с 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	8		
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.	9a		
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.	9b		
С	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.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
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.)	106		

Perit	IV Supporting Organizations (continued)			Page 5
i desemble		***************************************	Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
b	A family member of a person described in (a) above?	11a		-
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b 11c		ļ
Secti	ion B. Type I Supporting Organizations	1110		<u></u>
		2593B	Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		100	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	1		
Secti	ion C. Type II Supporting Organizations	2_	<u> </u>	L
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	103	NO
Secti	on D. All Type III Supporting Organizations	- 10 f f s	<u> </u>	L
	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 \$90 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?		Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard			
Secti	on E. Type III Functionally Integrated Supporting Organizations	3		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e de la companya de La companya de la co		
a b c	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity			
2	Activities Test. Answer (a) and (b) below.	tiona Linius i		
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
	those 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 a file activities.			
b		2a		í
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	40		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

1	g trus nizati	st on Nov. 20, 1970 (explai ions must complete Sectio	n in Part VI). See ns A through E.
Section 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	variation and the first continuous and an arrange of the first continuous and the first continuo	
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		e iv Alle
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount	10	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		Jan Sara A
c Fair market value of other non-exempt-use assets	1c		4.1.3
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		11 343 1 14
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		a r. v 64
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	11		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions.	lly in	tegrated Type III supportin	g organization (see

Schedule A (Form 990 or 990-EZ) 2017

TATALAN MANAGEMENT	ule A (Form 990 or 990-EZ) 2017	:		Page
Pela		(3) Supporting Organ	izations (continued)	, ago
Sec	don b - distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes	- Carrier and Carrier and Carrier and Carrier	State State
2	Amounts paid to perform activity that directly furthers ex organizations, in excess of income from activity	empt purposes of suppo	orted	\$4 A 400/84
3	Administrative expenses paid to accomplish exempt pur	poses of supported orga	anizations	
4	Amounts paid to acquire exempt-use assets	3		
5	Qualified set-aside amounts (prior IRS approval required			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in Part VI). See instructions.	ch the organization is re	sponsive	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable
1	Distributable amount for 2017 from Section C, line 6		116-2017	Amount for 2017
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017		and the second of the second of the second	
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
į	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		1000	
4	Distributions for 2017 from Section D, line 7:			
a a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.	I.		
5	Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.	and the second		
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013		20	
b	Excess from 2014			A Section of the Control of the Cont
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			The state of the s
	TO COOK IN COURT AND A CONTROL OF THE CONTROL OF TH			

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Part VI	Supplemental Information. Provide the explanations required bill, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, line 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Sections 2, 5, and 6. Also complete this part for any additional information.	9b, 9c, 1 es 2 and 3 ion D, line	1a, 11b, a ; Part IV, s 5, 6, ar	and 11c; Part IV, Section E, lines nd 8; and Part V, 9	Section 1c, 2a, 2b,
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

name of the organization		-4.3	Employer identification number
_ Kaleidoscope Yout	n Center, Inc.		31-1411495
Organization type (check of	ine); i ji u iii u iii i		
Filers of: 1989-813	Section:		
Form 990 or 990-EZ	⊠ 501(c)(3) (enter number) organization		
	4947(a)(1) nonexempt charitable trust not treat	ted as a private for	undation
	☐ 527 political organization		
Form 990-PF	501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated a	as a private founda	ution.
	501(c)(3) taxable private foundation		
Check if your organization is	s covered by the General Rule or a Special Rule.		
Note: Only a section 501(c)	(7), (8), or (10) organization can check boxes for both	the General Rule a	and a Special Rule. See
instructions.			
Consul Distance			
General Rule			
over the second			
or more (in money	n filing Form 990, 990-EZ, or 990-PF that received, du	uring the year, con	tributions totaling \$5,000
contributor's total	or property) from any one contributor. Complete Part contributions	is I and II. See inst	ructions for determining a
Special Rules		ug jakoba aan	
poposici i talog i alia alia alia			
	described in acction E04(a)(a) filling Form con		
	n described in section 501(c)(3) filing Form 990 or 990 sections 509(a)(1) and 170(b)(1)(A)(vi), that checked So)-EZ that met the 3	131/3% support test of the
13, 16a, or 16b, an	d that received from any one contributor, during the	vear total contribu	tions of the greater of (1)
\$5,000; or (2) 2% o	of the amount on (i) Form 990, Part VIII, line 1h; or (ii) i	Form 990-EZ. line	1. Complete Parts I and II
	, , , , , , , , , , , , , , , , , , , ,		
☐ For an organization	described in section 501(c)(7), (8), or (10) filing Form	990 or 990-EZ tha	received from any one
contributor, during	the year, total contributions of more than \$1,000 excl	usively for religious	charitable scientific
literary, or educatio	onal purposes, or for the prevention of cruelty to childr	en or animals. Cor	nplete Parts I, II, and III.
contributor, during	n described in section 501(c)(7), (8), or (10) filing Form the year, contributions exclusively for religious, chari ed more than \$1,000. If this box is checked, enter her	table, etc., purpos	es, but no such
during the year for General Rule appl	an exclusively religious, charitable, etc., purpose. Do ies to this organization because it received nonexclus more during the year	n't complete any c	f the parts unless the
		いまいむき だいしょうさいしゃ	
990-EZ, or 990-PF), but it m	at isn't covered by the General Rule and/or the Speci rust answer "No" on Part IV, line 2, of its Form 990; o to certify that it doesn't meet the filing requirements o	or check the box or	line H of its Form 990-F7 or on its

Name of organization

Kaleidoscope Youth Center, Inc.

Page 2 Employer identification number 31-1411495

	Contributors (see instructions). Use duplicate copies		riccaca:
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Heartfund, Inc.	1 11 14.	Person 🗵 Payroll 🔲
	P.O. Box 8104	\$ 54,385.	Noncash (Complete Part II for
	Columbus OH 43201	ASSET STREET	noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Keefe Family Foundation	1.344 年128 秦王基代的	Person ⊠
	P.O. Box 8104	\$ 37,000.	Payroll Noncash
	Columbus OH 43201		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Tom Davis		Person ⊠
	P.O. Box 8104	\$10,000.	Payrolla (garapa ☐ Noncash ☐
e Zur er erget	Columbus OH 43201	Commission (Section 2) in the commission of the	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
***************************************	rame, address, and Zn 14	Total contributions	Type of contribution
4	L Brands Foundation		Type of contribution Person ⊠
4		\$ 10,000.	
4	L Brands Foundation	· · · · · · · · · · · · · · · · · · ·	Person ⊠ Payroll □
(a) No.	L Brands Foundation P.O. Box 8104	\$ 10,000.	Person 🗵 Payroll 🗍 Noncash 🗍 (Complete Part II for
	L Brands Foundation P.O. Box 8104 Columbus OH 43201 (b)	\$ 10,000. (c) Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
No.	L Brands Foundation P.O. Box 8104 Columbus OH 43201 (b) Name, address, and ZIP + 4	\$ 10,000.	Person X Payroll
No.	L Brands Foundation P.O. Box 8104 Columbus OH 43201 (b) Name, address, and ZIP + 4 Honda	\$ 10,000. Total contributions \$ 10,000.	Person
No. 5	L Brands Foundation P.O. Box 8104 Columbus OH 43201 (b) Name, address, and ZIP+4 Honda P.O. Box 8104	\$ 10,000. (c) Total contributions \$ 10,000.	Person
No. 5	L Brands Foundation P.O. Box 8104 Columbus OH 43201 (b) Name, address, and ZIP + 4 Honda P.O. Box 8104 Columbus OH 43201 (b)	\$ 10,000. Total contributions \$ 10,000. Total contributions	Person
No. 5 (a) No.	L Brands Foundation P.O. Box 8104 Columbus OH 43201 Name, address, and ZIP+4 Honda P.O. Box 8104 Columbus OH 43201 Name, address, and ZIP+4	\$ 10,000. Total contributions \$ 10,000. (c) Total contributions	Person
No. 5 (a) No.	L Brands Foundation P.O. Box 8104 Columbus OH 43201 (b) Name, address, and ZIP + 4 Honda P.O. Box 8104 Columbus OH 43201 (b) Name, address, and ZIP + 4 Wendy's International Foundation	\$ 10,000. Total contributions \$ 10,000. Total contributions	Person

Part I			l-1411495
ethali yere di	Contributors (see instructions). Use duplicate co	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Payex P.O. Box 8104 Columbus OH 43201	¢ 0.220	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	Eventbrite P.O. Box 8104 Columbus OH 43201	\$ 6,540.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
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	comment (manufacturing della)	\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
0/20/1/25		\$	Person

Employer identification number

and the second process of the second	Noncach Property (see instructions) Headynlingtons		1-1411495
Part II	Noncash Property (see instructions). Use duplicate co	opies of Part II if additional sp	pace is needed.
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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Employer identification number

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Kaleidoscope			
Part III Exclu	sively re	ligious, c	haritab

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)

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SCHEDULE D (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

Employer identification number Kaleidoscope Youth Center, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? Yes \ Yes \ No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X For Denomiark Poduction Act Notice and the Instructions for Form 000

Schedu	le D (Form 990) 2017						A Commence
		Collections of A.	t Historiaal		- 011-	. 0:	Page 2
3	Organizations Maintaining C Using the organization's acquisition, ac collection items (check all that apply):	cession, and othe	er records, chec	reasures k any of th	, or Oth ie followi	er Similar Ass ng that are a sig	ets (continued) Inificant use of its
- 1			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
a	Public exhibition			or exchang			
b	Scholarly research		e 📙 Othe	r			
С	Preservation for future generations						
4	Provide a description of the organization XIII.	on's collections and	d explain how t	hey further	the orga	nization's exemp	ot purpose in Part
5	During the year, did the organization s	olicit or receive do	onations of art.	historical to	reasures.	or other similar	
	assets to be sold to raise funds rather the	han to be maintain	ed as part of th	e organizat	ion's coll	ection?	☐ Yes ☐ No
Part	IV Escrow and Custodial Arran	ngements.			······		
	Complete if the organization a		on Form 990	Part IV line	e 9 or m	enorted an amo	ount on Form
	990, Part X, line 21.			, with 1 111.	o o, o, i,	sported all allic	June Offit Offit
1a	Is the organization an agent, trustee, or	custodian or other	intermediary fo	or contribu	tions or	other assets not	<u> </u>
						other assets not	☐ Yes ☐ No
b	If "Yes," explain the arrangement in Par						□ 162 □ INO
	and and and and an arrangement are a	t Am and complete	s the following t	abie.	<u> </u>	Δm	ount
С	Beginning balance				1c	7311	Ount
d	Additions during the year	• • • • • •			1d		-
e e	Distributions during the year				1u	1:	·
f	Ending balance				16 1f		
2a	Did the organization include an amount	on Form 900 Port	t V line 21 for a	oorow or o		and sumt link like O	
b	If "Yes," explain the arrangement in Par	t Yill Chook horo i	the evalenction	s bas base	ustoulai i	account liability?	☐ Yes ☐ No
COMPANIES CONTRACTOR	t V Endowment Funds.	t Aiii. Check here i	ii trie explanatio	n nas been	provided	i on Paπ XIII .	<u> Ll</u>
	Complete if the organization a	answered "Vec" /	on Form 990	Dart IV lin	0.10		
	complete in the organization a	(a) Current year	(b) Prior year	(c) Two yea		d) Three years back	(2) [2
12	Beginning of year balance	(a) Ourient year	(b) Filor year	(C) TWO year	15 Dack	d) Three years back	(e) Four years back
b	Contributions						177.
C	Net investment earnings, gains, and						
	losses			1 1 1 1 1 1 1	i u ja teile	sa di kabuda katal	
na spira disi al							
d	Grants or scholarships					<u> </u>	
е	Other expenditures for facilities and						
	programs						
, f.,	Administrative expenses						
g	End of year balance						
. 2	Provide the estimated percentage of the		balance (line 1g	g, column (a	a)) held a	3 :	
. a	Board designated or quasi-endowment		%				
d,	Permanent endowment	%					
С	Temporarily restricted endowment	%					
	The percentages on lines 2a, 2b, and 2c	c should equal 100)%.			e de la companya de	
3a	Are there endowment funds not in the	possession of the	organization th	at are held	and adn	ninistered for the	
	organization by:					n de sai de la como de La como de la como de l	Yes No
	(i) unrelated organizations	Market and the second of the second of					3a(i)
		Lite tot Lite William					3a(ii)
b	If "Yes" on line 3a(ii), are the related org	anizations listed a	s required on S	chedule R?			3b
4	Describe in Part XIII the intended uses	of the organization	's endowment f	unds.			
Par							
	Complete if the organization a		on Form 990	Part IV lin	o 110 C	See Form 990 I	Part X lino 10
	Description of property	(a) Cost or othe		or other basis		ccumulated	
	-coonplicit of property	(a) Cost of othe (investmen	1 ' '	or other basis other)		oreciation	(d) Book value
10	Land	V168 44	· · · · · · · · · · · · · · · · · · ·				
1a	그러 방문 하는 사람들에 살아 살아 나다른 사람들이 하는 그 말이 가는 눈이 되는데 그 그 그리다. 최고 속 살다		/ 3-				
b	Buildings			0.000			· · · · · · · · · · · · · · · · · · ·
C	Leasehold improvements	1987 March 1982		9.062	1 1	8 188	874

60,313.

10,119.

44,595.

7,412.

. . . 🕮

15,718. 2,707.

19,299.

Equipment

Other .

/4\ P*	Complete if the organization answ (a) Description of security or category (including name of security)		(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	l derivatives			er respectively at respectively. The last
(2) Closely- (3) Other	held equity interests		en distance	rosti nesti. Tri krattanggadgist 17 km
(A)				eleta ing manadan melekir di ekekirengi ik
(B)				<u> </u>
(C)	TEMBRO 1998 TRAK TEMBON BOTT TEMBOR DAN DENGA DAN BOTT DAN BERMEN BERMEN BERMEN BERMEN BERMEN BERMEN BERMEN BE Bermen Bermen Berme	***************************************		to the set of the second defectioned if the
(D)		***************************************		
(E)		***************************************		2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
(F)				Part Application of the second
(G) (H)				
	A) much could Fee 200 Date V 1 (DV) 100 (Fee			2 Anna 1800 baselik dan papahanansa
Part VIII	(b) must equal Form 990, Part X. col. (B) line 12.) ☐ Investments—Program Related			
ACIADAVALIA	Complete if the organization answ	vered "Vee" on For	m 000 Day 11/ 15	. 44 . 6
	Complete if the organization answ (a) Description of investment	veied tes offron	(b) Book value	
			(b) Book value	(c) Method of valuation: Cost or end-of-year market value
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(2)				en to the second of the second to the second
(3)				An agree of the control of the second of the
(4) (5)				
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otal. (Column ((b) must equal Form 990, Part X. col. (B) line 13.)			
otal. (Column (Part IX	Other Assets.			
Part IX	Other Assets. Complete if the organization answ	vered "Yes" on For	n 990, Part IV, lin	e 11d. See Form 990, Part X, line
Part IX	Other Assets. Complete if the organization answ	vered "Yes" on Form	n 990, Part IV, lin	e 11d. See Form 990, Part X, line
Part IX	Other Assets. Complete if the organization answ	vered "Yes" on Form	n 990, Part IV, lin	
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Part		ion of Reven the organizati	ue per Audited Fir on answered "Yes	nancial S	Statemen	ts With F	Revenue pe	r Retu	rn.
1	Total revenue, gains	, and other sur	port per audited fina	ncial stat	ements	110, 1110	12.0.	1	F04 550
2	Amounts included o	n line 1 but not	on Form 990 Part V	III line 12).				534,779.
а	Net unrealized gains	(losses) on inv	estments	111, 11110 12		2a			a region of the second
b	Donated services ar	nd use of faciliti	es			2b	-1	-	
С	Recoveries of prior y			' ' '	<u> </u>				
d	Other (Describe in P			•		2c			Late Aut
e	Add lines 2a through			• • •	· · · <u>L</u>	2d			Prince Comment
3	Subtract line 2e from						· , · ·	2e	
4			art VIII, line 12, but no	t on line	 1. I		· · · - : #:	3	534,779.
а	Investment expense	s not included	on Form 990, Part VI	II lina 7h	'	4		75	130
b	Other (Describe in P	art XIII)				1a	<u> </u>		, H +1,
c	Add lines 4a and 4b					<u> 4b</u>	<u> </u>		e yet the
- ∂5 ⁻	Total revenue. Add I		This must equal Forr	n 990 P≥	ort I line 12	Nila is		4c	
Part	XII Reconciliati	on of Expens	ses per Audited Fi	nancial	Statemer	nte Mith	Evpopoo	5 207 Do	534,779.
7.2	Complete if	tne organizati	on answered "Yes'	' on Fori	n 990, Pa	rt IV, line	12a.	per Ke	.um.
2004 1 or 101 - 2000	Total expenses and	losses per aud	ited financial stateme	ents .				1	443,943.
2	Amounts included o	n line 1 but not	on Form 990, Part IX	(, line 25:					
a	Donated services an				2	2a			
b	Prior year adjustmer	nts			2	2b	}		
C	Other losses				2	2c			
d	Other (Describe in P	art XIII.)	• • • • • • •		2	2d			
e	Add lines 2a through							2e	
3	Subtract line 2e from							3	443,943.
4	Amounts included o	n Form 990, Pa	irt IX, line 25, but not	on line 1	:				
a	Investment expense					la l			
, b	Other (Describe in P Add lines 4a and 4b	•			<u>4</u>	łb			
5 5			(Th:			<u> </u>		4c	
POLACION/WWW.compression	Total expenses. Add	tal Informatio	. (This must equal Fo	rm 990, I	Part I, line 1	8.)		5	443,943.
		ruired for Part	I lines 2 E and 0 D						
2: Parl	le the descriptions red t XI, lines 2d and 4b; a	and Part XII lin	es 2d and 4h. Also of	art III, IIne	es la and 4	; Part IV, I	ines 1b and :	2b; Part	V, line 4; Part X, line
	and the second s		50 La ana 45. 7430 0	Jilipiete t	nio part to	provide a	iy additional	morma	tion.
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

Pari 1 a b c d 2a b	Fundraising Activities. Form 990-EZ filers are n Indicate whether the organizatio Mail solicitations Internet and email solicitation Phone solicitations In-person solicitations Did the organization have a writ or key employees listed in Form If "Yes," list the 10 highest paid compensated at least \$5,000 by	ot required to n raised funds the ns ten or oral agree 990, Part VII) or individuals or e	complete hrough any e f g ement with entity in contities (fund	this part. of the folic Solicitati Solicitati Special f any individ	owing activities. (on of non-goverr on of governmer undraising event lual (including off vith professional	Check all that apply. Inment grants It grants S Cicers, directors, trust fundraising services?	ees, □ Yes □ No
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fun	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		and the second control of the second	22 002047 112
1		1				, (Sine)	1448 B
2						Andrew Street Street Street	
						indicato, grand de estado A carego da cercamento	ŽENJEVOŘ – ar Se roza vY
3					s a cloye (S	r grave di can republikasionali e Ida Alaman arang kanadan dan	l·
4						JACO POS VALLE ALDER.	
5						dinalis da manua) La Pista de manualida	
6							
7							
8							
9							
10			THE PROPERTY OF THE PROPERTY O				
Total				· · · · · · · · · · · · · · · · · · ·			
3	List all states in which the orga registration or licensing.	nization is regis	tered or lic	ensed to s	olicit contribution	ns or has been notific	ed it is exempt fron
******					************************	*********	***********************

BAA

	art II	Fundraising Events. Com than \$15,000 of fundraisin gross receipts greater tha	g event contributions	and gross income on	Form 990, Part IV, line Form 990-EZ, lines 1 a	and 6b. List events with
O)		J PŠ. Š.	(a) Event #1 Garden Party (event type)	(b) Event #2 External (event type)	(c) Other events OTHER (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	111,536.	104,578.	40,078.	256,192.
	2 3	Less: Contributions Gross income (line 1 minus line 2)	111 506	104.570		
	4	Cash prizes we	111,536.	104,578.	40,078.	256,192.
	5	Noncash prizes				
Expenses	6	Rent/facility costs				
t Expe	7	Food and beverages	9,733.		and the second of the second o	9,733.
Direct	8	Entertainment		: 1		1, 1444,504
	9	Other direct expenses				Ask of the state o
Pa	10 11 rit III	Direct expense summary. Ad- Net income summary. Subtra Gaming. Complete if the than \$15,000 on Form 99	ct line 10 from line 3, coorganization answe	olumn (d)		9,733. 246,459. reported more
Revenue			(a) Ding.	(b) Pull tabs/instant		I service and a
₹.			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<u>~</u>	1	Gross revenue	(a) Bingo			(d) Total gaming (add col. (a) through col. (c))
*********	2			bingo/progressive bingo	norgiki Stockej ordaze Social izelikomit a sikilik	col. (a) through col. (c))
sesued	2	Gross revenue	en fra de entre de la companya de la	bingo/progressive bingo		col. (a) through col. (c))
*********	: _	Cash prizes 4 (1)	en fra de entre de la companya de la	bingo/progressive bingo		col. (a) through col. (c))
sesued	: _	Cash prizes Noncash prizes		bingo/progressive bingo		col. (a) through col. (c))
sesued	3 4// *200	Cash prizes Noncash prizes Rent/facility costs	en fra de entre de la companya de la	bingo/progressive bingo		col. (a) through col. (c))
sesued	3 4/2 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes %	bingo/progressive bingo Yes No	☐ Yes %	col. (a) through col. (c))
sesued	3 4 5 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes % No	bingo/progressive bingo Yes % No No	☐ Yes % ☐ No	col. (a) through col. (c))
Direct Expenses	3 4 5 6 7 8 En	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add Net gaming income summary nter the state(s) in which the org the organization licensed to co	Yes % No d lines 2 through 5 in c Subtract line 7 from li	bingo/progressive bingo Yes % No No olumn (d)	☐ Yes % ☐ No	col. (a) through col. (c))
Direct Expenses	3 4 5 6 7 8 En a Is b If '	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add Net gaming income summary nter the state(s) in which the org the organization licensed to co	Yes % No d lines 2 through 5 in c Subtract line 7 from li ganization conducts ga induct gaming activities	ingo/progressive bingo Yes % No No olumn (d)	Yes % No	col. (a) through col. (c))

REV 07/25/18 PRO

Schedule G (Form 990 or 990-EZ) 2017

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11 12	Does the organization conduct gaming activities is the organization a grantor, beneficiary or tru formed to administer charitable gaming?	with nonmembers? stee of a trust, or a member of a part		☐ Yes ☐ No☐ Yes ☐ No
13	Indicate the percentage of gaming activity cond	ucted in:		☐ Yes ☐ No
arti aa b	The organization's facility		13a	%
14	Enter the name and address of the person who	prepares the organization's gaming/spe	<u> 13b </u> ecial events books and	%
	records:	3	bigadah (and	
	Name 🗆	***************************************		**************************************
	Address 🗆		- 15	
15a	Does the organization have a contract with a revenue?	a third party from whom the organiza	ation receives gaming	
b	If "Yes," enter the amount of gaming revenue reamount of gaming revenue retained by the third	ceived by the organization 🗆 💲	and the	☐ Yes ☐ No
C	If "Yes," enter name and address of the third pa	rty:		
	Name 🗆		mpyramicular i lester i teržion	
	Address 🗆		m was na sha na ƙa	
16	Gaming manager information:			
	Name 🗆	g e same les sons	- form industry and manager as discussful.	
	Gaming manager compensation 🖾 💲			
	Description of services provided		aj ar cyfeit ja tad:	<u> </u>
	☐ Director/officer ☐ Employee	☐ Independent contractor		
17 a	Mandatory distributions: Is the organization required under state law to retain the state gaming license?	make charitable distributions from the	e gaming proceeds to	
b	Enter the amount of distributions required unde spent in the organization's own exempt activities	r state law to be distributed to other ex	cempt organizations or	∐ Yes ∐ No
Part		ne explanations required by Part I.I.	ine 2b, columns (iii) a	nd (v); and
	See instructions.	and the approache. The provide	े अपने क्षेत्र कार्य के कुछ कार्य कार्य	Hation.
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	en de la companya del companya de la companya del companya de la c			
BAA		REV 07/25/18 PRO		990 or 990-EZ) 2017

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ☐Attach to Form 990 or 990-EZ.☐Go to www.irs.gov/Form990 for the latest information.

Name of the organization Employer identification number Kaleidoscope Youth Center, Inc. 31-1411495 Pt VI, Line 12c: Board has inquiry of conflict of interest. Pt VI, Line 15a: Board review executive director's compensation. Pt VI, Line 15b: Executive director review employees/no other officers Pt VI, Line 11b: Copy or pdf file of Form 990 provided to Board and Finance

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization For calendar year 2017, or fiscal year beginning , 2017, and ending

			5-1	

Department of the Treasury Internal Revenue Service	□ Do not send to the I	RS. Keep for your records. 879EO for the latest information.	2017
Name of exempt organization			loyer identification number
Kaleidoscope Youth C	enter, Inc.	[-1411495
Name and title of officer		<u> </u>	
Gregory Kromenacker,	MBA, Board Treasurer	<u> </u>	
Part I Type of Return	and Return Information (Whol	e Dollars Only)	
leave line 1b, 2b, 3b, 4b, or 5l	or which you are using this Form 88 3a, 4a, or 5a, below, and the amou o, whichever is applicable, blank (do not complete more than one line in	nt on that line for the return being o not enter -0-). But, if you entered	filed with this form was blank than
1a Form 990 check here 22 Form 990-EZ check here 3a Form 1120-POL check he 4a Form 990-PF check here 3	b Total revenue, if any (Fore D b Total tax (Form 1120	990, Part VIII, column (A), line 12) rm 990-EZ, line 9) -POL, line 22) t income (Form 990-PF, Part VI, line	2b
5a Form 8868 check here		ne 3c)	· · · · · · · · · · · · · · · · · · ·
Part II Declaration an	d Signature Authorization of C eclare that I am an officer of the abo	Officer	
organization's electronic return to send the organization's return to send the organization's return the transmission, (b) the reason authorize the U.S. Treasury ar financial institution account in return, and the financial institution account at 1-888-353-4537 no linvolved in the processing of the resolve issues related to the pelectronic return and, if applic	return and accompanying schedule e. I further declare that the amount in. I consent to allow my intermediaturn to the IRS and to receive from the property of the property of the distriction of the tax preparation softwation to debit the entry to this account of the electronic payment of taxes to reasonable, the organization's consent to each of the tax preparation of the electronic payment of taxes to reasonable, the organization's consent to each of the electronic payment of taxes to reasonable, the organization's consent to each of the electronic payment.	in Part I above is the amount show e service provider, transmitter, or the IRS (a) an acknowledgement of sturn or refund, and (c) the date of initiate an electronic funds withdraware for payment of the organization int. To revoke a payment, I must come payment (settlement) date. I also eceive confidential information neceive identification number (PIN) as my	on on the copy of the electronic return originator (ERO) receipt or reason for rejection of any refund. If applicable, I awal (direct debit) entry to the n's federal taxes owed on this pontact the U.S. Treasury Financial or authorize the financial institutions
Officer's PIN: check one box	conly	·	
☐ I authorize	ERO firm name		as my signature five numbers, but t enter all zeros
being med with a state a	year 2017 electronically filed return gency(ies) regulating charities as pa the return's disclosure consent scre	rt of the IRS Fed/State program 1	irn that a copy of the return is also authorize the aforementioned
ii i nave indicated within	nization, I will enter my PIN as my si this return that a copy of the return am, I will enter my PIN on the return'	is being filed with a state agency/i	rear 2017 electronically filed return. es) regulating charities as part of
Officer's signature □		Date □ 0 7 / 3	1/2018
	nd Authentication		
ERO'S EFIN/PIN. Enter your s number (EFIN) followed by you	six-digit electronic filing identification ur five-digit self-selected PIN.	3 1	3 2 4 6 0 1 3 2 7 Do not enter all zeros
indicated above. I confirm that	c entry is my PIN, which is my signa t I am submitting this return in accor s e-file Providers for Business Return	rdance with the requirements of Pi	d return for the organization ub. 4163, Modernized e-File (MeF)
ERO's signature 🗆		Date 08/	21/2018
	ERO Must Retain This Do Not Submit This Form to the	Form — See Instructions e IRS Unless Requested To D	o So

Additional information from your 2017 Federal Exempt Tax Return

Form 990: Return of Organization Exempt from Income Tax

Line 11c col (B)

Itemization Statement

Description	Amount
Payroll Service fee	1,286.
Accounting and audit	5,350.
Other	476.
Total	7,112.

Form 990: Return of Organization Exempt from Income Tax

Line 13 col (B)

Itemization Statement

Description		Amount
Bank fees		2,515.
Office supplies		4,056.
Mailing service		154.
Dues, Subscriptions, memberships		1,120.
Licenes & permits		50.
to fundraising		-760.
To Admin		-700.
	Total	6,435.

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