Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2017

OMB No. 1545-1150

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/Form990EZ for instructions and the latest information.

Open to Public Inspection

A	For the	e 2017 calendar year, or tax year beginning NOV 1, 2017 and ending OCT	31,	2018	
В	Check is applicat	DE: C Name of organization D Er	mployer i	dentification number	
	7	ess change KALEIDOSCOPE CHILD FOUNDATION			
	Nam	e change C/O DAVID E AULT, PRESIDENT	27-3328796		
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E T	Telephone number		
Ė	Final		404-485-0906		
	Ame		roup Exe	mption	
	Applic	ation pending ATLANTA, GA 30345-1559	Number >		
G	Accou	nting Method: X Cash Accrual Other (specify) ▶ H C	H Check ► X if the organization is		
			not required to attach Schedule B		
J	Tax-ex	rempt status (check only one) $ \times$ 501(c)(3) \longrightarrow 501(c) () \blacktriangleleft (insert no.) \longrightarrow 4947(a)(1) or \longrightarrow 527 (figure 1)	Form 990	, 990-EZ, or 990-PF).	
K	Form c	f organization: X Corporation Trust Association Other			
L	Add lin	es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,			
	columi	n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	> \$		
P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction	ns for Par		
	_	Check if the organization used Schedule O to respond to any question in this Part I			
	1	Contributions, gifts, grants, and similar amounts received	1	145,245.	
	2	Program service revenue including government fees and contracts	2		
	3	Membership dues and assessments	3		
	4	Investment income	4		
	5a	Gross amount from sale of assets other than inventory 5a	4 1		
	b	Less; cost or other basis and sales expenses	_		
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6	Gaming and fundraising events	12.53		
e	a	Gross income from gaming (attach Schedule G if greater than			
Revenue		\$15,000)			
	b	Gross income from fundraising events (not including \$ of contributions			
		from fundraising events reported on line 1) (attach Schedule G if the sum of such			
		gross income and contributions exceeds \$15,000)	4 1		
		Less: direct expenses from gaming and fundraising events	_		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
	7a	Gross sales of inventory, less returns and allowances 7a	_		
	b	Less; cost of goods sold	-		
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	2 070	
	8	Other revenue (describe in Schedule 0) SEE SCHEDULE O	8	3,278.	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	148,523.	
	10	Grants and similar amounts paid (list in Schedule 0)			
	11	Benefits paid to or for members	11	21 162	
ses	12	Salaries, other compensation, and employee benefits		21,163. 15,290.	
ens	13	Professional fees and other payments to independent contractors		1,714.	
Expenses	14	Occupancy, rent, utilities, and maintenance SEE SCHEDULE O	14	1,/14.	
_	15	Printing, publications, postage, and shipping Other expenses (describe in Schedule 0) SEE SCHEDULE O	15	80,433.	
	16		16	118,600.	
	17	Total expenses. Add lines 10 through 16	-	29,923.	
sts	18	Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A))	10	49,943.	
SS	19	(must agree with end-of-year figure reported on prior year's return)	19	66,782.	
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)		0.	
ž	20	Net assets or fund balances at end of year. Combine lines 18 through 20	21	96,705.	
1 14		Paperwork Reduction Act Notice see the senarate instructions		Form 990-EZ (2017)	

Form 990-EZ (2017) C/O DAVID E AULT. PRESIDENT

Pa	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to re-	spond to any ques				X
			(A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		48,550			64,187.
23			4,200			13,200.
24	· · · · · · · · · · · · · · · · · · ·		14,032			19,318.
25			66,782			96,705.
26	, , , , , , , , , , , , , , , , , , , ,		0			0.
27			66,782	• 27		96,705.
P	art III Statement of Program Service Accomplishme		5	[32] (B		rpenses for section
	Check if the organization used Schedule O to res		Stion in this Part in	50	1(c)(3)	and 501(c)(4)
	at is the organization's primary exempt purpose? SEE SCHEDULE C				ganizatio hers.)	ons; optional for
	cribe the organization's program service accomplishments for each of its three largest program ner, describe the services provided, the number of persons benefited, and other relevant inform		enses. In a clear and concise	01	110101)	
	YOUTH EDUCATION AND QUALITY OF LIFE		7.		T	
20	TOOTH EDUCATION AND QUADITY OF BITT	71DDIDI7111CL				
	(Grants \$) If this amount includes foreign	grants, check here	>	28	a	118,600.
29	Totalite of The American Includes Included					
		The same of the sa				
	(Grants \$) If this amount includes foreign	grants, check here	>	29	a	
30						
	(Grants \$) If this amount includes foreign	grants, check here	>	30	a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount includes foreign	grants, check here	<u></u>	31		
32	Total program service expenses (add lines 28a through 31a)			> 32	2	118,600.
	Total program on the experience (see a see a					
Pa	art IV List of Officers, Directors, Trustees, and Key E	mployees (list each o	one even if not compensated -	see the inst	ructions f	
Pa	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res	mployees (list each of spond to any ques	one even if not compensated - stion in this Part IV	see the inst		for Part IV)
Pa	Check if the organization used Schedule O to res	spond to any ques (b) Average hours	one even if not compensated - stion in this Part IV (c) Reportable	(d) Health	benefits,	(e) Estimated
Pa	art IV List of Officers, Directors, Trustees, and Key E	mployees (list each of spond to any ques	one even if not compensated - stion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contribut employee plans, and	benefits, ions to benefit deferred	for Part IV)
Pa	Check if the organization used Schedule O to res (a) Name and title	Employees (list each of spond to any quest (b) Average hours per week devoted to	one even if not compensated - stion in this Part IV (c) Reportable compensation (Forms	(d) Health contribut employee	benefits, ions to benefit deferred	(e) Estimated amount of other
Pa DA	Check if the organization used Schedule O to res (a) Name and title AVID AULT	Employees (list each of spond to any quest (b) Average hours per week devoted to position	one even if not compensated - stion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health contribut employee plans, and	benefits, ions to benefit deferred sation	(e) Estimated amount of other compensation
DA PR	Check if the organization used Schedule O to rescaled AULT RESIDENT List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to rescaled AVID AULT RESIDENT	Employees (list each of spond to any quest (b) Average hours per week devoted to	one even if not compensated - stion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contribut employee plans, and	benefits, ions to benefit deferred	(e) Estimated amount of other
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DA PR NI SE IA	Check if the organization used Schedule O to resched AVID AULT RESIDENT KI MURPHY CRETARY/TREASURER NO FOLKER	Employees (list each of spond to any quest of spond to position 20.00	one even if not compensated - stion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) Health contribut employee plans, and	benefits, ions to benefit deferred sation	(e) Estimated amount of other compensation
DA PR NI SE IA VI	Check if the organization used Schedule O to rescale AVID AULT RESIDENT KI MURPHY CCRETARY/TREASURER N FOLKER CE PRESIDENT	Employees (list each of spond to any quest (b) Average hours per week devoted to position	one even if not compensated - stion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health contribut employee plans, and	benefits, ions to benefit deferred sation	(e) Estimated amount of other compensation
DA PR NI SE IA VI	Check if the organization used Schedule O to resched AVID AULT RESIDENT KI MURPHY CCRETARY/TREASURER AN FOLKER CE PRESIDENT STAVO BUENO	Employees (list each of spond to any quest o	one even if not compensated - stion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) Health contribut employee plans, and	benefits, ions to benefit deferred sation	(e) Estimated amount of other compensation 0 •
DA PR NI SE IA VI GU BO	Check if the organization used Schedule O to resched AVID AULT RESIDENT KI MURPHY CCRETARY/TREASURER AN FOLKER CE PRESIDENT USTAVO BUENO DARD MEMBER	Employees (list each of spond to any quest of spond to position 20.00	one even if not compensated - stion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) Health contribut employee plans, and	benefits, ions to benefit deferred sation	(e) Estimated amount of other compensation
DA PR NI SE IA VI GU BO	Check if the organization used Schedule O to resched title AVID AULT ESIDENT KI MURPHY CCRETARY/TREASURER AN FOLKER CCE PRESIDENT STAVO BUENO DARD MEMBER CNINTER EARL	Employees (list each of spond to any quest spond to any quest (b) Average hours per week devoted to position 20.00 20.00 3.00	one even if not compensated - stion in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0.	(d) Health contribut employee plans, and	benefits, ions to benefit deferred sation	(e) Estimated amount of other compensation 0. 0.
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