

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning NOV 1, 2019 **and ending** OCT 31, 2020

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
KALEIDOSCOPE CHILD FOUNDATION
C/O DAVID E AULT, PRESIDENT
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2608 VARNER DRIVE NE
 City or town, state or province, country, and ZIP or foreign postal code
ATLANTA, GA 30345-1559

D Employer identification number
27-3328796

E Telephone number
404-485-0906

G Gross receipts \$ **162,911.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

F Name and address of principal officer: **DAVID E AULT**
2608 VARNER DRIVE NE, ATLANTA, GA 30345-1559

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.KALEIDOSCOPECHILDFOUNDATION.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **2010** **M State of legal domicile:** **GA**

Part I Summary		L Year of formation: 2010		M State of legal domicile: GA	
Part I Summary					
1 Briefly describe the organization's mission or most significant activities: TO EMPOWER THE LIVES OF CHILDREN THROUGH EDUCATION AND QUALITY OF LIFE ASSISTANCE					
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.					
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	6	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6	
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	1	
	6	Total number of volunteers (estimate if necessary)	6	10	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	58,360.
9		Program service revenue (Part VIII, line 2g)		161,273.	104,312.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		219,633.	162,911.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	36,552.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)		1,718.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		182,372.	108,838.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		182,372.	145,390.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12		37,261.	17,521.
	20	Total assets (Part X, line 16)	Beginning of Current Year		End of Year
	21	Total liabilities (Part X, line 26)		134,843.	151,273.
	22	Net assets or fund balances. Subtract line 21 from line 20		0.	-1,091.
Part II Signature Block			134,843.	152,364.	

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.

Sign Here
 Signature of officer: *David Ault*
 Date: **11-30-20**
DAVID E AULT, EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **MICHAEL DISTEFANO**
 Preparer's signature: _____
 Date: **11/30/20**
 Check if self-employed: PTIN: **P00885357**
 Firm's name: **MICHAEL DISTEFANO, CPA**
 Firm's address: **P.O. BOX 3865 TUSTIN, CA 92781-3865**
 Firm's EIN: **33-0072380**
 Phone no.: **714-666-1234**