

Return of Organization Exempt From Income Tax

2017

Department of the Treasury

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.

Open to Public

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| | ai Revenu | | <u> </u> | | /ww.irs.gov/Form9 | 90 for instruction | | | | | Inspection |
|-------------------------|---------------|---------------------------|------------------|------------------------|---|------------------------|-----------------------|-----------------|-------------------------|---------------|---|
| Α | For the | 2017 calend | ar year, or t | ax year begini | ning DEL | 1 | , 2017 | 7, and end | ing NOV | 30 | , 20 18 |
| В | Check if ap | Pplicable | C Name of or | ganization C | HEF FO | R KIDS | i. Inc | | | D | Employer identification no |
| | Address ch | hange | Doing busir | ness as | | | | | | 8 | 8-0860581 |
| | Name char | ∩ge | Number an | d street (or PO bo | x if mail is not delivered to | street address) | | | Room/suite | E | Telephone number |
| | Initial retur | 'n | Son | TO PA | RA-DISE | Rd_ #1. | D. G | | | | |
| \equiv | | n/terminated | City or low | state or province | country and ZIP or forei | | | | | G | Gross receipts |
| $\overline{}$ | Amended r | | LAS | · / · | Nevada | 89123 | | | | | \$ |
| \equiv | | | | address of principa | | 0 / 100 | | | H(a) is this a group | | |
| ч | Application | pending | r Name and | address or principa | Oncer | | | | | | |
| . — | | | | <u> </u> | | <u> </u> | | 03 | H(b) Are all subor | | |
| <i></i> | Tax-exemp | status | 501(c)(3) | 501(c) (|) (insert no) | 4947(a)(1) or | 527 | <u></u> | 4 | | st (see instructions) |
| | Website | | | | | 1 | | | H(c) Group exer | • | |
| | | ganization | Corporation | Trust Ass | ociation Other | 1 | L Year of form | nation | M State | of legal o | lomicile |
| Pa | rt}lj | Summar | <u>'———</u> | | | | | | | | |
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| 2Addvities & Governance | | | | | | | | | | | |
| Ë | - | | | | | | | | - | | |
| o ve | 2 | Check this bo | ox ▶ ☐ if th | ne organization | discontinued its op | erations or dispos | ed of more than | 25% of its | net assets | | |
| Ŏ | 3 | | _ | - | ning body (Part VI, I | · · | | | | 3 | Five |
| ∞5 ∨2 | 4 | | - | _ | of the governing bo | • | 1b) | | | 4 | Five |
| <u>i</u> | 5 | | • | - | calendar year 2017 | • • | | | | 5 | - 0 |
| œ | 6 | | | s (estimate if r | - | | | | | 6 | FIVE |
| ₹ | 72 | | | • | Part VIII, column (C) | lma 12 | | | | 7a | 777.6 |
| | 1 | | | | | • | | | | | 3 3 |
| 19 | _ b | Net unrelated | business ta | ixable income | rom Form 990-T-II | le-34 | 77 1 | | | 7b | |
| | | | | | | NEUEI | <u> </u> | | Prior Year | | Current Year |
| APR | | | • | (Part VIII, line | 121 | | ၂ပ္တု | | <u>87, 25</u> | 2 | 111392 |
| עמַ | - 1 | _ | | (Part VIII, line | | JAN 29 | 5018 & | • • • | <u> </u> | | |
| چ ڏ | 10 | Investment in | come (Part | VIII, column (A |), lines 3, 4, and 7d) |) JAN. # 0. 1 | : ```` & . | • • • | | | |
| Щ% | | | | | es 5, 6d, 8c, 9c, 10c | | <u></u> | | 151 139 | | 11921958 |
| <u>z</u> _ | 12 | Total revenue | e - add lines | 8 through 11 (r | nust equal Part VIII, | column (A); line | 12) | <u> م</u> | 38.390 | | 3041350 |
| SCANNED AP | 13 | Grants and s | ımılar amour | nts paid (Part I) | K, column (A), lines | 1-3) | | | <u> </u> | | 1 |
| ري اي | 14 | Benefits paid | to or for me | mbers (Part IX | , column (A), line 4) | | | | | | • |
| | 1 | | | | benefits (Part IX, c | olumn (A), lines 5 | i-10) · · · | 🗀 | | | 1 |
| Expenses | | | | | olumn (A), line 11e) | | | 🗀 | | | |
| ë | | | _ | * | ımn (D), line 25) | > | | | | | , |
| 쏪 | I | | | | es 11a-11d, 11f-24e | ` | | | 34406 | , | 236.466 |
| ш | - 1 | • | | | equal Part IX, colum | • | | f . | 34 406 | $\overline{}$ | 336,466 |
| | 1 | • | | Subtract line 1 | • | | | | <u> </u> | | |
| | | Revenue les | s expenses | Subtract line | o iroin iine 12 · | | | | 3,984 | | 321116> |
| Net Assets or | 2 | | | | | | | Be | ginning of Current | Year | End of Year |
| set | 20 | Total assets (| • | • | | | | | 31.705 | | 99.589 |
| Š | 21 | Total liabilities | • | • | | | | · · · · | | | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| | | | | es Subtract li | ne 21 from line 20 | | <u>.</u> | <u>···/</u> | 31,705 | ĺ | 79,589 |
| Pa | rtilli | Signatu | re Block | | | | | | <u></u> | | · |
| Und | er penaltie: | s of perjury, I dec | lare that I have | examined this returned | n, including accompanyin cer) is based on all inform | g schedules and state | ments, and to the be- | st of my know | ledge and belief, it is | | |
| 1146, | Wilea, ai | ild Complete Dec | alayor of prep | arer (other trial) | cer) is based on all mior | nation of which prepar | er nas any knowledge | <u> </u> | | | 7 7 1 1 1 1 |
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| Sig | n | Signatur | e of officer | 0/ > | 24/ | ~ . | | | | Date | |
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| | parer | <u> </u> | | | 74129 | | 11-60 | - 17 | self-employe | | 247780:- |
| | • | Firm's name | | <u>etand Willia</u> | | | | | Firm's EIN 🕨 🔏 | 5-0 | <u> </u> |
| USt | Only | Firm's address | | 4603 W. Dese | ert inn Ka levada 89102 | | | } ' | Phone no | | |
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| Forn | n 990 (2017) Page 2 |
|-----------|---|
| Pa | 所則 Statement of Program Service Accomplishments |
| | Check if Schedule O contains a response or note to any line in this Part III |
| 1 | Briefly describe the organization's mission |
| ` | Nutrition for Needy Children |
| | |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the |
| | prior Form 990 or 990-EZ? |
| | If "Yes," describe these new services on Schedule O |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program |
| | services? · · · · · · · · · · · · · · · · · · · |
| | If "Yes," describe these changes on Schedule O |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by |
| | expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, |
| | the total expenses, and revenue, if any, for each program service reported |
| 4a | (Code) (Expenses \$313-16-14-16-16 including grants of \$) (Revenue \$) |
| 40 | · · · · · · · · · · · · · · · · · · · |
| | The Dreament proposed Meds for |
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| | Weedy Children |
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| 4d | |
| | (Expenses \$ including grants of \$) (Revenue \$) |
| <u>4e</u> | Total program service expenses ► |
| EEA | Form 990 (2017) |

Page 2

| _ | 990 (2017) [AND Checklist of Required Schedules | _ | <u>'</u> | Page 3 |
|------|--|------------|--|--|
| 2.57 | ATTENDED TO THE CONTROL OF THE CONTR | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| • | complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | × | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | - | |
| - | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | メ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| • | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | · · · · | _ |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | | | |
| | Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | Ť | - | |
| Ü | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | ĺ | , |
| | "Yes," complete Schedule D, Part I | 6 | i | X |
| 7 | | ├ - | | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II. | , | | X |
| _ | | 7 | | |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | _ | | X |
| _ | complete Schedule D, Part III | 8 | <u>'</u> | <u> </u> |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | تسد ا |
| | custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | - | |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | | レ |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | 4 | Δ |
| 1 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | X |
| | complete Schedule D, Part VI | 11a | | ~ |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more | | | X |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more | | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | | | \ <u>.</u> |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | × |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 2a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | |
| - | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | × |
| 4a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | 3 |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | <u> </u> |
| U | | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100.000 or more? If "Yes." complete Schedule F. Parts I and IV | 4.4h | | v |
| _ | ,, | 140 | | X_ |
| 5 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 45 | | |
| _ | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | <u>x</u> _ |
| 6 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | W |
| _ | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | 4.4 |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | X |
| 8 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II · · · · · · · · · · · · · · · · · · | 18 | | 22 |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | el. |
| EEA | | Form | 990 (2 | 20171 |

| Checklist of Required Schedules (continued) Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X 22 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X 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 22 X 23 Did the organization answer "Yes" to Part IVI, Section A, line 3.4, or 5 about compensation of the organizations current and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Parts I and III 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a 24a X 24a X 24a X 24a 24 |
|---|
| Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 1 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 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 II 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 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organizations answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a 24a 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 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24c Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? (24d 27d 27d 27d 27d 27d 27d 27d 27d 27d 27 |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 10 dit the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 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 22 Did the organization answer "Yes" to Part VII, Section A, line 3. 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a 24a Did the organization ministin an escrow account other than a refunding escrow at any time during the year to defease any tex-exempt bonds? 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization exess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b Did the organization aware that it engaged in an excess benefit transaction with a disqualified person of uring the year? If "Yes," complete Schedule L, Part II 25b Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27 Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 27 Did the organization aparty to a business transaction with one of the following parties (see Sc |
| 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 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 Did the organization answer "Yes" to Part VII, Section A, line 3. 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3. 4, or 5 about compensation of 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 Did the organization have a tax-exempt bonds beyond a temporary period exception? Did the organization west 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? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person 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 II 25b If 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, 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 Schedul |
| domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 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 22 Did the organization answer "Yes" to Part VII, Section A, line 3.4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25c Did the organization as an "ion behalf of" issuer for bonds outstanding at any time during the year? 25d 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 25d 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? 25d If "Yes," complete Schedule L, Part I 25d 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, 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 II 27d Did the organization a party to a |
| 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? II "Yes," complete Schedule I, Parts I and III 22 |
| Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization have at ax-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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d |
| Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 bid 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 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 II 25b 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, inghest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III 27 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 A family member of a current or former officer, director, trustee, or key employee? I |
| organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b C Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25b Did the organization aware that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25d If "Yes," complete Schedule L, Part I 25d 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 26b Use 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 IV 27d Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28d A family member of a current or |
| employees? If "Yes," complete Schedule J 23 |
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| 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 |
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| disqualified persons? If "Yes," complete Schedule L, Part II |
| 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 |
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| Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV |
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| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV |
| Schedule L, Part IV · · · · · · · · · · · · · · · · · · |
| Schedule L, Part IV · · · · · · · · · · · · · · · · · · |
| c. An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) |
| 7 This child of Whiteh a darrent of former amount, and according to a terminal manners the according to |
| was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified |
| conservation contributions? If "Yes," complete Schedule M |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, |
| Part I |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," |
| complete Schedule N, Part II |
| 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 |
| 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 · · · · · · · · · · · · · · · · · · |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? |
| b 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 |
| 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 |
| 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, |
| Part VI |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and |
| 19? Note. All Form 990 filers are required to complete Schedule O |

| | 990 (2017) | | ۲ | age : |
|----------|--|------------|-------------|---|
| Pai | Statements Regarding Other IRS Filings and Tax Compliance | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | - | Yes | No |
| 1a՝ | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | 7.1 | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | | | F - 1 |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and | لسمنا | لنسا | <u>. </u> |
| | reportable gaming (gambling) winnings to prize winners? | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | F . | ٠٠, | |
| | Statements, filed for the calendar year ending with or within the year covered by this return | 1 | 5 | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | ١. |
| | account)? | 4a | | イ |
| b | If "Yes," enter the name of the foreign country | 1 | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | 1 | 1 | ļ. ' |
| | (FBAR) | | - 1 | 1 |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | 又 |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| С | If "Yes" to line 5a or 5b, 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 | | × |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| - | qifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 1 | F ' | F - |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | ; " " | f - |
| u | and services provided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| · | required to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 5 | ļ ~ | 5 |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | ン |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | بخر |
| | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | .//. | 2 |
| 9 | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | <i>~</i> | <u>, </u> |
| ." | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | 4/ | 5 |
| 8 | | 8 | | |
| | sponsoring organization have excess business holdings at any time during the year? | 7 | | $\stackrel{\sim}{\leftarrow}$ |
| 9 | Sponsoring organizations maintaining donor advised funds. | 9a | استط | X |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9b | | - |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | F | ولاستأ | |
| 10 | Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII. line 12 | | .] | 1. |
| a | | | | 1 |
| ь | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | 1 |
| 11 | Section 501(c)(12) organizations. Enter | | | ١. |
| a | Gross income from members or shareholders | ا بر إ | - | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | 1: : 1 | l | f |
| | against amounts due or received from them) | اسا | <u> </u> | <u> </u> |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | - | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 1 | 1 | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | لنا | لنسط | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | 1. | 단지 | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | (sd) | | 2 0 |
| | the organization is licensed to issue qualified health plans | | | 1 |
| С | Enter the amount of reserves on hand | 1 | 1 | <u> </u> |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | |

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b_

| | 990 (2017) | | | age 0 |
|--------|--|-------|--|------------|
| Ŗа | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a ' | 'No" | | |
| | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions | | | |
| | Check if Schedule O contains a response or note to any line in this Part VI | • • • | • • • | <u>· Ц</u> |
| Sec | tion A. Governing Body and Management | | T | Т |
| | and the second s | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| | /committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | i | 1 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | ١, | | X |
| • | any other officer, director, trustee, or key employee? | 2 | | V./ - |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | 3 | | × |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 4 | <u> </u> | ļ |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 5 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 6 | | 乄 |
| 6 | Did the organization have members or stockholders? | - | | 23 |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | X |
| h | one or more members of the governing body? | , ra | | . 7 |
| b | stockholders, or persons other than the governing body? | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| 0 | the year by the following | | | |
| 2 | The governing body? | 8a | X | |
| a b | Each committee with authority to act on behalf of the governing body? | 8b | N | A |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | 77, | |
| J | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) | | | <u> </u> |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| 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 | 1 | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| 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 | 굻 | |
| 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 | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | Ī |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | , | 0_ |
| а | The organization's CEO, Executive Director, or top management official | 15a | N | A |
| b | Other officers or key employees of the organization | 15b | 1 | 1 |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16a | | 14 |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | |
| | organization's exempt status with respect to such arrangements? | 16b | | L |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | | | |
| | available for public inspection. Indicate how you made these available. Check all that apply | | | |
| | Own website Dother's website Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | | | |
| | financial statements available to the public during the tax year | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | |

- 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 | compe | nsat | ed a | пу с | urrent | offic | er, director, or trust | ee | |
| (A) Name and Title | (B) Average hours per week (list any hours for related | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer and control of the control of | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization |
| | organizations below dotted (ine) | Individual trustee or director | nstitutional trustee | er | Key employee | Highest compensated employee | ner | (vv-2/1035-1vii3C) | | and related organizations |
| (1) CHRIS SOHNS | | X | | | | | | - :0- | | ده. حور م |
| (2) Linda Montroya | | K | | | | | | - 7 | - 2 - | |
| (3) Jeffrey Martell | | X | | | | | | | | |
| (4) Richard Carlo | | × | | | | | | - è/- | -0- | |
| (5) | | | | | | | | | | |
| <u>(6)</u> | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | - | | ***** | | | | , | |
| <u>(9)</u> | | | | | | | | - | | |
| (10) | | | | | | | | | | |
| (11) | | | | | | | | | | |
| (12) | | | | | | | | | | , |
| (13) | | | | | | | | i | | |
| (14) | | | | | | | | | _ | |

| (A) Name and title | (B) Average hours per week (list any | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|--|--|--|-----------------------|---------|--------------|---|------------|---|---|--|
| | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | from the organization and related organization |
| 5) | | | | | | • | | | | - |
| 6) | | | | | | | | | | |
| 7) | | | | | | | | | | |
| 8) | | ********** | 1 | | | ********** | | | | - |
| 9) | | | | | | | | | | |
| 0) | | | | | | | | | | |
| () | | nanamanan | | | ., | | | | | |
| <u>'</u>) | | | | | | | | | | |
| ······································ | | | | | | | | *************************************** | - 44 | |
| ·) | | | | | | | | | | |
| ;) | , | | | | | | | | | |
| to Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c) | on A · · | | | | | | * * | | | - 2- |
| 2 Total number of individuals (including but not limited reportable compensation from the organization | | above | e) wh | no re | ceive | ed mo | re th | an \$100,000 of | | |
| 3 Did the organization list any former officer, director employee on line 1a? If "Yes," complete Schedule | | | • | | • | | • | ensated | | Yes |
| 4 For any individual listed on line 1a, is the sum of reportanization and related organizations greater than | \$150,000? If | "Yes," | com | plete | e Sci | hedule | J fo | r such | | |
| Individual | ompensation fr | om an | y uni | relat | ed o | rganız | ation | | | 5 |
| 1 Complete this table for your five highest compensation from the organization Report compe | • | | | | | | | | | |
| year (A) | | | | | | | | (B) | | (C) |
| Name and business address | | | | | | | | Description of | services | Compensation |
| | | | | | | | | 1 | 1 | |

received more than \$100,000 of compensation from the organization

| Partivilly Statement of Revenue | | | | | | | | |
|---|------------------------|---|--------------------|-----------------------|----------------------|---|---|--|
| , | | Check if Schedule O contains | a response or not | e to any line in this | Part VIII) | | · · · · · · · · · · · · · · · · · · · | <u>.,</u> |
| | | | | | (A) Total revenue | : (B) Related or :exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| rants | 1a b | Federated campaigns Membership dues | | | | | | |
| s, Gifts, G milar Amo | c d e | Fundraising events Related organizations Government grants (contribution | | 192,958 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | f g | All other contributions, gifts, gran and similar amounts not included Noncash contributions included i | its, I above 1f | 11,392 | | | | |
| - | h | Total. Add lines 1a-1f | _ | Business Code | 304350 | | | |
| Program Service Revenue | 2a b c d e | All other program service revenue | | | | | 1 | |
| | ľ | Total. Add lines 2a-2f · · · · | • | | 3 | | | |
| , , , | 4 | Investment income (including dividing dividing and other similar amounts) . Income from investment of tax-ex Royalties | empt bond proces | | | | | |
| | b c | Gross rents Less rental expenses | (i) Real | (II) Personal | | | | |
| • | 7á | Gross amount from sales of assets other than inventory | (i) Securities | (II) Other | | | | |
| | С | Less cost or other basis and sales expenses | | | | | | |
| Other Revenue | | Gross income from fundraising events (not including \$ of contributions reported on line 1 See Part IV, line 18 | | , | | | | al a |
| ŏ | С | Net income or (loss) from fundrais Gross income from gaming activity | ties | | | Party Carl | | |
| | С | See Part IV, line 19 Less direct expenses | b | | | | | |
| | ь | Gross sales of inventory, less returns and allowances · · · · Less cost of goods sold · · · Net income or (loss) from sales o | b | | | | | |
| | 11a | Miscellaneous Revenue | | Business Code | | | | |
| ` | c d | All other revenue · · · · · · · · · · · · · · · · · · · | | | | | | |
| , | 12 | Total revenue See instructions | | | 304250 | - | · - | |

Form 990 (2017)

| | on 501(c)(3) and 501(c)(4) organizations must complete all co | | | | |
|----|--|--|--|--|--|
| | ` Check if Schedule O contains a response or note to | | , | | |
| | ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to domestic organizations | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| | and domestic governments See Part IV, line 21 | | | And the same of the same | |
| 2 | Grants and other assistance to domestic | | | The same of the same | |
| | ındıvıduals See Part IV, line 22 | | | K. J. St. Line | |
| 3 | Grants and other assistance to foreign | 4 | | The state of the s | The state of the s |
| | organizations, foreign governments, and foreign | | | | The control of the co |
| | individuals See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | The state of the state of | |
| 5 | Compensation of current officers, directors, | | | 7 | |
| • | trustees, and key employees | | | | ` |
| 6 | Compensation not included above, to disqualified | | | | , |
| • | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) · · · · · · | | | | |
| 7 | Other salanes and wages | | · · · · · · · · · · · · · · · · · · · | | |
| 8 | Pension plan accruals and contributions (include | | | | |
| Ü | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| | Fees for services (non-employees) | | | | |
| 11 | Management · · · · · · · · · · · · · · · · · · · | | | | |
| a | Legal | | | | |
| b | Accounting | | | _ | |
| C | Lobbying | | | | |
| d | | | | | · |
| e | Professional fundraising services See Part IV, line 17 | | Britis and the same | 38 2 12 part 5 of 4 6 18 8 5 4 6 | <u> </u> |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, column | | ļ | | |
| | (A) amount, list line 11g expenses on Schedule O) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | ļ | | | |
| 14 | Information technology | | 1 | | |
| 15 | Royalties · · · · · · · · · · · · · · · · · · · | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | - | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | Maranimer and reference in a larger | Manager of the State of the Sta | of the magn. I am inches - with | the contract of the contract of the |
| 24 | Other expenses Itemize expenses not covered | L. Alking and L. | | | |
| | above (List miscellaneous expenses in line 24e If | · 人名德拉尔 | | | |
| | line 24e amount exceeds 10% of line 25, column | | | 1 | |
| | (A) amount, list line 24e expenses on Schedule O) | The state of the s | Marie Town | The Sant State of the State of | المستكروم المستورة في مستعدد المستعدد المراكم |
| а | SCH EI | 336,466 | | | |
| b | | | | | |
| С | | | ļ | | |
| d | | | | | |
| е | All other expenses | | | | <u></u> |
| 25 | Total functional expenses. Add lines 1 through 24e . | | | | |
| 26 | Joint costs. Complete this line only if the | | | | |
| | organization reported in column (B) joint costs from a combined educational campaign and | | | | |
| | fundraising solicitation Check here | | | | |
| | following SOP 98-2 (ASC 958-720) | 336,466 | l | | |

| Form Par | 990 (20 | Balance Sheet | | | Page 11 |
|-----------------------------|----------------------|--|--|------------------|--|
| (Edi | [₃ .V.4] | | | | |
| | • | Check if Schedule O contains a response or note to any line in this Part X | (A) | : : : | (B) |
| | | | Beginning of year | | End of year |
| | 1 | Cash - non-interest-bearing | 131,705 | 1 | 99 589 |
| | 2 | Savings and temporary cash investments | 131,700 | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, | The state of the state of | - | |
| | | trustees, key employees, and highest compensated employees | | | 3 |
| | | Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section | E | | 41 |
| | | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and | | | |
| | | sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary | | ن ، | |
| | | organizations (see instructions) Complete Part II of Schedule L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| ets | 8 | Inventories for sale or use | | 8 | |
| Assets | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment cost or | Carlotte Salara Carlotte Carlo | b) | The state of the s |
| | ''- | other basis Complete Part VI of Schedule D 10a | | , , | |
| | ь | Less accumulated depreciation 10b | | 10c | |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 131,705 | 16 | 99289 |
| | 17 | Accounts payable and accrued expenses | | 17 | |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| es | 22 | Loans and other payables to current and former officers, directors, | July & France Charles | | |
| iiti | | trustees, key employees, highest compensated employees, and | | | |
| Liabilities | 1 | disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties · · · · · · · · · · · · · · · · · · · | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties · · · · · · · · · · · · · · · · · · · | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D · · · · · · · · · · · · · · · · · · | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | - 0 - | 26 | |
| | | Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and | | 3 | |
| Çe | | complete lines 27 through 29, and lines 33 and 34. | - 10° | 17.5 | |
| lan | 27 | Unrestricted net assets | | 27 | |
| Ва | 28 | Temporanly restricted net assets | | 28 | |
| pur | 29 | Permanently restricted net assets | Market and the second second second | 29 | to the state of the same of th |
| Ę | ļ | Organizations that do not follow SFAS 117 (ASC 958), check here | 14. A. | C. 5 | |
| S O | | complete lines 30 through 34. | | لينا | Town Market Control |
| set | 30 | Capital stock or trust principal, or current funds | | 30 | |
| As | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated income, or other funds | 1 | 32 | 00 |
| _ | 33 | Total net assets or fund balances | 131,705 | 33 | 77,5-89 |
| | 34 | Total liabilities and net assets/fund balances | 131,705 | 34 | 97,589 |
| EEA | | | | | Form 990 (2017) |

Page 11

| Form | 990 (2017) | ` | | Page 12 |
|------|---|------------|-------------|-----------------|
| Pa | 授郑广 Reconciliation of Net Assets | | | 1 |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u> </u> | | <u>□</u> |
| 1 | Total`revenue (must equal Part VIII, column (A), line 12) | 3 | 04 | 350 |
| 2. | Total expenses (must equal Part IX, column (A), line 25) | 3 | 36, | 466 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | | <u>За.</u> | 1162 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 1. | <u>317</u> | 105 |
| 5 | Net unrealized gains (losses) on investments | | | |
| 6 | Donated services and use of facilities | | | |
| 7 | Investment expenses | | | |
| 8 | Prior period adjustments | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | ļ <u> </u> | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line | _ | | |
| | 33, column (B)) | | <u> 93</u> | 87 |
| Pa | 作XIII Financial Statements and Reporting | | - • | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u> </u> | | <u>.:LL</u> |
| | | <u> </u> | Ye | s No |
| 1 | Accounting method used to prepare the Form 990 | į. | 1 5 | - |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | ķ | į | , |
| | Schedule O | _ | <u> </u> ` | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | _ ۰ ۰ ۰ | 2a | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | ļ' | . '' | |
| | reviewed on a separate basis, consolidated basis, or both | þ | į | 3 |
| | Separate basis | <u> </u> _ | —- `— | |
| b | Were the organization's financial statements audited by an independent accountant? | ٠٠٠ ا_ | 2b | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | <u>[</u> | ĺ, | |
| | separate basis, consolidated basis, or both | | ŀ | 1 |
| | Separate basis Gonsolidated basis Both consolidated and separate basis | ļ; | ŀ | 1: 1 |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | ļ <u>.</u> | <u></u> | _ |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | · · · _ | 2c | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | 1 | Ą. | - 1 |
| | Schedule O | <u> </u> | | _ |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | |
| | the Single Audit Act and OMB Circular A-133? | \cdots | 3a | <u> </u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | |
| EEA | | F | orm 99 | 0 (2017) |

SCHEDULE A (Form 990 or 990-EZ)

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.

2017 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

| | .C | HEF | FOR | KIDS | , LNC | | | | 88-08 | 6058 | 7 |
|---------------|--|--|---------------------|----------------|-----------------------|---|---------------|-------------|-------------------------|-------------|-------------|
| Į P ,a | art | Reas | on for Pub | lic Charity | Status (All or | ganizations must c | omplete | this par | t) See instructio | ns | |
| The | orgar | nization is n | ot a private fou | ndation beca | use it is (For lines | 1 through 12, check only | one box) | | | | |
| 1 | | A church, | convention of | churches, or a | association of chure | ches described in section | n 170(b)(1 |)(A)(i). | | i. | |
| 2 | | A school d | lescribed in se | ction 170(b)(| (1)(A)(iı). (Attach S | chedule E (Form 990 or | 990-EZ)) | | | 1 | 6 |
| 3 | П | A hospital | or a cooperati | ve hospital se | rvice organization | described in section 170 | (b)(1)(A)(i | ii). | | - | |
| 4 | 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 | | | | | | | | | | |
| | _ | | • | • | , | • | | • | | | |
| 5 | 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 | | | | | | | | | | |
| | _ | | 70(b)(1)(A)(iv) | | | | | | | | |
| 6 | П | | | | • | it described in section 17 | 70(b)(1)(A |)(v). | | | |
| 7 | Ħ | 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 | | | | | | | | | |
| - | _ | • | | • | (Complete Part II) | • | | | • | | |
| 8 | П | | | | | (Complete Part II) | | | | | |
| | 泫 | | - | | | | ed in coni | unction wit | h a land-grant college | : | |
| _ | 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 | | | | | | | | | | |
| | | university | ., | - g | | ,, | | | | | |
| 10 | П | • | ration that norn | nally receives | : (1) more than 33 1 | /3% of its support from c | ontribution | s, member | ship fees, and gross | | |
| | | • | | - | | bject to certain exception | | | | | |
| | | • | | | • | ness taxable income (les | | | | | |
| | | • • | • | | | ction 509(a)(2). (Comple | | • | | | |
| 11 | П | ' | , , | | • | st for public safety See s | | | | | |
| 12 | Ħ | • | _ | • | • | e benefit of, to perform the | | | arry out the purposes | | |
| - | ш | _ | - | | - | d in section 509(a)(1) or | | | |) _ | |
| | | | | | | type of supporting organ | | | | | |
| | а | | | • | | ed, or controlled by its su | | - | | _ | |
| | ~ | | • | • | • | ppoint or elect a majority | | - | | | |
| | | | | | | /, Sections A and B. | 00 00 | | | | |
| | b | | | | • | trolled in connection with | ıts suppor | ted organiz | zation(s), by having | | |
| | - | | | | • | vested in the same pers | | - | | | |
| | | | _ | • | lete Part IV, Section | • | | | g | | |
| | С | | • • | • | - | nization operated in conn | ection with | and funct | ionally integrated with | 1 | |
| | Ū | | _ | _ | | must complete Part IV, | | | | -1 | |
| | d | | - | | | organization operated in | | | ab | (s) | |
| | • | | | | | nerally must satisfy a dist | | | | (-, | |
| | | | | | | Part IV, Sections A and | | | | | |
| | e | | • | • | • | etermination from the IRS | - | | pe II. Type III | | |
| | • | _ | | _ | | grated supporting organi | | , , , , , | po, .,po | | |
| | f | | number of supp | | | | | | | [| |
| | g | | • • | - | t the supported orga | | | | | L | |
| | | | ported organization | | (ii) EIN | (III) Type of organization | (ıv) is the c | rganization | (v) Amount of monetary | (vi) Amoui | nt of |
| | , | , | , | | (, = | (described on lines 1-10 | listed in you | r governing | support (see | other suppo | rt (see |
| | | | | | | above (see instructions)) | docum | ent? | instructions) | instructio | ons) |
| | | | | | | | Yes | No | 1 | | |
| | | | | | | | , | | | | |
| (A) | | | | | | | } | | | | |
| | | | | | - | | | | | | |
| (B) | | | | | | | | | | | |
| | | ·- ·- ·- ·- | · | | | | | | | | |
| (C) | | | | | | | | | | | |
| | | | - | | | 1- | | | | | - |
| (D) | | | | | | | Ì | | ! | | |
| | | • • | | | | | | | | | |
| (E) | | | | | | | | | | | _ |
| Tota | al | | ···· | | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2017 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Partill (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received (Do not 177 584 239,199 336,466 238.390 include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total *338,390* 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business 1 is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) First five years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2016 Schedule A, Part II, line 14 % 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

18

| Sche | dule A (Form 990 or 990-EZ) 2017 | | | | | | Page 3 |
|------|--|---------------------------------------|---------------------|--|--------------------|----------|------------|
| | rtilla Support Schedule for Org | | | | | | |
| | (Complete only if you chec | | | | | | er Part II |
| | If the organization fails to organization | ualify under th | e tests listed b | elow, please c | omplete Part II | l) | |
| Se | ction A. Rublic Support | · · · · · · · · · · · · · · · · · · · | | | | | |
| Cal | endar year (or (iscal year beginning in) | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 172.294 | 177584 | 239 199 | 238,390 | 336 466 | 1 163,933 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | 1 | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | as a control of the c | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | L de | | | |
| 6 | Total Add lines 1 through 5 | , A | 1 | 1 | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | , | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b · · · · · · · · · | 172,294 | 177584 | 239/199 | 2387. 390 | 334 466 | 1163 933 |
| 8 | Public support. (Subtract line 7c from line 6) | | | 1/200 | | | |
| Sec | ction B. Total Support | | | | | | |
| Cale | endar year (or fiscal year beginning in) | (a) 2013 | (b) 2014 | (6) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 9 | Amounts from line 6 $\cdots \cdots $ | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b · · · · · · · · · · · · | | | | | ļ | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 13 | Total support (Add lines 9, 10c, 11, and 12) | 172,294 | 177584 | 239,199 | 238,390 | 336,466 | 1,163 933 |
| 14 | First five years. If the Form 990 is for the org organization, check this box and stop here | ganization's first, se | cond, third, fourth | • | a section 501(c)(3 | | |
| Sec | ction C. Computation of Public Su | pport Percent | age | | | | |
| 15 | Public support percentage for 2017 (line 8, co | lumn (f) divided by l | line 13, column (f) | | | 15 | % |
| 16 | Public support percentage from 2016 Schedul | | | | <u> </u> | 16 | % |
| Sec | ction D. Computation of Investme | | | | | | |
| 17 | Investment income percentage for 2017 (line | | | | | 17 | % |
| 18 | Investment income percentage from 2016 Sc | hedule A, Part III, i | ine 17 • • • • | | | 18 | \ % |

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 1/8 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ

Open to Public

OMB No. 1545-0047

Department of the Treasury Infemal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

| CHEF FOR KIDS INC. | 88=0860581 |
|--|-------------|
| #1) The organization has members | |
| the goldening body. | of . |
| the golerning body. | |
| By the members | to approval |
| 04) The 990 return does get revi | ewed prior |
| 19 The 990 return does get revision by the governing | 3 body |
| 03) Governing documents are mi | de |
| stailable to the public | |
| assistable to the public upon request. | |
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