

KIDANGO, INC.  
PUBLIC DISCLOSURE COPY  
RETURN OF EXEMPT ORGANIZATION  
YEAR ENDED JUNE 30, 2018

Form **990**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**  
Open to Public Inspection

**A** For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>KIDANGO, INC.</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>44000 OLD WARM SPRINGS BLVD</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>FREMONT, CA 94538</b> | <b>D</b> Employer identification number<br><b>94-2581686</b><br><b>E</b> Telephone number<br><b>510-897-6900</b>                                                                                                                                                                                                                                                             |
| <b>F</b> Name and address of principal officer: <b>SCOTT MOORE</b><br><b>SAME AS C ABOVE</b>                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                   | <b>G</b> Gross receipts \$ <b>47,283,349.</b><br><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527<br><b>J</b> Website: ▶ <b>WWW.KIDANGO.ORG</b>                                                                 |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                              |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶                                                                                                                            |                                                                                                                                                                                                                                                                                                                   | <b>L</b> Year of formation: <b>1979</b> <b>M</b> State of legal domicile: <b>CA</b>                                                                                                                                                                                                                                                                                          |

**Part I Summary**

|                             |                                                                                                                                                  |                                  |                     |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------|
|                             | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O.</b>                                      |                                  |                     |
| Activities & Governance     | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |                                  |                     |
|                             | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)                                                                       | <b>3</b>                         | <b>11</b>           |
|                             | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)                                                           | <b>4</b>                         | <b>11</b>           |
|                             | <b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)                                                            | <b>5</b>                         | <b>675</b>          |
|                             | <b>6</b> Total number of volunteers (estimate if necessary)                                                                                      | <b>6</b>                         | <b>61</b>           |
|                             | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12                                                                   | <b>7a</b>                        | <b>0.</b>           |
|                             | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34                                                                          | <b>7b</b>                        | <b>11,206.</b>      |
| Revenue                     | <b>8</b> Contributions and grants (Part VIII, line 1h)                                                                                           | <b>Prior Year</b>                | <b>Current Year</b> |
|                             | <b>9</b> Program service revenue (Part VIII, line 2g)                                                                                            | <b>29,129,012.</b>               | <b>35,149,372.</b>  |
|                             | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                          | <b>3,536,528.</b>                | <b>4,209,432.</b>   |
|                             | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                               | <b>-33,768.</b>                  | <b>6,980,579.</b>   |
|                             | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                     | <b>0.</b>                        | <b>0.</b>           |
| Expenses                    | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                                                                       | <b>32,631,772.</b>               | <b>46,339,383.</b>  |
|                             | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                                                                          | <b>0.</b>                        | <b>0.</b>           |
|                             | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)                                                      | <b>0.</b>                        | <b>0.</b>           |
|                             | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                                                                         | <b>22,968,503.</b>               | <b>26,655,148.</b>  |
|                             | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>                                                                   | <b>0.</b>                        | <b>0.</b>           |
|                             | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                                                                           | <b>11,127,429.</b>               | <b>14,833,943.</b>  |
|                             | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)                                                              | <b>34,095,932.</b>               | <b>41,489,091.</b>  |
|                             | <b>19</b> Revenue less expenses. Subtract line 18 from line 12                                                                                   | <b>-1,464,160.</b>               | <b>4,850,292.</b>   |
| Net Assets or Fund Balances | <b>20</b> Total assets (Part X, line 16)                                                                                                         | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
|                             | <b>21</b> Total liabilities (Part X, line 26)                                                                                                    | <b>12,437,120.</b>               | <b>20,900,821.</b>  |
|                             | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20                                                                             | <b>6,899,566.</b>                | <b>8,403,348.</b>   |
|                             |                                                                                                                                                  | <b>5,537,554.</b>                | <b>12,497,473.</b>  |

**Part II Signature Block**

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.

|                               |                                                                                                                        |                                                                                                                                                                        |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Sign Here</b>              | Signature of officer<br><b>SCOTT MOORE, CEO</b><br>Type or print name and title                                        | Date                                                                                                                                                                   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>LAUREN A. HAVERLOCK</b>                                                               | Preparer's signature<br><b>LAUREN A. HAVERLOCK</b>                                                                                                                     |
|                               | Firm's name ▶ <b>MOSS ADAMS LLP</b><br>Firm's address ▶ <b>101 SECOND STREET SUITE 900<br/>SAN FRANCISCO, CA 94105</b> | Date<br><b>05/09/19</b><br>Check if self-employed <input type="checkbox"/> PTIN<br><b>P00545829</b><br>Firm's EIN ▶ <b>91-0189318</b><br>Phone no. <b>415-956-1500</b> |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: KIDANGO CONTINUOUSLY WORKS TO IMPROVE OUR PROGRAMS AND EXPAND OUR SERVICES TO FULFILL OUR MISSION OF INSPIRING CHILDREN, EMPOWERING FAMILIES AND BUILDING STRONGER COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 29,141,045. including grants of \$ 0. ) (Revenue \$ 3,825,097. )

EDUCATION SERVICES: KIDANGO PROVIDES EDUCATION AND SUPPORT SERVICES TO OVER 3,500 CHILDREN. OUR CHILD DEVELOPMENT CENTERS PROVIDE FULL AND PART DAY PROGRAMS, BEFORE AND AFTER-SCHOOL PROGRAMS, INFANT, PRESCHOOL AND SCHOOL-AGED PROGRAMS IN A STIMULATING, MULTI-LINGUAL, CROSS-CULTURAL ENVIRONMENT.

4b (Code: ) (Expenses \$ 3,912,675. including grants of \$ 0. ) (Revenue \$ 0. )

SEE SCHEDULE O.

4c (Code: ) (Expenses \$ 3,357,526. including grants of \$ 0. ) (Revenue \$ 0. )

SEE SCHEDULE O.

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,838,362. including grants of \$ 0. ) (Revenue \$ 384,335. )

4e Total program service expenses 38,249,608.

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                                 | Yes                                 | No                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....                                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....                                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?<br><i>If "Yes," complete Schedule D, Part IV</i> .....         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>11</b> 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.                                                                                                                                                                       |                                     |                                     |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....                                                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....                                                                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....                                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....                                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....                                                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....                                                                                                                                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> ..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....                                                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....                                                                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....                                                                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**Part IV Checklist of Required Schedules** (continued)

|                                                                                                                                                                                                                                                                                                                                  | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....                                                                                                                                                                                                              |     | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....                                                                                                                                                                                                      |     |    |
| <b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....                                                                                             |     | X  |
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....                                                                                                                 |     | X  |
| <b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....                                                      | X   |    |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....                           |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....                                                                                                                                                                                                                 |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....                                                                                                                                                                        |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....                                                                                                                                                                                                           |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....                                                                                               |     | X  |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....                                        |     | X  |
| <b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....                                 |     | X  |
| <b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <b>28</b> 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):                                                                                                                          |     |    |
| <b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....                                                                                                                                                                                                    |     | X  |
| <b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....                                                                                                                                                                                 |     | X  |
| <b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> .....                                                                                     |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....                                                                                                                                                                                                  |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....                                                                                                                                  |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i> .....                                                                                                                                                                                     |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....                                                                                                                                                                      |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....                                                                                                                      |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....                                                                                                                                                                  | X   |    |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....                                                                                                                                                                                                                         |     | X  |
| <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....                                                                                          |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....                                                                                                                                  |     | X  |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....                                                                             |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?<br><b>Note.</b> All Form 990 filers are required to complete Schedule O .....                                                                                                                           | X   |    |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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

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

**Section A. Governing Body and Management**

|           |                                                                                                                                                                                                                                                                                                          | Yes | No |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>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. |     |    |
|           | 1a                                                                                                                                                                                                                                                                                                       | 11  |    |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent                                                                                                                                                                                                                       |     |    |
|           | 1b                                                                                                                                                                                                                                                                                                       | 11  |    |
| <b>2</b>  | 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?                                                                                                                                    |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?                                                                                     |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?                                                                                                                                                                                         |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?                                                                                                                                                                                               |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?                                                                                                                                                                                                                                                       |     | X  |
| <b>7a</b> | 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?                                                                                                                                                       |     | X  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?                                                                                                                                                |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                                                                                        |     |    |
| <b>a</b>  | The governing body?                                                                                                                                                                                                                                                                                      | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?                                                                                                                                                                                                                                    | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O                                                                                             |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |                                                                                                                                                                                                                                                                                              | Yes | No |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?                                                                                                                                                                                                                           |     | X  |
| <b>b</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?                                                                   |     |    |
| <b>10b</b> |                                                                                                                                                                                                                                                                                              |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?                                                                                                                                                                  | X   |    |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13                                                                                                                                                                                                      | X   |    |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?                                                                                                                                                          | X   |    |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done                                                                                                                                           | X   |    |
| <b>12c</b> |                                                                                                                                                                                                                                                                                              |     |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?                                                                                                                                                                                                                                    | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?                                                                                                                                                                                                               | X   |    |
| <b>15</b>  | 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?                                                                         |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official                                                                                                                                                                                                                       | X   |    |
| <b>b</b>   | Other officers or key employees of the organization<br>If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).                                                                                                                                                   |     | X  |
| <b>15a</b> |                                                                                                                                                                                                                                                                                              |     |    |
| <b>15b</b> |                                                                                                                                                                                                                                                                                              |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?                                                                                                                                        |     | X  |
| <b>b</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? |     |    |
| <b>16b</b> |                                                                                                                                                                                                                                                                                              |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 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     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 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: **SCOTT MOORE - 510-325-9227**  
**4400 OLD WARM SPRINGS BLVD., FREMONT, CA 94538**

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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.

| (A)<br>Name and Title                                           | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                 |                                                                                     | Individual trustee or director                                                                            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (1) SHAMS TABREZ<br>PRESIDENT & CHAIRPERSON                     | 2.00<br>2.00                                                                        | X                                                                                                         |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (2) ZELICA RODRIGUEZ-DEAMS<br>VICE PRESIDENT & VICE CHAIRPERSON | 2.00<br>2.00                                                                        | X                                                                                                         |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (3) GERRY MCFAULL<br>TREASURER                                  | 2.00<br>2.00                                                                        | X                                                                                                         |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (4) JOHN M. TRUE<br>SECRETARY                                   | 2.00<br>2.00                                                                        | X                                                                                                         |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (5) RONALD TOWNS<br>2ND VICE PRESIDENT & BOARD MEMBER           | 2.00<br>2.00                                                                        | X                                                                                                         |                       | X       |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (6) CATHERINE ATKIN<br>BOARD MEMBER                             | 2.00<br>2.00                                                                        | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (7) DON BOLCE<br>BOARD MEMBER                                   | 2.00<br>2.00                                                                        | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (8) MICHAEL GARCIA<br>BOARD MEMBER                              | 2.00<br>2.00                                                                        | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (9) ED GREEN<br>BOARD MEMBER                                    | 2.00<br>2.00                                                                        | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (10) SUSAN MUENCHOW<br>BOARD MEMBER                             | 2.00<br>2.00                                                                        | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (11) PEGGY PIZZO<br>BOARD MEMBER                                | 2.00<br>2.00                                                                        | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (12) HARVEY SCHLOSS<br>BOARD MEMBER (THRU 04/18)                | 2.00<br>1.00                                                                        | X                                                                                                         |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| (13) SCOTT MOORE<br>CHIEF EXECUTIVE OFFICER                     | 40.00                                                                               |                                                                                                           |                       | X       |              |                              |        | 196,914.                                                             | 0.                                                                        | 7,000.                                                                                        |
| (14) KATE BREITZMAN<br>CHIEF OPERATIONS OFFICER                 | 40.00                                                                               |                                                                                                           |                       | X       |              |                              |        | 144,315.                                                             | 0.                                                                        | 7,000.                                                                                        |
| (15) JENNIFER PARE<br>CHIEF EARLY LEARNING OFFICER              | 40.00                                                                               |                                                                                                           |                       | X       |              |                              |        | 131,910.                                                             | 0.                                                                        | 7,000.                                                                                        |
| (16) ORALIA HOULE<br>CHIEF FINANCIAL OFFICER                    | 40.00                                                                               |                                                                                                           |                       | X       |              |                              |        | 157,264.                                                             | 0.                                                                        | 7,000.                                                                                        |
| (17) ANDREA GARCIA<br>CHIEF PEOPLE OFFICER                      | 40.00                                                                               |                                                                                                           |                       | X       |              |                              |        | 130,081.                                                             | 0.                                                                        | 7,000.                                                                                        |



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A)<br>Name and title                                          | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                                |                                                                                     | Individual trustee or director                                                                            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (18) TERESA MURGUIA<br>VP OF HUMAN RESOURCES                   | 40.00                                                                               |                                                                                                           |                       |         |              | X                            |        | 103,229.                                                             | 0.                                                                        | 7,000.                                                                                        |
| (19) PEPIJN VAN HOUWELINGEN<br>VP OF RESEARCH & POLICY         | 40.00                                                                               |                                                                                                           |                       |         |              | X                            |        | 106,885.                                                             | 0.                                                                        | 7,000.                                                                                        |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
|                                                                |                                                                                     |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |
| <b>1b Sub-total</b>                                            |                                                                                     |                                                                                                           |                       |         |              |                              |        | 970,598.                                                             | 0.                                                                        | 49,000.                                                                                       |
| <b>c Total from continuation sheets to Part VII, Section A</b> |                                                                                     |                                                                                                           |                       |         |              |                              |        | 0.                                                                   | 0.                                                                        | 0.                                                                                            |
| <b>d Total (add lines 1b and 1c)</b>                           |                                                                                     |                                                                                                           |                       |         |              |                              |        | 970,598.                                                             | 0.                                                                        | 49,000.                                                                                       |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **7**

|                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>                                       |     | X  |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X   |    |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | X  |

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address                                                   | (B)<br>Description of services | (C)<br>Compensation |
|------------------------------------------------------------------------------------|--------------------------------|---------------------|
| CAPE INC., 3095 INDEPENDENCE DR, STE A<br>BLDG B, LIVERMORE, CA 94551              | PROVIDER                       | 1,147,430.          |
| UNITY COUNCIL, 1900 FRUITVALE AVE SUITE<br>2A, OAKLAND, CA 94601                   | PROVIDER                       | 661,482.            |
| LIVERMORE AREA RECREATION AND PARK DISTRICT<br>4444 EAST AVE., LIVERMORE, CA 94550 | PROVIDER                       | 643,082.            |
| SAN JOSE DAY NURSERY<br>33 N 8TH ST, SAN JOSE, CA 95112                            | PROVIDER                       | 276,835.            |
| MCKIM DESIGN GROUP, 4595 CHERRY AVE, FIRST<br>FLOOR, SAN JOSE, CA 95118            | CONSTRUCTION                   | 213,895.            |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **17**

**Part VIII Statement of Revenue**

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

|                                                                            |                                                                                                                                           | (A)<br>Total revenue                                        | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |  |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>              | <b>1 a</b> Federated campaigns .....                                                                                                      | <b>1a</b>                                                   |                                                 |                                         |                                                                    |  |
|                                                                            | <b>b</b> Membership dues .....                                                                                                            | <b>1b</b>                                                   |                                                 |                                         |                                                                    |  |
|                                                                            | <b>c</b> Fundraising events .....                                                                                                         | <b>1c</b>                                                   |                                                 |                                         |                                                                    |  |
|                                                                            | <b>d</b> Related organizations .....                                                                                                      | <b>1d</b>                                                   |                                                 |                                         |                                                                    |  |
|                                                                            | <b>e</b> Government grants (contributions) .....                                                                                          | <b>1e</b>                                                   | 31,462,420.                                     |                                         |                                                                    |  |
|                                                                            | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....                                             | <b>1f</b>                                                   | 3,686,952.                                      |                                         |                                                                    |  |
|                                                                            | <b>g</b> Noncash contributions included in lines 1a-1f: \$ .....                                                                          |                                                             |                                                 |                                         |                                                                    |  |
|                                                                            | <b>h Total.</b> Add lines 1a-1f .....                                                                                                     |                                                             | 35,149,372.                                     |                                         |                                                                    |  |
|                                                                            | <b>Program Service Revenue</b>                                                                                                            | <b>2 a</b> PARENT FEES .....                                | <b>Business Code</b><br>900099                  | 2,369,847.                              | 2,369,847.                                                         |  |
| <b>b</b> AFFLICATED ENITY INCOME .....                                     |                                                                                                                                           | 900099                                                      | 960,261.                                        | 960,261.                                |                                                                    |  |
| <b>c</b> OTHER EARNED INCOME .....                                         |                                                                                                                                           | 900099                                                      | 879,324.                                        | 879,324.                                |                                                                    |  |
| <b>d</b> .....                                                             |                                                                                                                                           |                                                             |                                                 |                                         |                                                                    |  |
| <b>e</b> .....                                                             |                                                                                                                                           |                                                             |                                                 |                                         |                                                                    |  |
| <b>f</b> All other program service revenue .....                           |                                                                                                                                           |                                                             |                                                 |                                         |                                                                    |  |
| <b>g Total.</b> Add lines 2a-2f .....                                      |                                                                                                                                           |                                                             | 4,209,432.                                      |                                         |                                                                    |  |
| <b>Other Revenue</b>                                                       | <b>3</b> Investment income (including dividends, interest, and other similar amounts) .....                                               |                                                             | 44,449.                                         |                                         | 44,449.                                                            |  |
|                                                                            | <b>4</b> Income from investment of tax-exempt bond proceeds .....                                                                         |                                                             |                                                 |                                         |                                                                    |  |
|                                                                            | <b>5</b> Royalties .....                                                                                                                  |                                                             |                                                 |                                         |                                                                    |  |
|                                                                            | <b>6 a</b> Gross rents .....                                                                                                              | (i) Real                                                    |                                                 |                                         |                                                                    |  |
|                                                                            |                                                                                                                                           | (ii) Personal                                               |                                                 |                                         |                                                                    |  |
|                                                                            |                                                                                                                                           | <b>b</b> Less: rental expenses .....                        |                                                 |                                         |                                                                    |  |
|                                                                            |                                                                                                                                           | <b>c</b> Rental income or (loss) .....                      |                                                 |                                         |                                                                    |  |
|                                                                            | <b>d</b> Net rental income or (loss) .....                                                                                                |                                                             |                                                 |                                         |                                                                    |  |
|                                                                            | <b>7 a</b> Gross amount from sales of assets other than inventory .....                                                                   | (i) Securities                                              |                                                 |                                         |                                                                    |  |
|                                                                            |                                                                                                                                           | (ii) Other                                                  |                                                 | 7,880,096.                              |                                                                    |  |
|                                                                            |                                                                                                                                           | <b>b</b> Less: cost or other basis and sales expenses ..... |                                                 | 943,966.                                |                                                                    |  |
|                                                                            |                                                                                                                                           | <b>c</b> Gain or (loss) .....                               |                                                 | 6,936,130.                              |                                                                    |  |
|                                                                            | <b>d</b> Net gain or (loss) .....                                                                                                         |                                                             | 6,936,130.                                      |                                         | 6,936,130.                                                         |  |
|                                                                            | <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... | <b>a</b>                                                    |                                                 |                                         |                                                                    |  |
|                                                                            |                                                                                                                                           | <b>b</b> Less: direct expenses .....                        | <b>b</b>                                        |                                         |                                                                    |  |
| <b>c</b> Net income or (loss) from fundraising events .....                |                                                                                                                                           |                                                             |                                                 |                                         |                                                                    |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 ..... | <b>a</b>                                                                                                                                  |                                                             |                                                 |                                         |                                                                    |  |
|                                                                            | <b>b</b> Less: direct expenses .....                                                                                                      | <b>b</b>                                                    |                                                 |                                         |                                                                    |  |
|                                                                            | <b>c</b> Net income or (loss) from gaming activities .....                                                                                |                                                             |                                                 |                                         |                                                                    |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances .....    | <b>a</b>                                                                                                                                  |                                                             |                                                 |                                         |                                                                    |  |
|                                                                            | <b>b</b> Less: cost of goods sold .....                                                                                                   | <b>b</b>                                                    |                                                 |                                         |                                                                    |  |
|                                                                            | <b>c</b> Net income or (loss) from sales of inventory .....                                                                               |                                                             |                                                 |                                         |                                                                    |  |
| <b>Miscellaneous Revenue</b>                                               |                                                                                                                                           | <b>Business Code</b>                                        |                                                 |                                         |                                                                    |  |
| <b>11 a</b> .....                                                          |                                                                                                                                           |                                                             |                                                 |                                         |                                                                    |  |
|                                                                            | <b>b</b> .....                                                                                                                            |                                                             |                                                 |                                         |                                                                    |  |
|                                                                            | <b>c</b> .....                                                                                                                            |                                                             |                                                 |                                         |                                                                    |  |
|                                                                            | <b>d</b> All other revenue .....                                                                                                          |                                                             |                                                 |                                         |                                                                    |  |
|                                                                            | <b>e Total.</b> Add lines 11a-11d .....                                                                                                   |                                                             |                                                 |                                         |                                                                    |  |
| <b>12 Total revenue.</b> See instructions. ....                            |                                                                                                                                           | 46,339,383.                                                 | 4,209,432.                                      | 0.                                      | 6,980,579.                                                         |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.                                                                                                                        | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...                                                                                            |                       |                                 |                                        |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....                                                                                                                     |                       |                                 |                                        |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....                                                              |                       |                                 |                                        |                             |
| 4 Benefits paid to or for members .....                                                                                                                                                               |                       |                                 |                                        |                             |
| 5 Compensation of current officers, directors, trustees, and key employees .....                                                                                                                      | 760,483.              | 760,483.                        |                                        |                             |
| 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 salaries and wages .....                                                                                                                                                                      | 20,759,956.           | 20,548,024.                     | 211,932.                               |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                                                                                  |                       |                                 |                                        |                             |
| 9 Other employee benefits .....                                                                                                                                                                       | 3,405,124.            | 3,360,345.                      | 44,779.                                |                             |
| 10 Payroll taxes .....                                                                                                                                                                                | 1,729,585.            | 1,700,099.                      | 29,486.                                |                             |
| 11 Fees for services (non-employees):                                                                                                                                                                 |                       |                                 |                                        |                             |
| a Management .....                                                                                                                                                                                    |                       |                                 |                                        |                             |
| b Legal .....                                                                                                                                                                                         | 15,481.               | 14,541.                         | 940.                                   |                             |
| c Accounting .....                                                                                                                                                                                    |                       |                                 |                                        |                             |
| d Lobbying .....                                                                                                                                                                                      |                       |                                 |                                        |                             |
| e Professional fundraising services. See Part IV, line 17                                                                                                                                             |                       |                                 |                                        |                             |
| f Investment management fees .....                                                                                                                                                                    |                       |                                 |                                        |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)                                                                                             | 1,052,427.            | 988,516.                        | 63,911.                                |                             |
| 12 Advertising and promotion .....                                                                                                                                                                    | 1,206,152.            | 994,075.                        | 212,077.                               |                             |
| 13 Office expenses .....                                                                                                                                                                              |                       |                                 |                                        |                             |
| 14 Information technology .....                                                                                                                                                                       |                       |                                 |                                        |                             |
| 15 Royalties .....                                                                                                                                                                                    |                       |                                 |                                        |                             |
| 16 Occupancy .....                                                                                                                                                                                    | 2,405,573.            | 2,378,610.                      | 26,963.                                |                             |
| 17 Travel .....                                                                                                                                                                                       |                       |                                 |                                        |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials                                                                                                     |                       |                                 |                                        |                             |
| 19 Conferences, conventions, and meetings .....                                                                                                                                                       |                       |                                 |                                        |                             |
| 20 Interest .....                                                                                                                                                                                     | 63,299.               | 4,732.                          | 58,567.                                |                             |
| 21 Payments to affiliates .....                                                                                                                                                                       |                       |                                 |                                        |                             |
| 22 Depreciation, depletion, and amortization .....                                                                                                                                                    | 291,543.              | 255,009.                        | 36,534.                                |                             |
| 23 Insurance .....                                                                                                                                                                                    |                       |                                 |                                        |                             |
| 24 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.) |                       |                                 |                                        |                             |
| a <b>OTHER EXPENSES</b>                                                                                                                                                                               | 4,344,838.            | 2,014,454.                      | 2,330,384.                             |                             |
| b <b>PROVIDER PAYMENT</b>                                                                                                                                                                             | 3,976,264.            | 3,976,264.                      |                                        |                             |
| c <b>FOOD EXPENSE</b>                                                                                                                                                                                 | 1,120,941.            | 923,847.                        | 197,094.                               |                             |
| d <b>CAPITAL EXPENDITURES</b>                                                                                                                                                                         | 221,817.              | 218,845.                        | 2,972.                                 |                             |
| e All other expenses                                                                                                                                                                                  | 135,608.              | 111,764.                        | 23,844.                                |                             |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e                                                                                                                                          | <b>41,489,091.</b>    | <b>38,249,608.</b>              | <b>3,239,483.</b>                      | <b>0.</b>                   |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                              |                       |                                 |                                        |                             |

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

|                                                                           |                                                                                                                                                                                                                                                                                                                                  | (A)<br>Beginning of year |             | (B)<br>End of year |
|---------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------|--------------------|
| <b>Assets</b>                                                             | <b>1</b> Cash - non-interest-bearing .....                                                                                                                                                                                                                                                                                       | 1,481,681.               | <b>1</b>    | 7,833,523.         |
|                                                                           | <b>2</b> Savings and temporary cash investments .....                                                                                                                                                                                                                                                                            | 639.                     | <b>2</b>    | 639.               |
|                                                                           | <b>3</b> Pledges and grants receivable, net .....                                                                                                                                                                                                                                                                                | 2,642,076.               | <b>3</b>    | 3,947,159.         |
|                                                                           | <b>4</b> Accounts receivable, net .....                                                                                                                                                                                                                                                                                          | 611,418.                 | <b>4</b>    | 443,969.           |
|                                                                           | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....                                                                                                                                               |                          | <b>5</b>    |                    |
|                                                                           | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 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 organizations (see instr). Complete Part II of Sch L ..... |                          | <b>6</b>    |                    |
|                                                                           | <b>7</b> Notes and loans receivable, net .....                                                                                                                                                                                                                                                                                   |                          | <b>7</b>    |                    |
|                                                                           | <b>8</b> Inventories for sale or use .....                                                                                                                                                                                                                                                                                       |                          | <b>8</b>    |                    |
|                                                                           | <b>9</b> Prepaid expenses and deferred charges .....                                                                                                                                                                                                                                                                             | 148,867.                 | <b>9</b>    | 221,404.           |
|                                                                           | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....                                                                                                                                                                                                                             | <b>10a</b> 14,105,361.   |             |                    |
|                                                                           | <b>b</b> Less: accumulated depreciation .....                                                                                                                                                                                                                                                                                    | <b>10b</b> 5,775,737.    | <b>10c</b>  | 8,329,624.         |
|                                                                           | <b>11</b> Investments - publicly traded securities .....                                                                                                                                                                                                                                                                         |                          | <b>11</b>   |                    |
|                                                                           | <b>12</b> Investments - other securities. See Part IV, line 11 .....                                                                                                                                                                                                                                                             |                          | <b>12</b>   |                    |
|                                                                           | <b>13</b> Investments - program-related. See Part IV, line 11 .....                                                                                                                                                                                                                                                              |                          | <b>13</b>   |                    |
|                                                                           | <b>14</b> Intangible assets .....                                                                                                                                                                                                                                                                                                |                          | <b>14</b>   |                    |
|                                                                           | <b>15</b> Other assets. See Part IV, line 11 .....                                                                                                                                                                                                                                                                               | 135,844.                 | <b>15</b>   | 124,503.           |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... | 12,437,120.                                                                                                                                                                                                                                                                                                                      | <b>16</b>                | 20,900,821. |                    |
| <b>Liabilities</b>                                                        | <b>17</b> Accounts payable and accrued expenses .....                                                                                                                                                                                                                                                                            | 2,711,495.               | <b>17</b>   | 3,518,266.         |
|                                                                           | <b>18</b> Grants payable .....                                                                                                                                                                                                                                                                                                   |                          | <b>18</b>   |                    |
|                                                                           | <b>19</b> Deferred revenue .....                                                                                                                                                                                                                                                                                                 |                          | <b>19</b>   |                    |
|                                                                           | <b>20</b> Tax-exempt bond liabilities .....                                                                                                                                                                                                                                                                                      |                          | <b>20</b>   |                    |
|                                                                           | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....                                                                                                                                                                                                                                            |                          | <b>21</b>   |                    |
|                                                                           | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....                                                                                                                             |                          | <b>22</b>   |                    |
|                                                                           | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....                                                                                                                                                                                                                                                   | 1,897,919.               | <b>23</b>   | 1,319,828.         |
|                                                                           | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....                                                                                                                                                                                                                                                     |                          | <b>24</b>   |                    |
|                                                                           | <b>25</b> 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 .....                                                                                                                                            | 2,290,152.               | <b>25</b>   | 3,565,254.         |
|                                                                           | <b>26 Total liabilities.</b> Add lines 17 through 25 .....                                                                                                                                                                                                                                                                       | 6,899,566.               | <b>26</b>   | 8,403,348.         |
| <b>Net Assets or Fund Balances</b>                                        | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>                                                                                                                                                                |                          |             |                    |
|                                                                           | <b>27</b> Unrestricted net assets .....                                                                                                                                                                                                                                                                                          | 5,499,491.               | <b>27</b>   | 12,120,028.        |
|                                                                           | <b>28</b> Temporarily restricted net assets .....                                                                                                                                                                                                                                                                                | 38,063.                  | <b>28</b>   | 377,445.           |
|                                                                           | <b>29</b> Permanently restricted net assets .....                                                                                                                                                                                                                                                                                |                          | <b>29</b>   |                    |
|                                                                           | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>                                                                                                                                                                                         |                          |             |                    |
|                                                                           | <b>30</b> Capital stock or trust principal, or current funds .....                                                                                                                                                                                                                                                               |                          | <b>30</b>   |                    |
|                                                                           | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....                                                                                                                                                                                                                                                 |                          | <b>31</b>   |                    |
|                                                                           | <b>32</b> Retained earnings, endowment, accumulated income, or other funds .....                                                                                                                                                                                                                                                 |                          | <b>32</b>   |                    |
| <b>33</b> Total net assets or fund balances .....                         | 5,537,554.                                                                                                                                                                                                                                                                                                                       | <b>33</b>                | 12,497,473. |                    |
| <b>34</b> Total liabilities and net assets/fund balances .....            | 12,437,120.                                                                                                                                                                                                                                                                                                                      | <b>34</b>                | 20,900,821. |                    |

**Part XI Reconciliation of Net Assets**

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)                                                      | 1  | 46,339,383. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                       | 2  | 41,489,091. |
| 3  | Revenue less expenses. Subtract line 2 from line 1                                                             | 3  | 4,850,292.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | 4  | 5,537,554.  |
| 5  | Net unrealized gains (losses) on investments                                                                   | 5  |             |
| 6  | Donated services and use of facilities                                                                         | 6  |             |
| 7  | Investment expenses                                                                                            | 7  |             |
| 8  | Prior period adjustments                                                                                       | 8  |             |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)                                           | 9  | 2,109,627.  |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 12,497,473. |

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  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 oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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? .....
- 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 .....

|    | Yes | No |
|----|-----|----|
|    |     |    |
| 2a |     | X  |
|    |     |    |
| 2b | X   |    |
|    |     |    |
| 2c | X   |    |
|    |     |    |
| 3a | X   |    |
|    |     |    |
| 3b | X   |    |

Form 990 (2017)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

|                                                  |                                                     |
|--------------------------------------------------|-----------------------------------------------------|
| <b>Name of the organization</b><br>KIDANGO, INC. | <b>Employer identification number</b><br>94-2581686 |
|--------------------------------------------------|-----------------------------------------------------|

**Part I 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.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  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)**.
- 7  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% 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 33 1/3% 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.)
- 11  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.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations \_\_\_\_\_

**g Provide the following information about the supported organization(s).**

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|-------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                    |          |                                                                               | Yes                                                         | No |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
| <b>Total</b>                       |          |                                                                               |                                                             |    |                                                   |                                                 |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                                                      | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                                                  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....                                                                                                     |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....                                                                                             |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....                                                                                                                                                                        |          |          |          |          |          |           |
| <b>5</b> 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) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> 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                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....                                                                                                                                                                   |          |          |          |          |          |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....                                                       |          |          |          |          |          |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....                                                                                    |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                                                                      |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                                                                      |          |          |          |          |          |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....                                                                                                                      |          |          |          |          | 12       |                          |
| <b>13 First five years.</b> 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 <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                     |    |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------|
| <b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....                                                                                                                                                                                                                                                                                                              | 14 | %                        |
| <b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....                                                                                                                                                                                                                                                                                                                                    | 15 | %                        |
| <b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....                                                                                                                                                                            |    | <input type="checkbox"/> |
| <b>b 33 1/3% support test - 2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....                                                                                                                                                                         |    | <input type="checkbox"/> |
| <b>17a 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |    | <input type="checkbox"/> |
| <b>b 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |    | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....                                                                                                                                                                                                                                                                  |    | <input type="checkbox"/> |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                                                           | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                       |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....                                                                                                |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                                |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►                                                                                                    | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....                                                                                                               |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....                                                                                                             |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)                                                                                         |          |          |          |          |          |           |

**14 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**

|                                                                                                        |           |   |
|--------------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....                      | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                             |           |   |
|-------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2016 Schedule A, Part III, line 17 .....                        | <b>18</b> | % |

**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 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions



**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. All Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>                                                                                                                                                                                                                |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>                                                                                                                                                                                                                                             |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>                                                                                                                                                                                                                                                                                                                                                                                       |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>                                                                                                                                                                                                                                                           |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>                                                                                                                                                                                                                                                                                                    |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>                                                                                                                                                                                                                                                                                                                                        |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>                                                                                                                                                                                                        |     |    |
| <b>c</b> 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)? <i>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.</i>                                                                                                                                                                           |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                         |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                                |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>                                                          |     |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>                                                                                                                                                                                       |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>                                                                                                                                                                                                                                      |     |    |
| <b>b</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? <i>If "Yes," provide detail in Part VI.</i>                                                                                                                                                                                                                                                                                                                          |     |    |
| <b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>                                                                                                                                                                                                                                                                                               |     |    |
| <b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>                                                                                                                                                                                                                                                   |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>                                                                                                                                                                                                                                                                                                                                                   |     |    |

**Part IV Supporting Organizations** (continued)

|                                                                                                                                                                              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?                                                                            |     |    |
| <b>a</b> 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>b</b> A family member of a person described in (a) above?                                                                                                                 |     |    |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>                                        |     |    |

**Section B. Type I Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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? <i>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.</i> |     |    |
| <b>2</b> 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? <i>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.</i>                                                                                                                                                                                                                                                                             |     |    |

**Section C. Type II Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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)? <i>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).</i> |     |    |

**Section D. All Type III Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>                                                                                                                       |     |    |
| <b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>                                                                                          |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).                                                                                                                                                                                                                                                                                                                                                                       |  |  |
| <b>2</b> Activities Test. Answer (a) and (b) below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |  |  |
| <b>b</b> 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? <i>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.</i>                                                                                                                              |  |  |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |
| <b>a</b> 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? <i>Provide details in Part VI.</i>                                                                                                                                                                                                                                                                                                                                |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>                                                                                                                                                                                                                                                                                   |  |  |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

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

| <b>Section A - Adjusted Net Income</b> |                                                                                                                                                                                                          | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1                                      | Net short-term capital gain                                                                                                                                                                              | 1              |                             |
| 2                                      | Recoveries of prior-year distributions                                                                                                                                                                   | 2              |                             |
| 3                                      | Other gross income (see instructions)                                                                                                                                                                    | 3              |                             |
| 4                                      | Add lines 1 through 3                                                                                                                                                                                    | 4              |                             |
| 5                                      | Depreciation and depletion                                                                                                                                                                               | 5              |                             |
| 6                                      | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                                      | Other expenses (see instructions)                                                                                                                                                                        | 7              |                             |
| 8                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)                                                                                                                                      | 8              |                             |

| <b>Section B - Minimum Asset Amount</b> |                                                                                                                                 | (A) Prior Year | (B) Current Year (optional) |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities                                                                                             | 1a             |                             |
| b                                       | Average monthly cash balances                                                                                                   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets                                                                                | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                         | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 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              |                             |
| 5                                       | Net value of non-exempt-use assets (subtract line 4 from line 3)                                                                | 5              |                             |
| 6                                       | Multiply line 5 by .035                                                                                                         | 6              |                             |
| 7                                       | Recoveries of prior-year distributions                                                                                          | 7              |                             |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)                                                                              | 8              |                             |

| <b>Section C - Distributable Amount</b> |                                                                                                                                                                           |   | Current Year |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, Column A)                                                                                                     | 1 |              |
| 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                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)                                              | 6 |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

Schedule A (Form 990 or 990-EZ) 2017

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| <b>Section D - Distributions</b>                                                                                                                            | <b>Current Year</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes                                                                              |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations                                                              |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets                                                                                                          |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)                                                                                          |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.                                                                               |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.                                                                                                 |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |                     |
| <b>9</b> Distributable amount for 2017 from Section C, line 6                                                                                               |                     |
| <b>10</b> Line 8 amount divided by line 9 amount                                                                                                            |                     |

| <b>Section E - Distribution Allocations (see instructions)</b>                                                                                                                           | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2017</b> | <b>(iii)<br/>Distributable<br/>Amount for 2017</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------|----------------------------------------------------|
| <b>1</b> Distributable amount for 2017 from Section C, line 6                                                                                                                            |                                     |                                                 |                                                    |
| <b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.                                                  |                                     |                                                 |                                                    |
| <b>3</b> Excess distributions carryover, if any, to 2017                                                                                                                                 |                                     |                                                 |                                                    |
| <b>a</b>                                                                                                                                                                                 |                                     |                                                 |                                                    |
| <b>b</b> From 2013                                                                                                                                                                       |                                     |                                                 |                                                    |
| <b>c</b> From 2014                                                                                                                                                                       |                                     |                                                 |                                                    |
| <b>d</b> From 2015                                                                                                                                                                       |                                     |                                                 |                                                    |
| <b>e</b> From 2016                                                                                                                                                                       |                                     |                                                 |                                                    |
| <b>f Total</b> of lines 3a through e                                                                                                                                                     |                                     |                                                 |                                                    |
| <b>g</b> Applied to underdistributions of prior years                                                                                                                                    |                                     |                                                 |                                                    |
| <b>h</b> Applied to 2017 distributable amount                                                                                                                                            |                                     |                                                 |                                                    |
| <b>i</b> Carryover from 2012 not applied (see instructions)                                                                                                                              |                                     |                                                 |                                                    |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.                                                                                                                               |                                     |                                                 |                                                    |
| <b>4</b> Distributions for 2017 from Section D, line 7: \$                                                                                                                               |                                     |                                                 |                                                    |
| <b>a</b> Applied to underdistributions of prior years                                                                                                                                    |                                     |                                                 |                                                    |
| <b>b</b> Applied to 2017 distributable amount                                                                                                                                            |                                     |                                                 |                                                    |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.                                                                                                                                     |                                     |                                                 |                                                    |
| <b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                                     |                                                 |                                                    |
| <b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                                     |                                                 |                                                    |
| <b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.                                                                                                                    |                                     |                                                 |                                                    |
| <b>8</b> Breakdown of line 7:                                                                                                                                                            |                                     |                                                 |                                                    |
| <b>a</b> Excess from 2013                                                                                                                                                                |                                     |                                                 |                                                    |
| <b>b</b> Excess from 2014                                                                                                                                                                |                                     |                                                 |                                                    |
| <b>c</b> Excess from 2015                                                                                                                                                                |                                     |                                                 |                                                    |
| <b>d</b> Excess from 2016                                                                                                                                                                |                                     |                                                 |                                                    |
| <b>e</b> Excess from 2017                                                                                                                                                                |                                     |                                                 |                                                    |



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

KIDANGO, INC.

Employer identification number

94-2581686

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is 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 and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) 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 that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

|                                              |                                                     |
|----------------------------------------------|-----------------------------------------------------|
| Name of organization<br><b>KIDANGO, INC.</b> | Employer identification number<br><b>94-2581686</b> |
|----------------------------------------------|-----------------------------------------------------|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-----------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>1</u>   | <br><hr/><br><hr/><br><hr/>       | \$ <u>24,375,816.</u>      | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>2</u>   | <br><hr/><br><hr/><br><hr/>       | \$ <u>1,705,507.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>3</u>   | <br><hr/><br><hr/><br><hr/>       | \$ <u>731,212.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>4</u>   | <br><hr/><br><hr/><br><hr/>       | \$ <u>249,927.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>5</u>   | <br><hr/><br><hr/><br><hr/>       | \$ <u>412,800.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>6</u>   | <br><hr/><br><hr/><br><hr/>       | \$ <u>1,734,659.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|                                              |                                                     |
|----------------------------------------------|-----------------------------------------------------|
| Name of organization<br><b>KIDANGO, INC.</b> | Employer identification number<br><b>94-2581686</b> |
|----------------------------------------------|-----------------------------------------------------|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-----------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7          | <br><hr/><br><hr/><br><hr/>       | \$ <u>207,076.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | <br><hr/><br><hr/><br><hr/>       | \$ <u>14,563.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | <br><hr/><br><hr/><br><hr/>       | \$ <u>742,985.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | <br><hr/><br><hr/><br><hr/>       | \$ <u>1,538,482.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | <br><hr/><br><hr/><br><hr/>       | \$ <u>410,289.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | <br><hr/><br><hr/><br><hr/>       | \$ <u>238,371.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



|                                              |                                                     |
|----------------------------------------------|-----------------------------------------------------|
| Name of organization<br><b>KIDANGO, INC.</b> | Employer identification number<br><b>94-2581686</b> |
|----------------------------------------------|-----------------------------------------------------|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-----------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 13         | <hr/><br><hr/><br><hr/>           | \$ 200,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         | <hr/><br><hr/><br><hr/>           | \$ 111,902.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15         | <hr/><br><hr/><br><hr/>           | \$ 110,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 16         | <hr/><br><hr/><br><hr/>           | \$ 110,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 17         | <hr/><br><hr/><br><hr/>           | \$ 100,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 18         | <hr/><br><hr/><br><hr/>           | \$ 48,935.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|                                              |                                                     |
|----------------------------------------------|-----------------------------------------------------|
| Name of organization<br><b>KIDANGO, INC.</b> | Employer identification number<br><b>94-2581686</b> |
|----------------------------------------------|-----------------------------------------------------|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-----------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 19         | <hr/> <hr/> <hr/>                 | \$ 32,771.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 20         | <hr/> <hr/> <hr/>                 | \$ 12,912.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 21         | <hr/> <hr/> <hr/>                 | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 22         | <hr/> <hr/> <hr/>                 | \$ 5,000.                  | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | <hr/> <hr/> <hr/>                 | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|                                                  |                                                         |
|--------------------------------------------------|---------------------------------------------------------|
| Name of organization<br><br><b>KIDANGO, INC.</b> | Employer identification number<br><br><b>94-2581686</b> |
|--------------------------------------------------|---------------------------------------------------------|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|----------------------------------------------|-------------------------------------------------|----------------------|
|                              | _____                                        | \$ _____                                        | _____                |
|                              | _____                                        | \$ _____                                        | _____                |
|                              | _____                                        | \$ _____                                        | _____                |
|                              | _____                                        | \$ _____                                        | _____                |
|                              | _____                                        | \$ _____                                        | _____                |
|                              | _____                                        | \$ _____                                        | _____                |
|                              | _____                                        | \$ _____                                        | _____                |
|                              | _____                                        | \$ _____                                        | _____                |

|                                              |                                                     |
|----------------------------------------------|-----------------------------------------------------|
| Name of organization<br><b>KIDANGO, INC.</b> | Employer identification number<br><b>94-2581686</b> |
|----------------------------------------------|-----------------------------------------------------|

**Part III** 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 info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|-----------------------------------------|---------------------|------------------------------------------|-------------------------------------|
|                                         |                     |                                          |                                     |
| <b>(e) Transfer of gift</b>             |                     |                                          |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|                                         |                     |                                          |                                     |
|                                         |                     |                                          |                                     |
| <b>(e) Transfer of gift</b>             |                     |                                          |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|                                         |                     |                                          |                                     |
|                                         |                     |                                          |                                     |
| <b>(e) Transfer of gift</b>             |                     |                                          |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|                                         |                     |                                          |                                     |
|                                         |                     |                                          |                                     |
| <b>(e) Transfer of gift</b>             |                     |                                          |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|                                         |                     |                                          |                                     |
|                                         |                     |                                          |                                     |
| <b>(e) Transfer of gift</b>             |                     |                                          |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|                                         |                     |                                          |                                     |
|                                         |                     |                                          |                                     |

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

KIDANGO, INC.

Employer identification number

94-2581686

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities .....

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |
|          |             |         |                                                                       |                                                                                                                                              |

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

Schedule C (Form 990 or 990-EZ) 2017

LHA

732041 11-09-17

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                         | (a) Filing organization's totals                | (b) Affiliated group totals                              |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------|--------------------|-------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------|----------------------------------------------------|--------------------------------------------|---------------------------------------------------|-------------------|--------------|--|--|
| <b>1a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Total lobbying expenditures to influence public opinion (grass roots lobbying) .....                                                                    |                                                 |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Total lobbying expenditures to influence a legislative body (direct lobbying) .....                                                                     |                                                 |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Total lobbying expenditures (add lines 1a and 1b) .....                                                                                                 |                                                 |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Other exempt purpose expenditures .....                                                                                                                 |                                                 |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Total exempt purpose expenditures (add lines 1c and 1d) .....                                                                                           |                                                 |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Lobbying nontaxable amount. Enter the amount from the following table in both columns.                                                                  |                                                 |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> |                                                                                                                                                         | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is:                       | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | The lobbying nontaxable amount is:                                                                                                                      |                                                 |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Not over \$500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 20% of the amount on line 1e.                                                                                                                           |                                                 |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$100,000 plus 15% of the excess over \$500,000.                                                                                                        |                                                 |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$175,000 plus 10% of the excess over \$1,000,000.                                                                                                      |                                                 |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | \$225,000 plus 5% of the excess over \$1,500,000.                                                                                                       |                                                 |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| Over \$17,000,000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$1,000,000.                                                                                                                                            |                                                 |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Grassroots nontaxable amount (enter 25% of line 1f) .....                                                                                               |                                                 |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Subtract line 1g from line 1a. If zero or less, enter -0- .....                                                                                         |                                                 |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>i</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Subtract line 1f from line 1c. If zero or less, enter -0- .....                                                                                         |                                                 |                                                          |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |
| <b>j</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ..... |                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                               |                                         |                                                  |                                           |                                                    |                                            |                                                   |                   |              |  |  |

**4-Year Averaging Period Under section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>         |          |          |          |          |           |
|---------------------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

|                                                                                                                                                                                                                                        | (a) |    | (b)     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
|                                                                                                                                                                                                                                        | Yes | No | Amount  |
| <i>For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>                                                                                                      |     |    |         |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |         |
| <b>a</b> Volunteers?                                                                                                                                                                                                                   |     | X  |         |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?                                                                                                                                  |     | X  |         |
| <b>c</b> Media advertisements?                                                                                                                                                                                                         |     | X  |         |
| <b>d</b> Mailings to members, legislators, or the public?                                                                                                                                                                              |     | X  |         |
| <b>e</b> Publications, or published or broadcast statements?                                                                                                                                                                           |     | X  |         |
| <b>f</b> Grants to other organizations for lobbying purposes?                                                                                                                                                                          |     | X  |         |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?                                                                                                                                   | X   |    | 48,669. |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                     |     | X  |         |
| <b>i</b> Other activities?                                                                                                                                                                                                             |     | X  |         |
| <b>j</b> Total. Add lines 1c through 1i                                                                                                                                                                                                |     |    | 48,669. |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?                                                                                                                                |     | X  |         |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912                                                                                                                                                             |     |    |         |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912                                                                                                                                    |     |    |         |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?                                                                                                                                  |     |    |         |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|                                                                                                                              | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                                        | 1   |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                                   | 2   |    |
| <b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? | 3   |    |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

|                                                                                                                                                                                                                                                     |    |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| <b>1</b> Dues, assessments and similar amounts from members                                                                                                                                                                                         | 1  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).                                                                                 |    |  |
| <b>a</b> Current year                                                                                                                                                                                                                               | 2a |  |
| <b>b</b> Carryover from last year                                                                                                                                                                                                                   | 2b |  |
| <b>c</b> Total                                                                                                                                                                                                                                      | 2c |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues                                                                                                                                            | 3  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions)                                                                                                                                                                   | 5  |  |

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

THIS ENTITY INCURRED CONSULTATION FEES IN THE AMOUNT OF \$48,000 AS WELL AS TRAVEL EXPENSES IN THE AMOUNT OF \$669 AS LOBBYING EXPENDITURES.

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**  
**Open to Public Inspection**

**Name of the organization** KIDANGO, INC. **Employer identification number** 94-2581686

**Part I 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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------|
| 1 Total number at end of year .....                                                                                                                                                                                                                                         |                                                          |                              |
| 2 Aggregate value of contributions to (during year) .....                                                                                                                                                                                                                   |                                                          |                              |
| 3 Aggregate value of grants from (during year) .....                                                                                                                                                                                                                        |                                                          |                              |
| 4 Aggregate value at end of year .....                                                                                                                                                                                                                                      |                                                          |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....                                                            | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| 6 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? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 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

2 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                              |
| b Total acreage restricted by conservation easements .....                                                                                       | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....                                                       | 2c                              |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 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.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a 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:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical 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:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|                                                  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Temporarily restricted endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                                                     | Yes    | No |
|---------------------------------------------------------------------------------------------------------------------|--------|----|
| (i) unrelated organizations                                                                                         | 3a(i)  |    |
| (ii) related organizations                                                                                          | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property                                                                                | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value    |
|--------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|-------------------|
| 1a Land                                                                                                |                                      | 797,000.                        |                              | 797,000.          |
| b Buildings                                                                                            |                                      | 4,972,277.                      | 1,389,258.                   | 3,583,019.        |
| c Leasehold improvements                                                                               |                                      | 6,497,882.                      | 2,966,173.                   | 3,531,709.        |
| d Equipment                                                                                            |                                      | 1,838,202.                      | 1,420,306.                   | 417,896.          |
| e Other                                                                                                |                                      |                                 |                              |                   |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | <b>8,329,624.</b> |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---------------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1) Financial derivatives .....                                           |                |                                                           |
| (2) Closely-held equity interests .....                                   |                |                                                           |
| (3) Other .....                                                           |                |                                                           |
| (A)                                                                       |                |                                                           |
| (B)                                                                       |                |                                                           |
| (C)                                                                       |                |                                                           |
| (D)                                                                       |                |                                                           |
| (E)                                                                       |                |                                                           |
| (F)                                                                       |                |                                                           |
| (G)                                                                       |                |                                                           |
| (H)                                                                       |                |                                                           |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |                                                           |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment                                             | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---------------------------------------------------------------------------|----------------|-----------------------------------------------------------|
| (1)                                                                       |                |                                                           |
| (2)                                                                       |                |                                                           |
| (3)                                                                       |                |                                                           |
| (4)                                                                       |                |                                                           |
| (5)                                                                       |                |                                                           |
| (6)                                                                       |                |                                                           |
| (7)                                                                       |                |                                                           |
| (8)                                                                       |                |                                                           |
| (9)                                                                       |                |                                                           |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |                                                           |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description                                                             | (b) Book value |
|-----------------------------------------------------------------------------|----------------|
| (1)                                                                         |                |
| (2)                                                                         |                |
| (3)                                                                         |                |
| (4)                                                                         |                |
| (5)                                                                         |                |
| (6)                                                                         |                |
| (7)                                                                         |                |
| (8)                                                                         |                |
| (9)                                                                         |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability                                             | (b) Book value |
|-----------------------------------------------------------------------------|----------------|
| (1) Federal income taxes                                                    |                |
| (2) CURRENT PORTION - CAPITAL LEASE                                         | 15,800.        |
| (3) DUE TO FUNDER                                                           | 162,549.       |
| (4) COE RESERVE                                                             | 3,370,847.     |
| (5) OBLIGATION UNDER CAPITAL LEASE                                          | 16,058.        |
| (6)                                                                         |                |
| (7)                                                                         |                |
| (8)                                                                         |                |
| (9)                                                                         |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 3,565,254.     |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |                                                                                                |           |             |
|----------|------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | 48,861,732. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |             |
| <b>a</b> | Net unrealized gains (losses) on investments                                                   | <b>2a</b> |             |
| <b>b</b> | Donated services and use of facilities                                                         | <b>2b</b> |             |
| <b>c</b> | Recoveries of prior year grants                                                                | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.)                                                                 | <b>2d</b> | 2,522,349.  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>                                                          | <b>2e</b> | 2,522,349.  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>                                                     | <b>3</b>  | 46,339,383. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII.)                                                                 | <b>4b</b> |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>                                                              | <b>4c</b> | 0.          |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 46,339,383. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |                                                                                                 |           |             |
|----------|-------------------------------------------------------------------------------------------------|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | 41,901,813. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |             |
| <b>a</b> | Donated services and use of facilities                                                          | <b>2a</b> |             |
| <b>b</b> | Prior year adjustments                                                                          | <b>2b</b> |             |
| <b>c</b> | Other losses                                                                                    | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.)                                                                  | <b>2d</b> | 412,722.    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>                                                           | <b>2e</b> | 412,722.    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>                                                      | <b>3</b>  | 41,489,091. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII.)                                                                  | <b>4b</b> |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>                                                               | <b>4c</b> | 0.          |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 41,489,091. |

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE AGENCY IS EXEMPT FROM FEDERAL AND STATE INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND SECTION 23701D OF THE STATE OF CALIFORNIA REVENUE AND TAXATION CODE.

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PROVIDE ACCOUNTING GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN BY THE AGENCY IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE LIKELY THAN NOT TO BE SUSTAINED UPON EXAMINATION. THE AGENCY'S RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE AND FOUR YEARS,

**Part XIII** Supplemental Information (continued)

RESPECTIVELY, AFTER THEY ARE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ADDITIONS TO EQUIPMENT FUND BALANCE 2,522,349.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DELETIONS TO EQUIPMENT FUND BALANCES 412,722.

**SCHEDULE E**  
**(Form 990 or 990-EZ)**

**Schools**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization

**KIDANGO, INC.**

Employer identification number

**94-2581686**

**Part I**

|                                                                                                                                                                                                                                                                                                                                                                                                                              | YES      | NO       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....                                                                                                                                                                                                                     | <b>X</b> |          |
| <b>2</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?                                                                                                                                                                  | <b>X</b> |          |
| <b>3</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II ..... | <b>X</b> |          |
| <b>POLICY IS POSTED ON AGENCY WEBSITE.</b>                                                                                                                                                                                                                                                                                                                                                                                   |          |          |
| <b>4</b> Does the organization maintain the following?                                                                                                                                                                                                                                                                                                                                                                       |          |          |
| <b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? .....                                                                                                                                                                                                                                                                                                             | <b>X</b> |          |
| <b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....                                                                                                                                                                                                                                                                                       | <b>X</b> |          |
| <b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....                                                                                                                                                                                                                                               | <b>X</b> |          |
| <b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? .....                                                                                                                                                                                                                                                                                                                    | <b>X</b> |          |
| If you answered "No" to any of the above, please explain. If you need more space, use Part II.                                                                                                                                                                                                                                                                                                                               |          |          |
| <b>5</b> Does the organization discriminate by race in any way with respect to:                                                                                                                                                                                                                                                                                                                                              |          |          |
| <b>a</b> Students' rights or privileges? .....                                                                                                                                                                                                                                                                                                                                                                               |          | <b>X</b> |
| <b>b</b> Admissions policies? .....                                                                                                                                                                                                                                                                                                                                                                                          |          | <b>X</b> |
| <b>c</b> Employment of faculty or administrative staff? .....                                                                                                                                                                                                                                                                                                                                                                |          | <b>X</b> |
| <b>d</b> Scholarships or other financial assistance? .....                                                                                                                                                                                                                                                                                                                                                                   |          | <b>X</b> |
| <b>e</b> Educational policies? .....                                                                                                                                                                                                                                                                                                                                                                                         |          | <b>X</b> |
| <b>f</b> Use of facilities? .....                                                                                                                                                                                                                                                                                                                                                                                            |          | <b>X</b> |
| <b>g</b> Athletic programs? .....                                                                                                                                                                                                                                                                                                                                                                                            |          | <b>X</b> |
| <b>h</b> Other extracurricular activities? .....                                                                                                                                                                                                                                                                                                                                                                             |          | <b>X</b> |
| If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.                                                                                                                                                                                                                                                                                                                              |          |          |
| <b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? .....                                                                                                                                                                                                                                                                                                                    | <b>X</b> |          |
| <b>b</b> Has the organization's right to such aid ever been revoked or suspended? .....                                                                                                                                                                                                                                                                                                                                      |          | <b>X</b> |
| If you answered "Yes" on either line 6a or line 6b, explain on Part II.                                                                                                                                                                                                                                                                                                                                                      |          |          |
| <b>7</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II .....                                                                                                                                                                                        | <b>X</b> |          |

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

Schedule E (Form 990 or 990-EZ) 2017

**Part II Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.

Also provide any other additional information.

**LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:**

**THE ORGANIZATION RECEIVES FINANCIAL ASSISTANCE FROM THE FOLLOWING**

**GOVERNMENT AGENCIES:**

- CALIFORNIA DEPARTMENT OF EDUCATION

- SANTA CLARA COUNTY

- ALAMEDA COUNTY

- OFFICE OF HEAD START

- CALIFORNIA SCHOOL AGE CONSORTIUM

- FIRST 5 SANTA CLARA COUNTY

- FIRST 5 ALAMEDA COUNTY

- FIRST 5 CONTRA COSTA COUNTY

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**KIDANGO, INC.**

Employer identification number

**94-2581686**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |                                                                    |                                                                             |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |                                                              |                                                                                     |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

|           | Yes | No       |
|-----------|-----|----------|
| <b>1a</b> |     |          |
| <b>1b</b> |     |          |
| <b>2</b>  |     |          |
| <b>3</b>  |     |          |
| <b>4a</b> |     | <b>X</b> |
| <b>4b</b> |     | <b>X</b> |
| <b>4c</b> |     | <b>X</b> |
| <b>5a</b> |     | <b>X</b> |
| <b>5b</b> |     | <b>X</b> |
| <b>6a</b> |     | <b>X</b> |
| <b>6b</b> |     | <b>X</b> |
| <b>7</b>  |     | <b>X</b> |
| <b>8</b>  |     | <b>X</b> |
| <b>9</b>  |     |          |

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

Schedule J (Form 990) 2017

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title                             |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|------------------------------------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| (1) SCOTT MOORE<br>CHIEF EXECUTIVE OFFICER     | (i)  | 196,914.                                           | 0.                                  | 0.                                  | 0.                                             | 7,000.                  | 203,914.                        | 0.                                                                    |
|                                                | (ii) | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (2) KATE BREITZMAN<br>CHIEF OPERATIONS OFFICER | (i)  | 144,315.                                           | 0.                                  | 0.                                  | 0.                                             | 7,000.                  | 151,315.                        | 0.                                                                    |
|                                                | (ii) | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (3) ORALIA HOULE<br>CHIEF FINANCIAL OFFICER    | (i)  | 157,264.                                           | 0.                                  | 0.                                  | 0.                                             | 7,000.                  | 164,264.                        | 0.                                                                    |
|                                                | (ii) | 0.                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
|                                                | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                | (i)  |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |
|                                                | (ii) |                                                    |                                     |                                     |                                                |                         |                                 |                                                                       |





**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

KIDANGO, INC.

Employer identification number

94-2581686

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

KIDANGO CONTINUOUSLY WORKS TO IMPROVE OUR PROGRAMS AND EXPAND OUR  
SERVICES TO FULFILL OUR MISSION OF INSPIRING CHILDREN, EMPOWERING  
FAMILIES AND BUILDING STRONGER COMMUNITIES.

**FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:**

**MENTAL HEALTH SERVICES:**

EACH YEAR KIDANGO'S 22 MENTAL HEALTH CLINICIANS/HOME  
VISITORS/DEVELOPMENTAL SPECIALISTS/MENTAL HEALTH CONSULTANTS AND 10  
ASSOCIATES/TRAINEES PROVIDE SERVICES FOR OVER 500 FAMILIES IN ALAMEDA  
AND SANTA CLARA COUNTIES. OUR MENTAL HEALTH STAFF WORK TO PREVENT  
MENTAL HEALTH CHALLENGES IN CHILDREN BY PROVIDING SCREENINGS, TEACHER  
TRAININGS, PARENT MEETINGS, OBSERVATION AND PARTICIPATION IN CLASSROOM  
CURRICULUM.

OUR MENTAL HEALTH CLINICIANS PROVIDE THE FOLLOWING SERVICES TO SUPPORT  
THE CHILDREN, FAMILIES AND TEACHERS IN OUR PROGRAMS:

- CHILD AND FAMILY THERAPY
- INDIVIDUAL PLAY THERAPY
- GROUP THERAPY
- CASE MANAGEMENT SERVICES
- PARENT EDUCATION AND TRAINING
- TEACHER TRAINING IN BASIC CLASSROOM MANAGEMENT
- TEACHER CONSULTATIONS
- CLASSROOM CONSULTATIONS
- CHILD-SPECIFIC CONSULTATIONS WITH STAFF FOR CHILDREN IDENTIFIED AS

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

|                                                  |                                                     |
|--------------------------------------------------|-----------------------------------------------------|
| Name of the organization<br><b>KIDANGO, INC.</b> | Employer identification number<br><b>94-2581686</b> |
|--------------------------------------------------|-----------------------------------------------------|

**HIGH RISK**

- PARENT CONSULTATIONS FOR CHILDREN IDENTIFIED AS HIGH RISK
- REFERRALS TO SCHOOL DISTRICT/REGIONAL CENTER
- TRIPLE P PARENTING
- CIRCLE OF SECURITY
- CHILD PARENT PYSCHOTHERAPY
- TRAUMA FOCUSED COGNITIVE BEHAVIORAL THERAPY

**FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:**

**HEAD START SERVICES:**

KIDANGO PROVIDES EARLY HEAD START (EHS) AND HEAD START (HS) SERVICES FREE OF CHARGE FOR 535 LOW INCOME FAMILIES (CHILDREN, PREGNANT WOMEN, AND FAMILIES) THROUGHOUT ALAMEDA AND SANTA CLARA COUNTY. THE KIDANGO EHS/HS PROGRAM IS FEDERALLY FUNDED AND SERVES CHILDREN BIRTH TO AGE 5 YEAR ROUND THROUGH PART DAY AND FULL DAY SERVICES.

**THE COMPREHENSIVE SERVICES THAT THE EHS/HS PROGRAM PROVIDES ARE:**

- HEARING AND VISION SCREENINGS
- SPEECH AND LANGUAGE SCREENINGS
- HEALTH SCREENINGS
- DENTAL SCREENINGS (0-3)
- DENTAL EXAMS (3-5)
- DENTAL TREATMENT (3-5)
- NUTRITION ASSESSMENTS
- GROWTH ASSESSMENTS (HEIGHT, WEIGHT, HEAD CIRCUMFERENCE)
- DEVELOPMENTAL SCREENINGS
- BEHAVIORAL SCREENINGS
- EDUCATIONAL ASSESSMENTS

|                                           |                                              |
|-------------------------------------------|----------------------------------------------|
| Name of the organization<br>KIDANGO, INC. | Employer identification number<br>94-2581686 |
|-------------------------------------------|----------------------------------------------|

- MINIMUM OF 2 PARENT CONFERENCES
- MINIMUM OF 2 HOME VISITS PER YEAR
- FAMILY SERVICES (FAMILY PARTNERSHIP AGREEMENT/GOAL SETTING AND FAMILY ASSESSMENTS)
- VARIOUS REFERRAL SERVICES WHEN NEEDED (WIC, INSURANCE, FOOD STAMPS, ETC.)
- MENTAL HEALTH SERVICES
- EARLY INTERVENTION SERVICES
- PARENT MEETINGS
- PARENT WORKSHOPS/TRAINING
- LINKAGES TO OTHER SERVICES AS NEEDED

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY FAMILY SERVICES:

COMMUNITY FAMILY SERVICES PROVIDES QUALITY CHILD DEVELOPMENT SERVICES FOR ALMOST 100 CHILDREN AGES 0-12 IN 16 FAMILY CHILD CARE HOMES IN SANTA CLARA COUNTY. IN ADDITION TO COORDINATING CHILD CARE IN HOME-BASED SETTINGS, OUR CFS PROGRAM PROVIDES FAMILIES AND STAFF WITH THE FOLLOWING PROGRAM SERVICES:

- A CHILD DEVELOPMENT AND EDUCATION COMPONENT IN WHICH EVERY CHILD HAS ACCESS TO AND PARTICIPATES IN DEVELOPMENTALLY APPROPRIATE LEARNING ACTIVITIES.
- FAMILY FOCUSED PROGRAMS AS THE NUCLEUS TO ENCOURAGING PARENT LEADERSHIP AND LEARNING.
- SOCIAL SERVICES AND HEALTH SERVICES TO ASSIST FAMILIES AND CHILDREN.
- PROFESSIONAL DEVELOPMENT OPPORTUNITIES FOR STAFF AND PROVIDERS TO MEET THE HIGH STANDARDS SET BY KIDANGO.

|                                           |                                              |
|-------------------------------------------|----------------------------------------------|
| Name of the organization<br>KIDANGO, INC. | Employer identification number<br>94-2581686 |
|-------------------------------------------|----------------------------------------------|

## EARLY INTERVENTION SERVICES:

- 14 EARLY INTERVENTION STAFF 1 MANAGER, 1 ASSISTANT MANAGER, 1

## ADMINISTRATIVE ASSISTANT

- 45 CHILDREN IN OUR COMMUNITY BASED PROGRAMS

- 130 CHILDREN IN HOME BASED PROGRAMS

- 6 CENTER-BASED, REGIONAL CENTER FUNDED CLASSROOMS IN FREMONT, SAN

JOSE, SAN LEANDRO, HAYWARD, OAKLAND

- ALL 54 KIDANGO LOCATIONS IN THE BAY AREA WILL SERVE CHILDREN WITH

## SPECIAL NEEDS

- 1 CLASSROOM IN SAN JOSE PARTICIPATING IN A SANTA CLARA COUNTY

INCLUSION COLLABORATIVE WITH ALUM ROCK PRESCHOOL SPECIAL EDUCATION

## DEPARTMENT.

EXPENSES \$ 1,838,362. INCLUDING GRANTS OF \$ 0. REVENUE \$ 384,335.

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

ALL INFORMATION RETURNS ARE REVIEWED AND APPROVED BY THE CHIEF EXECUTIVE OFFICER, APPROPRIATE UPPER-LEVEL MANAGEMENT EMPLOYEES AND BOARD MEMBERS BEFORE FILING.

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

ANNUALLY EACH DIRECTOR, OFFICER, EMPLOYEE AND VOLUNTEER COMPLETES A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES IN WHICH S/HE IS INVOLVED THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST.

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

BASED ON THE 2017 FAIR PAY FOR NORTHERN CALIFORNIA NONPROFITS, COMPENSATION IS DETERMINED BASED ON THE NON PROFIT SURVERY FOR THE ORGANIZATION'S CEO,

|                                           |                                              |
|-------------------------------------------|----------------------------------------------|
| Name of the organization<br>KIDANGO, INC. | Employer identification number<br>94-2581686 |
|-------------------------------------------|----------------------------------------------|

EXECUTIVE DIRECTORS AND TOP MANAGEMENT OFFICIALS.

FORM 990, PART VI, SECTION C, LINE 18:

DOCUMENTS ARE MAILED TO ANY INTERESTED INDIVIDUAL AND ARE AVAILABLE FOR THOSE WHO REQUEST THE INFORMATION THROUGH OUR AGENCY.

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

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST ARE PROVIDED UPON REQUEST WHILE FINANCIAL STATEMENT IS BEING PUBLISHED IN KIDANGO, INC. WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

|                                    |            |
|------------------------------------|------------|
| ADDITIONS TO EQUIPMENT NET ASSETS  | 2,522,349. |
| DELETIONS TO EQUIPMENT NET ASSETS  | -412,722.  |
| TOTAL TO FORM 990, PART XI, LINE 9 | 2,109,627. |

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization **KIDANGO, INC.** Employer identification number **94-2581686**

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

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|---------------------|---------------------------|-------------------------------------|
|                                                                        |                         |                                                     |                     |                           |                                     |
|                                                                        |                         |                                                     |                     |                           |                                     |
|                                                                        |                         |                                                     |                     |                           |                                     |
|                                                                        |                         |                                                     |                     |                           |                                     |
|                                                                        |                         |                                                     |                     |                           |                                     |
|                                                                        |                         |                                                     |                     |                           |                                     |
|                                                                        |                         |                                                     |                     |                           |                                     |
|                                                                        |                         |                                                     |                     |                           |                                     |
|                                                                        |                         |                                                     |                     |                           |                                     |
|                                                                        |                         |                                                     |                     |                           |                                     |

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

| (a)<br>Name, address, and EIN<br>of related organization                                          | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|---------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|-------------------------------|-----------------------------------------------------------|-------------------------------------|----------------------------------------------------|----|
|                                                                                                   |                         |                                                     |                               |                                                           |                                     | Yes                                                | No |
| COMMUNITY FAMILY SERVICES, INC. - 94-2145866<br>44000 OLD WARM SPRINGS BLVD.<br>FREMONT, CA 94538 | CHILD CARE              | CALIFORNIA                                          | 501(C)(3)                     | LINE 7                                                    | KIDANGO, INC                        | X                                                  |    |
|                                                                                                   |                         |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                                                                   |                         |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                                                                   |                         |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                                                                   |                         |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                                                                   |                         |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                                                                   |                         |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                                                                   |                         |                                                     |                               |                                                           |                                     |                                                    |    |
|                                                                                                   |                         |                                                     |                               |                                                           |                                     |                                                    |    |

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

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|-----------------------------------------|----|-------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                          |                         |                                                           |                                     |                                                                                                   |                                 |                                          | Yes                                     | No |                                                                         | Yes                                       | No |                                |
|                                                          |                         |                                                           |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                          |                         |                                                           |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                          |                         |                                                           |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                          |                         |                                                           |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                          |                         |                                                           |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                          |                         |                                                           |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                          |                         |                                                           |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                          |                         |                                                           |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |
|                                                          |                         |                                                           |                                     |                                                                                                   |                                 |                                          |                                         |    |                                                                         |                                           |    |                                |

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

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|----------------------------------------------------------|-------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|------------------------------------------|--------------------------------|-------------------------------------------------------|----|
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                | Yes                                                   | No |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |                                                       |    |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |                                                       |    |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |                                                       |    |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |                                                       |    |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |                                                       |    |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |                                                       |    |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |                                                       |    |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |                                                       |    |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |                                                       |    |
|                                                          |                         |                                                           |                                     |                                                        |                                 |                                          |                                |                                                       |    |



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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|                                                                                                                | Yes | No |
|----------------------------------------------------------------------------------------------------------------|-----|----|
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ..... |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....                                 |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....                               |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....                                      |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....                                             |     | X  |
| <b>f</b> Dividends from related organization(s) .....                                                          |     | X  |
| <b>g</b> Sale of assets to related organization(s) .....                                                       |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....                                                 |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....                                                 |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....                      |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....                    |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....  | X   |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....   |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....   |     | X  |
| <b>o</b> Sharing of paid employees with related organization(s) .....                                          | X   |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....                                      |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....                                      |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) .....                                   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) .....                                 |     | X  |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization        | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--------------------------------------------|-------------------------------|------------------------|----------------------------------------------|
| (1) <b>COMMUNITY FAMILY SERVICES, INC.</b> | L                             | 960,261.               | FMV                                          |
| (2)                                        |                               |                        |                                              |
| (3)                                        |                               |                        |                                              |
| (4)                                        |                               |                        |                                              |
| (5)                                        |                               |                        |                                              |
| (6)                                        |                               |                        |                                              |

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN<br>of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (e)<br><small>Are all<br/>partners sec.<br/>501(c)(3)<br/>orgs.?</small> |    | (f)<br>Share of<br>total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br><small>Dispropor-<br/>tionate<br/>allocations?</small> |    | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br><small>General or<br/>managing<br/>partner?</small> |    | (k)<br>Percentage<br>ownership |
|--------------------------------------------|-------------------------|--------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|----|------------------------------------|------------------------------------------|---------------------------------------------------------------|----|-------------------------------------------------------------------------|------------------------------------------------------------|----|--------------------------------|
|                                            |                         |                                                        |                                                                                                   | Yes                                                                      | No |                                    |                                          | Yes                                                           | No |                                                                         | Yes                                                        | No |                                |
|                                            |                         |                                                        |                                                                                                   |                                                                          |    |                                    |                                          |                                                               |    |                                                                         |                                                            |    |                                |
|                                            |                         |                                                        |                                                                                                   |                                                                          |    |                                    |                                          |                                                               |    |                                                                         |                                                            |    |                                |
|                                            |                         |                                                        |                                                                                                   |                                                                          |    |                                    |                                          |                                                               |    |                                                                         |                                                            |    |                                |
|                                            |                         |                                                        |                                                                                                   |                                                                          |    |                                    |                                          |                                                               |    |                                                                         |                                                            |    |                                |
|                                            |                         |                                                        |                                                                                                   |                                                                          |    |                                    |                                          |                                                               |    |                                                                         |                                                            |    |                                |
|                                            |                         |                                                        |                                                                                                   |                                                                          |    |                                    |                                          |                                                               |    |                                                                         |                                                            |    |                                |
|                                            |                         |                                                        |                                                                                                   |                                                                          |    |                                    |                                          |                                                               |    |                                                                         |                                                            |    |                                |
|                                            |                         |                                                        |                                                                                                   |                                                                          |    |                                    |                                          |                                                               |    |                                                                         |                                                            |    |                                |
|                                            |                         |                                                        |                                                                                                   |                                                                          |    |                                    |                                          |                                                               |    |                                                                         |                                                            |    |                                |
|                                            |                         |                                                        |                                                                                                   |                                                                          |    |                                    |                                          |                                                               |    |                                                                         |                                                            |    |                                |
|                                            |                         |                                                        |                                                                                                   |                                                                          |    |                                    |                                          |                                                               |    |                                                                         |                                                            |    |                                |
|                                            |                         |                                                        |                                                                                                   |                                                                          |    |                                    |                                          |                                                               |    |                                                                         |                                                            |    |                                |
|                                            |                         |                                                        |                                                                                                   |                                                                          |    |                                    |                                          |                                                               |    |                                                                         |                                                            |    |                                |
|                                            |                         |                                                        |                                                                                                   |                                                                          |    |                                    |                                          |                                                               |    |                                                                         |                                                            |    |                                |
|                                            |                         |                                                        |                                                                                                   |                                                                          |    |                                    |                                          |                                                               |    |                                                                         |                                                            |    |                                |
|                                            |                         |                                                        |                                                                                                   |                                                                          |    |                                    |                                          |                                                               |    |                                                                         |                                                            |    |                                |
|                                            |                         |                                                        |                                                                                                   |                                                                          |    |                                    |                                          |                                                               |    |                                                                         |                                                            |    |                                |
|                                            |                         |                                                        |                                                                                                   |                                                                          |    |                                    |                                          |                                                               |    |                                                                         |                                                            |    |                                |
|                                            |                         |                                                        |                                                                                                   |                                                                          |    |                                    |                                          |                                                               |    |                                                                         |                                                            |    |                                |
|                                            |                         |                                                        |                                                                                                   |                                                                          |    |                                    |                                          |                                                               |    |                                                                         |                                                            |    |                                |
|                                            |                         |                                                        |                                                                                                   |                                                                          |    |                                    |                                          |                                                               |    |                                                                         |                                                            |    |                                |
|                                            |                         |                                                        |                                                                                                   |                                                                          |    |                                    |                                          |                                                               |    |                                                                         |                                                            |    |                                |

**Part VII** Supplemental Information.

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

Multiple horizontal lines for supplemental information.

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

**2017**

For calendar year 2017 or other tax year beginning JUL 1, 2017, and ending JUN 30, 2018

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

|                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> <input type="checkbox"/> Check box if address changed<br><br><b>B</b> Exempt under section<br><input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br><input type="checkbox"/> 529(a) | <b>Print or Type</b><br>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br><b>KIDANGO, INC.</b><br>Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>44000 OLD WARM SPRINGS BLVD</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>FREMONT, CA 94538</b> | <b>D</b> Employer identification number (Employees' trust, see instructions.)<br><b>94-2581686</b>                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                          | <b>E</b> Unrelated business activity codes (See instructions.)<br><b>900099</b>                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                          | <b>F</b> Group exemption number (See instructions.) ▶<br><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust |

**C** Book value of all assets at end of year **20,900,821.**

**H** Describe the organization's primary unrelated business activity. ▶ **QUALIFIED FRINGE BENEFITS**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ..... ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **SCOTT MOORE** Telephone number ▶ **510-325-9227**

| <b>Part I Unrelated Trade or Business Income</b> |                                                                                      | (A) Income | (B) Expenses | (C) Net |
|--------------------------------------------------|--------------------------------------------------------------------------------------|------------|--------------|---------|
| 1 a                                              | Gross receipts or sales                                                              |            |              |         |
| b                                                | Less returns and allowances                                                          |            |              |         |
| c                                                | Balance                                                                              | 1c         |              |         |
| 2                                                | Cost of goods sold (Schedule A, line 7)                                              | 2          |              |         |
| 3                                                | Gross profit. Subtract line 2 from line 1c                                           | 3          |              |         |
| 4 a                                              | Capital gain net income (attach Schedule D)                                          | 4a         |              |         |
| b                                                | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                     | 4b         |              |         |
| c                                                | Capital loss deduction for trusts                                                    | 4c         |              |         |
| 5                                                | Income (loss) from partnerships and S corporations (attach statement)                | 5          |              |         |
| 6                                                | Rent income (Schedule C)                                                             | 6          |              |         |
| 7                                                | Unrelated debt-financed income (Schedule E)                                          | 7          |              |         |
| 8                                                | Interest, annuities, royalties, and rents from controlled organizations (Sch. F) ... | 8          |              |         |
| 9                                                | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)     | 9          |              |         |
| 10                                               | Exploited exempt activity income (Schedule I)                                        | 10         |              |         |
| 11                                               | Advertising income (Schedule J)                                                      | 11         |              |         |
| 12                                               | Other income (See instructions; attach schedule) <b>STATEMENT 1</b>                  | 12         | 12,206.      | 12,206. |
| 13                                               | <b>Total.</b> Combine lines 3 through 12                                             | 13         | 12,206.      | 12,206. |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
(Except for contributions, deductions must be directly connected with the unrelated business income.)

|    |                                                                                                                                                   |     |         |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------|
| 14 | Compensation of officers, directors, and trustees (Schedule K)                                                                                    | 14  |         |
| 15 | Salaries and wages                                                                                                                                | 15  |         |
| 16 | Repairs and maintenance                                                                                                                           | 16  |         |
| 17 | Bad debts                                                                                                                                         | 17  |         |
| 18 | Interest (attach schedule)                                                                                                                        | 18  |         |
| 19 | Taxes and licenses                                                                                                                                | 19  |         |
| 20 | Charitable contributions (See instructions for limitation rules)                                                                                  | 20  |         |
| 21 | Depreciation (attach Form 4562)                                                                                                                   | 21  |         |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return                                                                                   | 22a | 22b     |
| 23 | Depletion                                                                                                                                         | 23  |         |
| 24 | Contributions to deferred compensation plans                                                                                                      | 24  |         |
| 25 | Employee benefit programs                                                                                                                         | 25  |         |
| 26 | Excess exempt expenses (Schedule I)                                                                                                               | 26  |         |
| 27 | Excess readership costs (Schedule J)                                                                                                              | 27  |         |
| 28 | Other deductions (attach schedule)                                                                                                                | 28  |         |
| 29 | <b>Total deductions.</b> Add lines 14 through 28                                                                                                  | 29  | 0.      |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13                                              | 30  | 12,206. |
| 31 | Net operating loss deduction (limited to the amount on line 30)                                                                                   | 31  |         |
| 32 | Unrelated business taxable income before specific deduction. Subtract line 31 from line 30                                                        | 32  | 12,206. |
| 33 | Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)                                                               | 33  | 1,000.  |
| 34 | <b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | 34  | 11,206. |

**Part III Tax Computation**

|                                                                                                                                                                                                                           |                                                                                                                                                    |     |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------|
| <b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation.<br>Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:                     |                                                                                                                                                    |     |        |
| <b>a</b>                                                                                                                                                                                                                  | Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):<br>(1) \$ _____ (2) \$ _____ (3) \$ _____     |     |        |
| <b>b</b>                                                                                                                                                                                                                  | Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____<br>(2) Additional 3% tax (not more than \$100,000) \$ _____ |     |        |
| <b>c</b>                                                                                                                                                                                                                  | Income tax on the amount on line 34 SEE STATEMENT 2                                                                                                | 35c | 2,014. |
| <b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from:<br><input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) |                                                                                                                                                    | 36  |        |
| <b>37 Proxy tax.</b> See instructions                                                                                                                                                                                     |                                                                                                                                                    | 37  |        |
| <b>38 Alternative minimum tax</b>                                                                                                                                                                                         |                                                                                                                                                    | 38  |        |
| <b>39 Tax on Non-Compliant Facility Income.</b> See instructions                                                                                                                                                          |                                                                                                                                                    | 39  |        |
| <b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies                                                                                                                                             |                                                                                                                                                    | 40  | 2,014. |

**Part IV Tax and Payments**

|            |                                                                                                                                                                                                                          |     |        |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------|
| <b>41a</b> | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)                                                                                                                                              | 41a |        |
| <b>b</b>   | Other credits (see instructions)                                                                                                                                                                                         | 41b |        |
| <b>c</b>   | General business credit. Attach Form 3800                                                                                                                                                                                | 41c |        |
| <b>d</b>   | Credit for prior year minimum tax (attach Form 8801 or 8827)                                                                                                                                                             | 41d |        |
| <b>e</b>   | <b>Total credits.</b> Add lines 41a through 41d                                                                                                                                                                          | 41e |        |
| <b>42</b>  | Subtract line 41e from line 40                                                                                                                                                                                           | 42  | 2,014. |
| <b>43</b>  | Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | 43  |        |
| <b>44</b>  | <b>Total tax.</b> Add lines 42 and 43                                                                                                                                                                                    | 44  | 2,014. |
| <b>45a</b> | Payments: A 2016 overpayment credited to 2017                                                                                                                                                                            | 45a |        |
| <b>b</b>   | 2017 estimated tax payments                                                                                                                                                                                              | 45b |        |
| <b>c</b>   | Tax deposited with Form 8868                                                                                                                                                                                             | 45c | 7,200. |
| <b>d</b>   | Foreign organizations: Tax paid or withheld at source (see instructions)                                                                                                                                                 | 45d |        |
| <b>e</b>   | Backup withholding (see instructions)                                                                                                                                                                                    | 45e |        |
| <b>f</b>   | Credit for small employer health insurance premiums (Attach Form 8941)                                                                                                                                                   | 45f |        |
| <b>g</b>   | Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total                                                                                   | 45g |        |
| <b>46</b>  | <b>Total payments.</b> Add lines 45a through 45g                                                                                                                                                                         | 46  | 7,200. |
| <b>47</b>  | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>                                                                                                                        | 47  |        |
| <b>48</b>  | <b>Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed                                                                                                                                  | 48  |        |
| <b>49</b>  | <b>Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid                                                                                                                        | 49  | 5,186. |
| <b>50</b>  | Enter the amount of line 49 you want: Credited to 2018 estimated tax 5,186. Refunded                                                                                                                                     | 50  | 0.     |

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

|           |                                                                                                                                                                                                                                                                                                                                                                |     |    |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>51</b> | At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here | Yes | No |
| <b>52</b> | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.                                                                                                                                                |     | X  |
| <b>53</b> | Enter the amount of tax-exempt interest received or accrued during the tax year \$                                                                                                                                                                                                                                                                             |     |    |

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 **PUBLIC DISCLOSURE COPY**  **CEO**  
 Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_  
 May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**  
 Print/Type preparer's name: LAUREN A. HAVERLOCK  
 Preparer's signature: LAUREN A. HAVERLOCK  
 Date: 05/09/19  
 Check  if self-employed  
 PTIN: P00545829  
 Firm's name: MOSS ADAMS LLP  
 Firm's address: 101 SECOND STREET SUITE 900 SAN FRANCISCO, CA 94105  
 Firm's EIN: 91-0189318  
 Phone no.: 415-956-1500

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

|    |                                                       |    |  |   |                                                                                                                          |   |  |     |    |
|----|-------------------------------------------------------|----|--|---|--------------------------------------------------------------------------------------------------------------------------|---|--|-----|----|
| 1  | Inventory at beginning of year .....                  | 1  |  | 6 | Inventory at end of year .....                                                                                           | 6 |  |     |    |
| 2  | Purchases .....                                       | 2  |  | 7 | <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....                           | 7 |  |     |    |
| 3  | Cost of labor .....                                   | 3  |  | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ..... |   |  | Yes | No |
| 4a | Additional section 263A costs (attach schedule) ..... | 4a |  |   |                                                                                                                          |   |  |     |    |
| b  | Other costs (attach schedule) .....                   | 4b |  |   |                                                                                                                          |   |  |     |    |
| 5  | <b>Total.</b> Add lines 1 through 4b .....            | 5  |  |   |                                                                                                                          |   |  |     |    |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

|     |  |
|-----|--|
| (1) |  |
| (2) |  |
| (3) |  |
| (4) |  |

2. Rent received or accrued

| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (1)                                                                                                                 |                                                                                                                                               |                                                                                               |
| (2)                                                                                                                 |                                                                                                                                               |                                                                                               |
| (3)                                                                                                                 |                                                                                                                                               |                                                                                               |
| (4)                                                                                                                 |                                                                                                                                               |                                                                                               |
| Total                                                                                                               | 0.                                                                                                                                            | Total 0.                                                                                      |

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

| 1. Description of debt-financed property                                                          | 2. Gross income from or allocable to debt-financed property                           | 3. Deductions directly connected with or allocable to debt-financed property |                                                          |                                                                     |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------|
|                                                                                                   |                                                                                       | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule)                   |                                                                     |
| (1)                                                                                               |                                                                                       |                                                                              |                                                          |                                                                     |
| (2)                                                                                               |                                                                                       |                                                                              |                                                          |                                                                     |
| (3)                                                                                               |                                                                                       |                                                                              |                                                          |                                                                     |
| (4)                                                                                               |                                                                                       |                                                                              |                                                          |                                                                     |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5                                              | 7. Gross income reportable (column 2 x column 6)         | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)                                                                                               |                                                                                       | %                                                                            |                                                          |                                                                     |
| (2)                                                                                               |                                                                                       | %                                                                            |                                                          |                                                                     |
| (3)                                                                                               |                                                                                       | %                                                                            |                                                          |                                                                     |
| (4)                                                                                               |                                                                                       | %                                                                            |                                                          |                                                                     |
| <b>Totals</b> .....                                                                               |                                                                                       |                                                                              | Enter here and on page 1, Part I, line 7, column (A). 0. | Enter here and on page 1, Part I, line 7, column (B). 0.            |
| <b>Total dividends-received deductions</b> included in column 8 .....                             |                                                                                       |                                                                              |                                                          | 0.                                                                  |

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |                                                                                     |                                                          |
|------------------------------------|-----------------------------------|---------------------------------------------------|-------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------|
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |                                   |                                                   |                                     |                                                                                     |                                                          |
| (2)                                |                                   |                                                   |                                     |                                                                                     |                                                          |
| (3)                                |                                   |                                                   |                                     |                                                                                     |                                                          |
| (4)                                |                                   |                                                   |                                     |                                                                                     |                                                          |

**Nonexempt Controlled Organizations**

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10                     |
|-------------------|---------------------------------------------------|-------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| (1)               |                                                   |                                     |                                                                                      |                                                                                |
| (2)               |                                                   |                                     |                                                                                      |                                                                                |
| (3)               |                                                   |                                     |                                                                                      |                                                                                |
| (4)               |                                                   |                                     |                                                                                      |                                                                                |
|                   |                                                   |                                     | Add columns 5 and 10.<br>Enter here and on page 1, Part I, line 8, column (A).       | Add columns 6 and 11.<br>Enter here and on page 1, Part I, line 8, column (B). |
| <b>Totals</b>     |                                                   |                                     | 0.                                                                                   | 0.                                                                             |

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule)    | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|-------------------------------------------------------|---------------------------------|---------------------------------------------------------|
| (1)                      |                     |                                                       |                                 |                                                         |
| (2)                      |                     |                                                       |                                 |                                                         |
| (3)                      |                     |                                                       |                                 |                                                         |
| (4)                      |                     |                                                       |                                 |                                                         |
|                          |                     | Enter here and on page 1, Part I, line 9, column (A). |                                 | Enter here and on page 1, Part I, line 9, column (B).   |
| <b>Totals</b>            |                     | 0.                                                    |                                 | 0.                                                      |

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------------------|
| (1)                                  |                                                           |                                                                             |                                                                                                                        |                                                                     |                                      |                                                                                  |
| (2)                                  |                                                           |                                                                             |                                                                                                                        |                                                                     |                                      |                                                                                  |
| (3)                                  |                                                           |                                                                             |                                                                                                                        |                                                                     |                                      |                                                                                  |
| (4)                                  |                                                           |                                                                             |                                                                                                                        |                                                                     |                                      |                                                                                  |
|                                      |                                                           | Enter here and on page 1, Part I, line 10, col. (A).                        | Enter here and on page 1, Part I, line 10, col. (B).                                                                   |                                                                     |                                      | Enter here and on page 1, Part II, line 26.                                      |
| <b>Totals</b>                        |                                                           | 0.                                                                          | 0.                                                                                                                     |                                                                     |                                      | 0.                                                                               |

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical                      | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--------------------------------------------|-----------------------------|-----------------------------|--------------------------------------------------------------------------------------------|-----------------------|---------------------|-----------------------------------------------------------------------------------|
| (1)                                        |                             |                             |                                                                                            |                       |                     |                                                                                   |
| (2)                                        |                             |                             |                                                                                            |                       |                     |                                                                                   |
| (3)                                        |                             |                             |                                                                                            |                       |                     |                                                                                   |
| (4)                                        |                             |                             |                                                                                            |                       |                     |                                                                                   |
| <b>Totals</b> (carry to Part II, line (5)) |                             | 0.                          | 0.                                                                                         |                       |                     | 0.                                                                                |

**Part II** **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical                    | 2. Gross advertising income                                    | 3. Direct advertising costs                                    | 4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4). |
|------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------|---------------------|-----------------------------------------------------------------------------------|
| (1)                                      |                                                                |                                                                |                                                                                            |                       |                     |                                                                                   |
| (2)                                      |                                                                |                                                                |                                                                                            |                       |                     |                                                                                   |
| (3)                                      |                                                                |                                                                |                                                                                            |                       |                     |                                                                                   |
| (4)                                      |                                                                |                                                                |                                                                                            |                       |                     |                                                                                   |
| <b>Totals from Part I</b> .....          | <b>0.</b>                                                      | <b>0.</b>                                                      |                                                                                            |                       |                     | <b>0.</b>                                                                         |
| <b>Totals, Part II (lines 1-5)</b> ..... | Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b> | Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b> |                                                                                            |                       |                     | Enter here and on page 1, Part II, line 27. <b>0.</b>                             |

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name                                                        | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|----------------------------------------------------------------|----------|----------------------------------------|----------------------------------------------------|
| (1)                                                            |          | %                                      |                                                    |
| (2)                                                            |          | %                                      |                                                    |
| (3)                                                            |          | %                                      |                                                    |
| (4)                                                            |          | %                                      |                                                    |
| <b>Total.</b> Enter here and on page 1, Part II, line 14 ..... |          |                                        | <b>0.</b>                                          |



KIDANGO, INC.

94-2581686

FORM 990-T

OTHER INCOME

STATEMENT 1

DESCRIPTION

AMOUNT

PARKING SERVICES

11,508.

TRANSIT SERVICES

698.

TOTAL TO FORM 990-T, PAGE 1, LINE 12

12,206.

FORM 990-T

LINE 35C TAX COMPUTATION

STATEMENT 2

|     |                                               |            |              |
|-----|-----------------------------------------------|------------|--------------|
| 1.  | TAXABLE INCOME . . . . .                      |            | 11,206       |
| 2.  | LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . .  |            | 11,206       |
| 3.  | LINE 1 LESS LINE 2 . . . . .                  |            | 0            |
| 4.  | LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . . |            | 0            |
| 5.  | LINE 3 LESS LINE 4 . . . . .                  |            | 0            |
| 6.  | INCOME SUBJECT TO 34% TAX RATE . . . . .      |            | 0            |
| 7.  | INCOME SUBJECT TO 35% TAX RATE . . . . .      |            | 0            |
| 8.  | 15 PERCENT OF LINE 2 . . . . .                |            | 1,681        |
| 9.  | 25 PERCENT OF LINE 4 . . . . .                |            | 0            |
| 10. | 34 PERCENT OF LINE 6 . . . . .                |            | 0            |
| 11. | 35 PERCENT OF LINE 7 . . . . .                |            | 0            |
| 12. | ADDITIONAL 5% SURTAX . . . . .                |            | 0            |
| 13. | ADDITIONAL 3% SURTAX . . . . .                |            | 0            |
| 14. | TOTAL INCOME TAX                              |            | <u>1,681</u> |
| 15. | TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017    |            | <u>2,353</u> |
|     |                                               | DAYS       |              |
| 16. | TAX PRORATED FOR NUMBER OF DAYS IN 2017       | 184        | 847          |
| 17. | TAX PRORATED FOR NUMBER OF DAYS IN 2018       | 181        | 1,167        |
| 18. | TOTAL TAX PRORATED                            | <u>365</u> | <u>2,014</u> |

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|                                                                | Enter filer's identifying number                                                                                     |                                                              |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>Type or print</b>                                           | Name of exempt organization or other filer, see instructions.<br><b>KIDANGO, INC.</b>                                | Employer identification number (EIN) or<br><b>94-2581686</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>44000 OLD WARM SPRINGS BLVD</b>         | Social security number (SSN)                                 |
|                                                                | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>FREMONT, CA 94538</b> |                                                              |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|------------------------------------------|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**SCOTT MOORE**

• The books are in the care of ▶ **44000 OLD WARM SPRINGS BLVD. - FREMONT, CA 94538**  
Telephone No. ▶ **510-325-9227** Fax No. ▶ \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box    
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or  
▶  tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|                                                                                                                                                                                               |           |    |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**MAIL TO: DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0045**

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

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**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|                                                                                            |                                                                                                                      | Enter filer's identifying number                                                                        |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Type or print</b><br><br>File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions.<br><br><b>KIDANGO, INC.</b>                            | Employer identification number (EIN) or<br><br><div style="text-align: center;"><b>94-2581686</b></div> |
|                                                                                            | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>44000 OLD WARM SPRINGS BLVD</b>         | Social security number (SSN)                                                                            |
|                                                                                            | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>FREMONT, CA 94538</b> |                                                                                                         |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

| Application Is For                       | Return Code | Application Is For                | Return Code |
|------------------------------------------|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**SCOTT MOORE**

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 ▶  tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|                                                                                                                                                                                               |           |    |        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|--------|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 7,200. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0.     |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 7,200. |

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