	Short Form	OMB No 1545-11
	<b>990-EZ</b> Return of Organization Exempt From Income 1	
:)	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private for	undations) 2017
Γ	Do not enter social security numbers on this form as it may be made public	
	rtment of the Treasury	Open to Publi Inspection
_		mapection
	For the 2017 calendar year, or tax year beginning and ending Check if C Name of organization D	Employer identification number
	Address change	
$\overline{\Box}$	Name change UKULELE KIDS CLUB, INC.	46-4301063
		Telephone number
	terminated 10097 CLEARI BLVD 110	<u>917-750-8344</u>
-		Group Exemption
GA		Check  Ch
I V	Nebsite: NWW.THEUKC.ORG	not required to attach Schedule B
		(Form 990, 990-EZ, or 990-PF).
	Form of organization: X Corporation Trust Association Other Other Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,	
	column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶ <u>\$</u> 121,43
	art I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructure	ons for Part I)
; ;	Check if the organization used Schedule 0 to respond to any question in this Part I	
ξ I	1 Contributions, gifts, grants, and similar amounts received	1 121,43
->> ->	2 Program service revenue including government fees and contracts	2
늬	Membership dues and assessments     Investment income     SEE SCHEDULE Q	3
i	4     Investment income     SEE     SCHEDULE       5a     Gross amount from sale of assets other than inventory     5a	4
	b Less: cost or other basis and sales expenses 5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
P	a Gross income from gaming (attach Schedule G if greater than	
Revenue	\$15,000) b Gross income from fundraising events (not including \$1, 480. of contributions	
Re	from fundraising events reported on line 1) (attach Schedule G if the sum of such	
	gross income and contributions averages \$15.0000	
	c Less: direct expenses from gaming and fundraising events ECEIVED	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and by fract line 6c)	<u>6d</u>
	7a Gross sales of inventory, less returns and allowards MAY 0 8 2018	
	b Less: cost of goods sold	70
	c Gross profit or (loss) from sales of inventory (Subtract ine C from ine 7a) F 8 Other revenue (describe in Schedule 0)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 121,43
	10 Grants and similar amounts paid (list in Schedule 0)	10
	11 Benefits paid to or for members	11
es	12 Salaries, other compensation, and employee benefits	12 18,00
Expenses	13 Professional fees and other payments to independent contractors	13 12,66
Exp	<ul> <li>Occupancy, rent, utilities, and maintenance</li> <li>Printing, publications, postage, and shipping</li> </ul>	14 76
	16     Other expenses (describe in Schedule 0)       SEE     SCHEDULE O	16 100,90
		17 132,33
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 <10,901
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A))	
t As	(must agree with end-of-year figure reported on prior year's return)	19 23,24
Net	20 Other changes in net assets or fund balances (explain in Schedule 0)	20 12,34
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	Form <b>990-EZ</b> (
TH/	A For Paperwork Reduction Act Notice, see the separate instructions	

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m 990-EZ (2017) UKULELE KIDS CLUB, INC. art I Balance Sheets (see the instructions for Part				<u>43010</u>	
Check if the organization used Schedule O to	•	n in this Part II			X
		(A) Beginning of year		(B) F	End of year
a statut advantation (	}	12,241	• 22		12,340.
			23		12,510.
		11,000			0.
	3 U	23,241			12,340.
5 Total assets			_		
6 Total liabilities (describe in Schedule 0)		0			0.
7 Net assets or fund balances (line 27 of column (B) must agree with line	e 21)	23,241	• 27		12,340.
art III Statement of Program Service Accomplish		•			xpenses
Check if the organization used Schedule O to		n in this Part III	X		for section and 501(c)(4)
nat is the organization's primary exempt purpose? SEE SCHEDULE	<u>    0                                </u>				ons; optional for
scribe the organization's program service accomplishments for each of its three largest prog		s In a clear and concise		others.)	
nner, describe the services provided, the number of persons benefited, and other relevant in	nformation for each program title				
SEE SCHEDULE O					
(Grants \$ ) If this amount includes fore		<b>&gt;</b>		28a	70,672.
MUSIC THERAPY OUTREACH PROGRAM -		ALS FOR			
PURPOSES OF EDUCATION ON THE BENE	FITS OF MUSIC T	HERAPY			
(Grants \$ ) If this amount includes fore	aign grants, check here	•		29a	19,271.
<u>[oiuii</u>					
(Grants \$ ) If this amount includes fore	and grants check here	<b></b>		30a	
Other program services (describe in Schedule O)				004	
Other program services (describe in Schedule O)					
	an grante, check here	•		210	
(Grants \$ ) If this amount includes fore	eign grants, check here	<b>&gt;</b>		<u>31a</u>	80 0/3
(Grants \$ ) If this amount includes fore Total program service expenses (add lines 28a through 31a)		<b>&gt;</b>		32	89,943.
(Grants \$) If this amount includes fore Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Ke	ey Employees (list each one			32	or Part IV)
(Grants \$ ) If this amount includes fore Total program service expenses (add lines 28a through 31a)	respond to any question	n in this Part IV	see the Ir	32	or Part IV)
(Grants \$) If this amount includes fore Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O to	ey Employees (list each one respond to any question (b) Average hours	(c) Reportable	see the Ir	32	r Part IV) X (e) Estimated
(Grants \$) If this amount includes fore Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Ke	ey Employees (list each one respond to any question (b) Average hours per week devoted to	(C) Reportable compensation (Forms W-2/1099-MISC)	see the in (d) Hea contri employ	32 Instructions for alth benefits, butions to yee benefit	r Part IV) (e) Estimated amount of other
(Grants \$) If this amount includes fore Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O to (a) Name and title	ey Employees (list each one respond to any question (b) Average hours	(C) Reportable compensation (Forms	see the ir (d) Hea contri emplo plans, a	32 Instructions for alth benefits, butions to	r Part IV) X (e) Estimated
(Grants \$) If this amount includes fore Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O to (a) Name and title OREY BERGMAN	ey Employees (hist each one respond to any question (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Hea contri employ plans, a comp	32 Instructions for alth benefits, butions to yee benefit and deferred bensation	r Part IV) (e) Estimated amount of other compensation
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(Grants \$) If this amount includes fore Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O to (a) Name and title OREY BERGMAN RESIDENT/DIRECTOR	ey Employees (hist each one respond to any question (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Hea contri employ plans, a comp	32 Instructions for alth benefits, butions to yee benefit and deferred bensation	r Part IV) (e) Estimated amount of other compensation
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(Grants \$) If this amount includes fore Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O to (a) Name and title OREY BERGMAN RESIDENT/DIRECTOR DDA BERGMAN IRECTOR COTT WALTERS	ey Employees (hist each one respond to any question (b) Average hours per week devoted to position 60.00 10.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 18,000. 0.	(d) Hea contri employ plans, a comp	32 Instructions for suith benefits, butions to yee benefit and deferred pensation 0.	r Part IV)           Image: Constraint of the compensation           0.           0.
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(Grants \$) If this amount includes fore Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O to (a) Name and title OREY BERGMAN RESIDENT/DIRECTOR DDA BERGMAN IRECTOR COTT WALTERS REASURER/DIRECTOR OM DUFFY HAIRMAN/DIRECTOR UNE PINKHAM HAIRMAN/DIRECTOR AN MATHIS IRECTOR IRECTOR IM BELL ECRETARY/DIRECTOR ERRY GLYNN IRECTOR INDA KURFIST IRECTOR	ey Employees (hist each one respond to any question (b) Average hours per week devoted to position 60.00 10.00 2.00 3.00 3.00 1.00 1.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 18,000. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Hea contri employ plans, a comp	32 Instructions for Subtrons to yee benefit and deferred pensation 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	r Part IV)           X           (e) Estimated           amount of other           compensation           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.           0.
(Grants \$) If this amount includes fore Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O to (a) Name and title OREY BERGMAN RESIDENT/DIRECTOR DDA BERGMAN IRECTOR COTT WALTERS REASURER/DIRECTOR OM DUFFY HAIRMAN/DIRECTOR UNE PINKHAM HAIRMAN/DIRECTOR AN MATHIS IRECTOR IN BELL ECRETARY/DIRECTOR ERRY GLYNN IRECTOR INDA KURFIST IRECTOR RIC KRAUS	Ey Employees         (hist each one respond to any question (b) Average hours per week devoted to position           60.00         10.00           10.00         3.00           3.00         1.00           1.00         1.00           1.00         1.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 18,000. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Hea contri employ plans, a comp	32           istructions for           buttons to           yee benefits,           0.	X           (e) Estimated amount of other compensation           0.
(Grants \$)       ) If this amount includes fore         Total program service expenses (add lines 28a through 31a)         Part IV       List of Officers, Directors, Trustees, and Ke         Check if the organization used Schedule O to         (a) Name and title         OREY       BERGMAN         RESIDENT/DIRECTOR         DDA       BERGMAN         IRECTOR         COTT       WALTERS         REASURER/DIRECTOR         OM       DUFFY         HAIRMAN/DIRECTOR         UNE       PINKHAM         HAIRMAN/DIRECTOR         AN MATHIS         IRECTOR         MY       FURMAN         IRECTOR         IM       BELL         ECRETARY/DIRECTOR         IM       BELL         ECRETARY/DIRECTOR         INDA       KURFIST         IRECTOR         INDA       KURFIST         IRECTOR         RIC       KRAUS         IRECTOR	Ey Employees         (hist each one respond to any question           (b) Average hours per week devoted to position           60.00           10.00           2.00           3.00           1.00           1.00           1.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 18,000. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Hea contri employ plans, a comp	32 astructions for structions to yee benefit and deferred 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	r Part IV)           Image: Constraint of the compensation           0.
(Grants \$) If this amount includes fore Total program service expenses (add lines 28a through 31a) Part IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule O to (a) Name and title OREY BERGMAN RESIDENT/DIRECTOR DDA BERGMAN IRECTOR COTT WALTERS REASURER/DIRECTOR OM DUFFY HAIRMAN/DIRECTOR UNE PINKHAM HAIRMAN/DIRECTOR AN MATHIS IRECTOR IN BELL ECRETARY/DIRECTOR ERRY GLYNN IRECTOR INDA KURFIST IRECTOR RIC KRAUS	Ey Employees         (hist each one respond to any question (b) Average hours per week devoted to position           60.00         10.00           10.00         3.00           3.00         1.00           1.00         1.00           1.00         1.00	n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 18,000. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(d) Hea contri employ plans, a comp	32           istructions for           buttons to           yee benefits,           0.	X           (e) Estimated amount of other compensation           0.

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	EZ (2017) UKULELE KIDS CLUB, INC. 46-4301	.063		Page 3
art V	Other Information (Note the Schedule A and personal benefit contract statement requirements	in the	3	
	instructions for Part V) Check if the organization used Sch. O to respond to any question in this	Part		X
•		r	Yes	No
	the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each	}		
	nty in Schedule O	33		<u>x</u>
	e any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	1		v
	uments if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported	34		<u>X</u>
	nes 2, 6a, and 7a, among others)?	35a		Х
	es" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	
	the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	000		
	urements during the year? If "Yes," complete Schedule C, Part III	35c		х
	the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"		·	
	plete applicable parts of Schedule N	36		Х
Ente	r amount of political expenditures, direct or indirect, as described in the instructions			
Did	the organization file Form 1120-POL for this year?	37b		X
Did	the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	prior year and still outstanding at the end of the tax year covered by this return?	<u>38a</u>		X
	es," complete Schedule L, Part II and enter the total amount involved 38b N/A	4		
	ion 501(c)(7) organizations. Enter:			
	ation fees and capital contributions included on line 9     39a     N/A       ss receipts, included on line 9, for public use of club facilities     39b     N/A	4		
		-		1
	non 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	tion 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	saction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	s prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	406		Х
	tion 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	in ization managers or disqualified persons during the year under sections 4912, 4955, and 4958	1		
Sec	ion 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
-	ne organization			
	rganizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	saction? If "Yes," complete Form 8886-T	40e	]	X
	the states with which a copy of this return is filed $\blacktriangleright$ <b>FL</b> , <b>NH</b> , <b>NY</b> , <b>TN</b> , <b>NJ</b> , <b>HI</b>	1 0	700	
	or ganization's books are in care of $\blacktriangleright$ EVA WILSON Telephone no. $\blacktriangleright$ 561-49 ated at $\triangleright$ 7000 W PALMETTO PARK ROAD SUITE 210, BOCA RATON, ZIP + 4 $\triangleright$ 3			
	ated at $\blacktriangleright$ 7000 W PALMETTO PARK ROAD SUITE 210, BOCA RATON, ZIP + 4 $\blacktriangleright$ 3 may time during the calendar year, did the organization have an interest in or a signature or other authority	545	5	
	a financial account in a foreign country (such as a bank account, securities account, or other financial	{	Yes	No
	יו אומוסטוו מסטטווג איז א דואט איז איז איז איז איז א געראר געראר געראר געראר געראר געראר געראר געראר געראר גער דרוענ	42b		X
	es," enter the name of the foreign country:			
See	the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
At a	ny time during the calendar year, did the organization maintain an office outside the United States?	42c		X
lf "Y	es," enter the name of the foreign country: 🕨			
Sect	ion 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			$\square$
and	enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
		ſ		
<b>.</b> .		r	Yes	No
	the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			v
	n 990-EZ	44a		<u>_X</u>
	the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			v
	prm 990-EZ	44b		<u>x</u> x
	the organization receive any payments for indoor tanning services during the year? es" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	44c		<u>A</u>
	es" to line 44c, has the organization need a Porth 720 to report these payments / if "No," provide an explanation chedule O	44d		
	che organization have a controlled entity within the meaning of section 512(b)(13)?	440		X
ີມາມ	the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	100		
Dıd	(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

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orm 990-EZ (2		CLUB, INC.						_	age
							( Starter	Yes	
-	ganization engage, directly or indirectly, in	n political campaign activit	ies on behalf of or	in oppositio	in to candidates for p	public office?	3		R,
	omplete Schedule C, Part I						46		X
<u> </u>	Section 501(c)(3) organization	•							
	All section 501(c)(3) organizations mu	ist answer questions 47	7-49b and 52, and	d complete	e the tables for line	es 50 and 51			
	Check if the organization used Sched	lule O to respond to an	y question in this	s Part VI					
								Yes	_
7 Did the or	ganization engage in lobbying activities of	r have a section 501(h) ele	ction in effect duri	ng the tax y	ear? If "Yes," comple	te Sch. C, Part	11 47		Х
18 Is the org	anization a school as described in section	170(b)(1)(A)(II)? If "Yes,"	complete Schedule	e E			48		Х
19a Did the or	ganization make any transfers to an exem	pt non-charitable related of	organization?				49a	1 - 1	X
blf"Yes," w	as the related organization a section 527	organization?					49b		
60 Complete	this table for the organization's five higher	st compensated employee	s (other than office	ers, director	s, trustees, and key (	employees) wh	o each re	ceived m	ore
-	0,000 of compensation from the organization					,			
	(a) Name and title of each emplo		(b) Average	e hours	(C) Reportable	(d) Health ber	nefits (	e) Estim	ted
	(4)	<b>,</b>	per week de		compensation (Forms W-2/1099-MISC)	s contribution: employee be	sto i	nount of	
	N	ONE	positi	ол	W-2/1089-MISC)	plans, and def compensati	erred C	ompensa	tior
			-+		+				
			4						
			+		+				
			-1						
<u> </u>			-}						
			-4		}				
					+	-+	+_		
			-1		1	1			
			1			1			
1 Complete	nber of other employees paid over \$100,00 this table for the organization's five highe ion. If there is none, enter "None." N		ent contractors wh			),000 of compe	nsation fr	om the	
51 Complete organizat	this table for the organization's five highe	st compensated independ	ent contractors wh		ved more than \$100 ) Type of service		nsation fr		
51 Complete organizat	this table for the organization's five highe	st compensated independ	ent contractors wh						
organizat	this table for the organization's five highe	st compensated independ	ent contractors wh						
organizat	this table for the organization's five highe	st compensated independ	ent contractors wh						
51 Complete organizat	this table for the organization's five highe	st compensated independ	ent contractors wh						
organizat	this table for the organization's five highe	st compensated independ	ent contractors wh						
organizat	this table for the organization's five highe	st compensated independ	ent contractors wh						
51 Complete organizat	this table for the organization's five highe	st compensated independ	ent contractors wh						
organizat	this table for the organization's five highe	st compensated independ	ent contractors wh						
51 Complete organizat (a) M	e this table for the organization's five highe ion. If there is none, enter "None." N lame and business address of each indepe	ist compensated independ	ent contractors wh						
i Complete organizat (a) M	this table for the organization's five highe	ist compensated independ	ent contractors wh						
d Total num	e this table for the organization's five highe ion. If there is none, enter "None." N lame and business address of each indepe	est compensated independ		<u>(b</u>			(e) Comp		
d Total num	this table for the organization's five higher ion. If there is none, enter "None." N lame and business address of each indepe	est compensated independ		<u>(b</u>					
d Total num complete di the or completer	this table for the organization's five highe ion. If there is none, enter "None." N lame and business address of each indepe	ist compensated independ IONE endent contractor n receiving over \$100,000 Il section 501(c)(3) organ	izations must attac	(b	) Type of service		(c) Comp	ensation	<u> </u>
d Total num complete d Total num f2 Did the or completer Jnder penalties	this table for the organization's five highe ion. If there is none, enter "None." N lame and business address of each indepe	In receiving over \$100,000 Il section 501(c)(3) organ	izations must attac	(b	) Type of service	est of my know	(c) Comp	ensation	_
d Total num 52 Did the or complete Juder penalties	this table for the organization's five highe ion. If there is none, enter "None." N lame and business address of each independent business address of each independent rganization complete Schedule A? Note: A d Schedule A s of perjury, I declare that I have examined and complete. Declaration of preparer (othe	In receiving over \$100,000 Il section 501(c)(3) organ	izations must attac	(b	) Type of service	est of my know	(c) Comp	ensation	<u> </u>
d Total num 52 Did the or completer Juder penalties rue, correct, an Sign	this table for the organization's five higher ion. If there is none, enter "None." N lame and business address of each independent and business address of each independent sof other independent contractors each rganization complete Schedule A? Note: A d Schedule A sof perjury, I declare that I have examined and complete. Declaration of preparer (other Signature efficiency and the statement of t	In receiving over \$100,000 Il section 501(c)(3) organ this return, including accor r than officer) is based on	izations must attac	(b	) Type of service	est of my know ge.	(c) Comp	ensation	
d Total num complete d Total num 2 Did the or complete Jinder penalties rue, correct, ar Sign	this table for the organization's five higher ion. If there is none, enter "None." N lame and business address of each independent make and business address of each independent software and business address of each independent make and business address of each independent make and business address of each independent make and business address of each independent independent contractors each rganization complete Schedule A? Note: A d Schedule A soft perjury, I declare that I have examined and complete. Declaration of preparer (othe Signature offices) Busices	In receiving over \$100,000 Il section 501(c)(3) organ this return, including accor r than officer) is based on	izations must attac	(b	) Type of service	est of my know	(c) Comp	ensation	<u> </u>
d Total num 52 Did the or completer Juder penalties rue, correct, an Sign	this table for the organization's five higher ion. If there is none, enter "None." N lame and business address of each independent and business address of each independent sof other independent contractors each rganization complete Schedule A? Note: A d Schedule A sof perjury, I declare that I have examined and complete. Declaration of preparer (other Signature efficiency and the statement of t	In receiving over \$100,000 Il section 501(c)(3) organ this return, including accor r than officer) is based on	izations must attac	(b	) Type of service	est of my know ge.	(c) Comp	ensation	<u> </u>
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d Total num 52 Did the or complete Under penalties true, correct, ar Sign Here	this table for the organization's five higher ion. If there is none, enter "None." N lame and business address of each independent makes and business address of each independent sof other independent contractors each rganization complete Schedule A? Note: A d Schedule A sof perjury, I declare that I have examined and complete. Declaration of meparer (other Signature of frices Busines, Type or print name and the	In receiving over \$100,000 Il section 501(c)(3) organ this return, including accor r than officer) is based on	izations must attact ompanying schedul all information of v	(b	Type of service	est of my know ge.	(c) Comp	ensation	_
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d Total num complete (a) M d Total num f2 Did the or completed Under penalties true, correct, ar Sign Here	this table for the organization's five higher ion. If there is none, enter "None." N lame and business address of each independent mber of other independent contractors each rganization complete Schedule A? Note: A d Schedule A s of perjury, I declare that I have examined and complete. Declaration of preparer (other Signature eroffice) Busics Type or print name and the Print/Type preparer's name MICHAEL FISHER	In receiving over \$100,000 In receiving over \$100,000 Il section 501(c)(3) organ this return, including according than officer) is based on Image of the preparer's signature Content of the preparer's signature	izations must attact ompanying schedul all information of v	(b	Type of service	est of my know ge.	(c) Comp (c) Comp (X) Y Vledge and (2) 1 2 4 3	es d belief, i	
<ul> <li>51 Complete organizat (a) M</li> <li>(a) M</li> <li>(b) M</li> <li>(c) M</li>     &lt;</ul>	this table for the organization's five higher ion. If there is none, enter "None." N lame and business address of each independent mber of other independent contractors each rganization complete Schedule A? Note: A d Schedule A is of perjury, I declare that I have examined and complete. Declaration of meparer (other Signature eroffice) Type or print name and the Print/Type preparer's name MICHAEL FISHER Firm's name ► CBIZ MHM,	In receiving over \$100,000 In receiving over \$100,000 Il section 501(c)(3) organ this return, including according than officer) is based on Image: Control of the signature Preparer's signature Control of the signature	izations must attac companying schedul all information of y esidest CPA	h a les and state which prepa	Type of service	est of my know ge. Date 20/8 1 PTIN loyed PC IN ► 34 – 1	(c) Comp (c) Comp (X) Y (ledge and () 1243 .9007	es d belief, d	
d Total num complete (a) M d Total num 2 Did the or completer Jinder penalties rue, correct, ar Sign Here Paid Preparer	this table for the organization's five higher ion. If there is none, enter "None." N lame and business address of each independent moder of other independent contractors each rganization complete Schedule A? Note: A d Schedule A is of perjury, I declare that I have examined and complete. Declaration of meparer (other Signature conflicer Type or print name and tale Print/Type preparer's name MICHAEL FISHER Firm's name ► CBIZ MHM, Firm's address ► 1675 N. M	st compensated independ <b>ONE</b> endent contractor and ent contrac	izations must attac companying schedul all information of y esidest CPA	h a les and state which prepa	Type of service	est of my know ge. Date 20/8 1 PTIN loyed PC IN ► 34 – 1	(c) Comp (c) Comp (X) Y (ledge and () 1243 .9007	es d belief, d	
d Total num complete (a) M d Total num for Did the or completer Under penalties true, correct, ar Sign Here Paid Preparer Use Only	this table for the organization's five higher ion. If there is none, enter "None." N lame and business address of each independent moder of other independent contractors each rganization complete Schedule A? Note: A d Schedule A is of perjury, I declare that I have examined and complete. Declaration of meparer (other Signature conflicer Type or print name and tale Print/Type preparer's name MICHAEL FISHER Firm's name ► CBIZ MHM, Firm's address ► 1675 N. M	In the officer of the officer	izations must attac companying schedul all information of y esidest CPA	h a les and state which prepa	Type of service	est of my know ge. Date 20/8 1 PTIN loyed PC IN ► 34 – 1	(c) Comp (c) Comp (X) Y (ledge and () 1243 .9007	ensation es d belief, d 3 2 4 3 5 0 5 0	_

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SCHEDULE A (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if the organ 49 ►	nization is a section 50 47(a)(1) nonexempt cha Attach to Form 990 or f v/Form990 for instruction	l(c)(3) org ritable tru form 990-	anization Jst. EZ.	or a section		OMB No 1545-0047 2017 Opento Public
Name of the organizati							r identification number
Dort L. Booson	UKULELE KIDS C					4	6-4301063
	for Public Charity Status				e instruction	s	
	a private foundation because it is: ( nvention of churches, or association				(VAV:)		4
	cribed in section 170(b)(1)(A)(ii).				·// <del>~</del> /(I)·	1	
	a cooperative hospital service org				ii).	C	
	search organization operated in co				-	.)(iii). Enter	the hospital's name,
city, and stat	e						
5 🛄 An organizat	ion operated for the benefit of a co	llege or university owned	or operat	ed by a go	overnmental u	nit describ	ed in
section 170	(b)(1)(A)(iv). (Complete Part II.)						
	ate, or local government or governr						
	ion that normally receives a substa	intial part of its support fi	rom a gove	ernmental	unit or from t	ne general	public described in
	(b)(1)(A)(vi). (Complete Part II)	(1)(A)(vi) (Complete Der					
	y trust described in section 170(b) al research organization described		•	ed in conii	inction with a	land-grant	college
-	or a non-land-grant college of agric			•		-	-
university:					, and clare et	inte conegi	
10 An organizat	ion that normally receives (1) more	than 33 1/3% of its sup	port from a	contributic	ns, members	hip fees, ar	nd gross receipts from
activities rela	ated to its exempt functions - subje	ct to certain exceptions,	and (2) no	more than	n 33 1/3% of i	ts support	from gross investment
income and	unrelated business taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	after June 30, 1975
	509(a)(2). (Complete Part III)						
	ion organized and operated exclus		•				
	ion organized and operated exclus y supported organizations describe	-				•	· ·
	ough 12d that describes the type o						
	supporting organization operated, s			-		-	aivina
	rted organization(s) the power to re	•	• • •	-			• •
organizatio	on You must complete Part IV, Se	ections A and B.					
b 🔄 Type II. A	supporting organization supervised	or controlled in connect	ion with it	s supporte	d organizatio	n(s), by hav	/ing
	management of the supporting orga		ame perso	ns that co	ntrol or mana	ge the sup	ported
×	on(s) You must complete Part IV,						
	nctionally integrated. A supportin					ly integrate	ed with,
<b>_</b>	ed organization(s) (see instructions on-functionally integrated. A supp					tod organi	ration(a)
	functionally integrated. The organiz	• • •			• •	•	• •
	nt (see instructions) You must cor		-				
e Check this	box if the organization received a	written determination from	n the IRS	that it is a	Type I, Type	II, Type III	
functionall	y integrated, or Type III non-functio	nally integrated supporti	ng organiz	ation			
	of supported organizations						[
	ring information about the supporte		(iv) is the oro	anization listed	( ) Amount o	(menton)	(ui) Amount of other
(i) Name of supp organization		(iii) Type of organization (described on lines 1-10	in your govern	ng document?	(v) Amount o support (see ii	-	(vi) Amount of other support (see instructions)
		above (see instructions))	Yes				
				ł			
		<u> </u>					<u> </u>
			1				
				ļ			<b> </b>
				}			
		<u> </u>		}		<u> </u>	<u> </u>
Total	duction Act Notice, see the Instr	L	000 57		L Saha		

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I.

Schedule A (Form 990 or 990 EZ) 2017 UKULELE KIDS CLUB, INC. 46-4301 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.)

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Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not				}		
	include any "unusual grants.")				{		
2	Tax revenues levied for the organ-					1	
	ization's benefit and either paid to		{		}		
	or expended on its behalf		}		1	1	
3	The value of services or facilities			1			
•	furnished by a governmental unit to			1		1	
	the organization without charge						
4	Total, Add lines 1 through 3			1		1	
5	The portion of total contributions			1		1	
Ŭ	by each person (other than a						
	governmental unit or publicly		1				l
	supported organization) included		}				
	on line 1 that exceeds 2% of the				}	1	
	amount shown on line 11,						
	column (f)		l			}	
6	Public support. Subtract line 5 from line 4			+	<u> </u>	<u> </u>	0.
_	ction B. Total Support				1	·	
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4				1		
8	Gross income from interest,				+		
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,			1			
	and income from similar sources		}		1		]
9	Net income from unrelated business					+	
3	activities, whether or not the				1		
	business is regularly carried on						
10	Other income Do not include gain			<u> </u>	+	+	
10	or loss from the sale of capital						
	assets (Explain in Part VI)		1	1	1		
44							0.
11	Gross receipts from related activities,		<u> </u>	L	<u> </u>	12	
12	First five years. If the Form 990 is for			d fourth or fifth to			
10	organization, check this box and stor	-	5 mat, 3600 nd, am		an year as a section	1 301(0)(3)	►X
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2017 (I			olumn (f))		14	%
	Public support percentage from 2016		•			15	%
	33 1/3% support test - 2017. If the o	,		n line 13, and line	14 is 33 1/3% or m		
	stop here. The organization qualifies					····, ····	
Ľ	33 1/3% support test - 2016. If the o		•		l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-			e 13, 16a, or 16b, a	and line 14 is 10%	or more.
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
٢	10% -facts-and-circumstances test				-	17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ						´ <b>⊾</b> ┌─┐
10	Private foundation. If the organization						
_10	Finale roundations if the organizatio	and not check d		a, 100, 178, 01 171	OF OLIOCK THIS DOX 8		

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Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017	KULELE KI	DS CLUB,	INC.	(0)	46-430	1063 Page 3
Part III Support Schedule for	-		• •			I
(Complete only if you checked			organization failed	to qualify under F	Part II. If the organiza	ition fails to
Section A. Public Support	pelow, please comp	plete Part II )				<u> </u>
Calendar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017 🖉	(f) Total
1 Gifts, grants, contributions, and				{		
membership fees received. (Do not				1		
include any "unusual grants ")				ļ		
2 Gross receipts from admissions,				1		
merchandise sold or services per- formed, or facilities furnished in		-	ĺ			
any activity that is related to the		1	}			
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513	L					
4 Tax revenues levied for the organ-			ļ			
ization's benefit and either paid to		}	l l	1		
or expended on its behalf						
5 The value of services or facilities	1	}				
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5		L	_/	L		
7a Amounts included on lines 1, 2, and		ł			}	
3 received from disqualified persons		1	[	L		
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		1				
amount on line 13 for the year						
c Add lines 7a and 7b		1				
8 Public support. (Subtract line 7c from line 6)					-	
Section B. Total Support				·		
Calendar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6				1	1 1	
-						
10a Gross income from interest,						
dividends, payments received on						
dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income						
dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses						
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dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business						
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<sup>2017.03040</sup> UKULELE KIDS CLUB, INC. 60601561

#### Schedule A (Form 990 or 990 EZ) 2017\_UKULELE\_KIDS\_CLUB, INC. Part IV | Supporting Organizations

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

(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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer
   (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2017

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·	Schedule A (Form 990 or 990-EZ) 201	7 UKULELE	KIDS	CLUB,	INC
	Part IV Supporting Organi	zations (contin	nued)		

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	· · · ·	165	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	1		
u	below, the governing body of a supported organization?	11a		J
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110		[
	tion B. Type I Supporting Organizations		L	L
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		{	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			1 [
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
-		<b></b>	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			l
	the supported organization(s).	1		L
Sec	tion D. All Type III Supporting Organizations		<u> </u>	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		{ {	1
	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?	<u> </u>		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	<b> </b>		<u> </u>
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	ł		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			]
0	supported organizations played in this regard.	3	ll	
	tion E. Type III Functionally Integrated Supporting Organizations	<u></u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	5).		
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	structions)		
2	Activities Test Answer (a) and (b) below.	[	Yes	No
а	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? 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	_2a		
b				}
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		┝──-∮	J
~	activities but for the organization's involvement.	_ <u>2b</u>	┝╼╼┥	
3	Parent of Supported Organizations Answer (a) and (b) below.			
а			┝──┨	<b>/</b>
	trustees of each of the supported organizations? Provide details in Part VI.	<u>3a</u>	┝──┤	——
b		24		J
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	<u>3b</u>		2047
73202	5 10-06-17 Schedule A (Form	220 OL 22	₩ <b>-</b> CL)	2017

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	t V Type III Non-Functionally Integrated 509(a)(3) Supporting		the second se	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instruction
	<ul> <li>other Type III non-functionally integrated supporting organizations must co</li> </ul>	mplete Sec	tions A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(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).			
<u>a</u>	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
<u> </u>	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		1

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017	UKULELE	KIDS	CLUB,	INC.

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Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continued)			
Secti	ection D - Distributions Current Year					
1	Amounts paid to supported organizations to accomplish exempt purposes					
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity	·····				
3	Administrative expenses paid to accomplish exempt purpose	s of supported organization	s			
4	Amounts paid to acquire exempt-use assets			L		
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI) See instructions.					
7	Total annual distributions. Add lines 1 through 6.			 		
8	Distributions to attentive supported organizations to which the	e organization is responsive	)			
	(provide details in Part VI) See instructions.					
9	Distributable amount for 2017 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017		
1	Distributable amount for 2017 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2017 (reason-					
	able cause required explain in Part VI) See instructions.					
3	Excess distributions carryover, if any, to 2017					
a						
b	From 2013					
	From 2014					
	From 2015					
e	From 2016					
f_	Total of lines 3a through e					
	Applied to underdistributions of prior years			<b> </b>		
<u>h</u>	Applied to 2017 distributable amount					
<u>    i    </u>						
_ <u>i</u> _	Remainder Subtract lines 3g, 3h, and 3i from 3f		<u> </u>			
4	Distributions for 2017 from Section D,					
	line 7 \$		<u> </u>			
	Applied to underdistributions of prior years		<u> </u>			
	Applied to 2017 distributable amount		<u> </u>			
	Remainder, Subtract lines 4a and 4b from 4	<b></b>	<u> </u>			
5	Remaining underdistributions for years prior to 2017, if					
	any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in <b>Part VI.</b> See instructions					
	than zero, explain in Part VI. See Instructions Remaining underdistributions for 2017. Subtract lines 3h		<u> </u>	<u> </u>		
6	and 4b from line 1 For result greater than zero, explain in	1				
	Part VI See instructions Excess distributions carryover to 2018. Add lines 3					
1	and 4c					
8	Breakdown of line 7		<b> </b>			
	Excess from 2013		<u>├</u>			
	Excess from 2014	└	<b> </b>			
	Excess from 2015		<u> </u>			
	Excess from 2016		<u> </u>			
	Excess from 2017	▶				
e						

Schedule A (Form 990 or 990-EZ) 2017

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Part VI	orm 990 or 990-EZ) 2017 UKULE Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c, ine 1; Part IV, Section D, lines 2 and Section D, lines 5, 6, and 8, and Part See instructions )	Provide the explanations i 4b, 4c, 5a, 6, 9a, 9b, 9c, 3; Part IV, Section E, line	required by Part II, line 10 11a, 11b, and 11c, Part I s 1c, 2a, 2b, 3a, and 3b,	0, Part II, line 17a or 17b, P V, Section B, lines 1 and 2, Part V, line 1, Part V, Secti	Part IV, Section C, on B, line 1e, Part V.
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SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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 for the latest information.	-EZ <u> 2017</u> Open to Public Inspection
Name of the organization	UKULELE KIDS CLUB, INC.	Employer identification number 46-4301063
FORM 990-EZ,	PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION	OF PROPERTY:	AMOUNT :
INTEREST INC	OME	1
FORM 990-EZ,	PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION	OF OTHER EXPENSES:	AMOUNT :
COST OF UKUL	ELE'S	49,622.
INSURANCE		748
ADVERTISING		630.
BANK, PAYPAL	& CREDIT CARD FEES	1,035.
OFFICE EXPEN	SE & SUPPLIES	482.
WEBSITE		2,550.
TRAVEL & MEE	TING EXPENSE	11,504.
PAYROLL TAXE	5	1,377.
PAYROLL FEES		
LICENSES & O	THER FEES	571.
EDUCATION MU	SIC THERAPY	1,250.
INTEREST EXP	ENSE	13
ADMIN SUPPOR	<u>P</u>	2,000.
TELEPHONE		1,914.
UKULELE DONA	TION	22,165.
MEALS		1,441.
OTHER EXPENS	ES	2,184.
DUES & MEMBE	RSHIPS	550.
TOTAL TO FOR	M 990-EZ, LINE 16	100,908.

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732211 09-07-17

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

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Schedule O (Form 990 or 990 EZ) (2017) Name of the organization UKULELE KIDS CLUB, INC.		Employer identification numbe 46-4301063
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF YE	AR END OF YEAR
DONATED UKULELE'S	11,00	0. 0.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOS	E - THE ORGANIZ	ATION HAS THE
MISSION OF DONATING UKULELE'S TO CHILDREN'S	HOSPITALS NATIC	NWIDE FOR
MUSIC THERAPY PROGRAMS. THE ORGANIZATION SEN	DS KIDS HOME WI	TH THE
INSTRUMENTS AS GIFTS FOR LIFE.		
FORM 990-EZ, PART III, LINE 28, PROGRAM SERV	ICE ACCOMPLISHM	IENTS :
THE ORGANIZATION'S MAIN PROGRAM IS DONATING	UKULELE'S TO	
CHILDREN'S HOSPITALS NATIONWIDE FOR MUSIC TH	ERAPY	
PROGRAMS. THE ORGANIZATION SENDS KIDS HOME W	ITH THE	
INSTRUMENTS AS GIFTS FOR LIFE.		
FORM 990-EZ, PART V, INFORMATION REGARDING P		
THE ORGANIZATION DID NOT, DURING THE YEAR, R		
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL		
THE ORGANIZATION, DID NOT, DURING THE YEAR,		IS, DIRECILI,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRAC	<u>.</u>	
	·····	
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Name of the organization UKULELE KIDS CLUE Part·IV List of Officers, Directors, Trustees, and	B, INC.	Er	nployer identific $46 - 43010$	ation number 63
Part-IV List of Officers, Directors, Trustees, and	Key Employees. List each one	even if not compensated	(see the instructions fo	r Part IV)
(a) Name and title	(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BOB TIGERT	1 .0.0			
DIRECTOR	1.00	0.	0.	0.
TOM BELI DIRECTOR	1.00	0.	0.	
STEVEN BURGHART				0.
DIRECTOR	1.00	0.	0.	0.
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