Click on the question-mark icons to display help windows. The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2017

Department of the Treasury Internal Revenue Service

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/Form990EZ for instructions and the latest information.

Open to Public Inspection

3 Onsert if replication: The Educational Corporation The Education The Educational Corporation The Education T	A	or the	2017 calend	ar year, or tax year beginning , 2017, and endin	g			, 20	1000
Number and street (or P.O. box, if mail is not delivered to street address) Room/buille Room/b	B	Check if a	pplicable:	C Name of organization					?
Table international color Columbus, NE 68001		Address	change						
For intermetentiated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Number ▶ Columbus, NE 66601 Accounting Method: Cash Z Accrual Other (specify) Method: Cash Z Accrual Other (spe		Name ch	ange	Trumber and street (or 1.0. box, in main or not delivered to street address)					
Any-papelation promising Columbus, NE 68601 Columbus, NE 68601 Accounting Method: Cash Accounting Method: Accounting			**************************************		40	25648547			
Appelication-proving Columbus, NE 68601				City or town, state or province, country, and ZIP or foreign postal code	F	Group	Exen	nption	
Websites Kith.org Tax-exempt status (neck ofl yone) D 501(c)(3) S01(c)(1 (msert no.) 1947(a)(1) or 522 (From 900, 990-EZ, or 990-PF).		Calumbus NE 69604					oer 🕨	2:	
Website: ktb.org	G	Accoun	ting Method:	☐ Cash	H Che	ck >	✓ if	the organization i	is not
Reference Composition Trust Association Other				org	requ	uired t	to atta	ch Schedule B	?1
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 I Control (8) below) are \$500,000 or more, line Form 990 instead of Form 990-EZ Section 1 Section 1 Section 1 Section 2 Section 2 Section 3 Section	JT	ax-exe	mpt status (che	eck only one) — ✓ 501(c)(3)	(For	m 99	0, 990	-EZ, or 990-PF).	
Part II. oclumn (5) below) are \$500,000 or more, file Form 900 instead of Form 900-EZ. Part II. oclumn (5) below) are \$500,000 or more, file Form 900 instead of Form 900-EZ. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Program service revenue including government fees and contracts 2.0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	-								
Check if the organization used Schedule 0 to respond to any question in this Part 1 Check if the organization used Schedule 0 to respond to any question in this Part 1 2	LA	Add line	es 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if	total ass	sets			
Theck if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received.	(Pa	rt II, co				. 1	\$		
1 Contributions, gifts, grants, and similar amounts received 1 3005 2 Program service revenue including government fees and contracts 2 4-0-0 3 Membership dues and assessments 3 3-0-0 4 Investment income 5a -0-0 5a -0-0 5b 5b 5b -0-0 5a -0-0 5b 5b 5b -0-0 5a -0-0 5b 5b 5b 5b 5b 5a -0-0 5b 5b 5b	P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see	he ins	truct	tions	for Part I) 📴	
2 Program service revenue including government fees and contracts 3 -0- 3 Membership dues and assessments 3 -0- 4 Investment income 4 4 4 4 4 4 4 5 Gross amount from sale of assets other than inventory 5 5 a -0- 5 Gross amount from sale of assets other than inventory 5 5 b -0- 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000)			Check if	the organization used Schedule O to respond to any question in this Pa	ırt I .				V
2 Program service revenue including government fees and contracts 3 -0- 3 Membership dues and assessments 3 -0- 4 Investment income 4 4 4 4 4 4 4 5 Gross amount from sale of assets other than inventory 5 5 a -0- 5 Gross amount from sale of assets other than inventory 5 5 b -0- 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000)	?'	1	Contribution	ons, gifts, grants, and similar amounts received			1		3005
Section Sect	2	2					2		-0-
1		3					3		-0-
b Less: cost or other basis and sales expenses		4	Investmen	t income			4		4
Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	1000	5a	Gross amo	ount from sale of assets other than inventory 5a		-0-			
C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		b	Less: cost	or other basis and sales expenses		-0-			
Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) . Differentiation of Such gross income and contributions exceeds \$15,000) . C Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . Referentiation of Gross sales of inventory, less returns and allowances . Gross sales of inventory, less returns and allowances . Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . Other revenue (describe in Schedule O) . Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . Total revenue sales and other payments to independent contractors . Tocupancy, rent, utilities, and maintenance . Total expenses (describe in Schedule O) . Total expenses. Add lines 10 through 16 . Total expenses. Add lines 10 through 16 . Total expenses in net assets or fund balances (explain in Schedule O) . Other changes in net assets or fund balances (explain in Schedule O) . Other changes in net assets or fund balances (explain in Schedule O) . Total expenses in net assets or fund balances (explain in Schedule O) . Other changes in net assets or fund balances (explain in Schedule O) . Description of contributions and ending sevents (add lines 6a and 6b and subtract line 6c . Coupancy, rent, utilities, and maintenance . Total expenses. Add lines 10 through 16 . Total expenses. Add lines 10 through 16 . Total expenses in the assets or fund balances (explain in Schedule O) . Coupan fund revenue (add lines 10 through 16 . Total expenses in net assets or fund balances (explain in Schedule O) . Description of contributions and ending sevents (add lines 6a and 6b and subtract line 6c . Coupan fund revenue (add lines 10 through 16 . Description of contributions and ending sevents (add lines 16 in the sum of such gradients and subtract line 6c . To description of contributions and subtract line 6c . To description of contributions feet on the sum of s		С					5c		-0-
a Gross income from gaming (attach Schedule G if greater than \$15,000). b Gross income from fundraising events (not including \$ -0- of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000). c Less: direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events line 6c). 7a Gross sales of inventory, less returns and allowances 7a -0- b Less: cost of goods sold -0- c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) -0- g Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 -0- Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 -0- Benefits paid to or for members 111 -0- Salaries, other compensation, and employee benefits -0- 12 Salaries, other compensation, and employee benefits -0- 13 Professional fees and other payments to independent contractors -0- 14 Occupancy, rent, utilities, and maintenance -1- 15 Printing, publications, postage, and shipping -0- 16 Other expenses (describe in Schedule O) -0- 17 Total expenses. Add lines 10 through 16 -0- 18 Excess or (deficit) for the year (Subtract line 17 from line 9) -1- 18 Excess or (deficit) for the year (Subtract line 17 from line 9) -1- 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) -1- 19 Other changes in net assets or fund balances (explain in Schedule O) -0- 10 Other changes in net assets or fund balances (explain in Schedule O) -0- 10 Other changes in net assets or fund balances (explain in Schedule O) -0- 10 Other changes in net assets or fund balances (explain in Schedule O) -0- 10 Other changes in net assets or fund balances (explain in Schedule O) -0- 10 Other changes in net assets or fund balances (explain in Schedule O) -0- 10 Other changes in net assets or fund balance		6							
\$15,000). \$15,000). \$6a		а					1.8		
sum of such gross income and contributions exceeds \$15,000) . 6b	ne ne					-0-			
sum of such gross income and contributions exceeds \$15,000) . 6b	en	b	Gross inco	ome from fundraising events (not including \$ -0- of contribu	tions				
sum of such gross income and contributions exceeds \$15,000) . 6b	ě								
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	lal-					-0-			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		C	Less: direc	et expenses from gaming and fundraising events 6c		-0-			
7a Gross sales of inventory, less returns and allowances		1 .			subtra	ct			
b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c -0- 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 -0- 13 Professional fees and other payments to independent contractors 13 -0- 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 .			line 6c)				6d		-0-
b Less: cost of goods sold		7a	Gross sale	s of inventory, less returns and allowances		-0-			
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		b				-0-			
8 Other revenue (describe in Schedule O)						. 1	7c		-0-
Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8						. [8		-0-
10 Grants and similar amounts paid (list in Schedule O) 10 -0- 11 Benefits paid to or for members 11 -0- 12 Salaries, other compensation, and employee benefits 12 -0- 13 Professional fees and other payments to independent contractors 13 -0- 14 Occupancy, rent, utilities, and maintenance 14 -0- 15 Printing, publications, postage, and shipping 15 -0- 16 Other expenses (describe in Schedule O) 2 16 -0- 17 Total expenses. Add lines 10 through 16 17 5534 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 (2525) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 16614 20 Other changes in net assets or fund balances (explain in Schedule O) 20 (2530)				**************************************		>	9		3009
Benefits paid to or for members	-				<u>.</u> .		10		-0-
Salaries, other compensation, and employee benefits				300 100 100 100 100 100 100 100 100 100		. [11		-0-
Professional fees and other payments to independent contractors	S	12				. [12		-0-
Other expenses (describe in Schedule O) 16 -0- 17 Total expenses. Add lines 10 through 16	Se	13				. [13		-0-
Other expenses (describe in Schedule O) 16 -0- 17 Total expenses. Add lines 10 through 16	bel	14				. [14		-0-
16 Other expenses (describe in Schedule O) 17	X	15				. [15		-0-
Total expenses. Add lines 10 through 16			0.1				16		-0-
Excess or (deficit) for the year (Subtract line 17 from line 9)		1				2.0	-		5534
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		10	Excess or	(deficit) for the year (Subtract line 17 from line 9)		.		(
end-of-year figure reported on prior year's return)	ets	19							
20 Other changes in net assets or fund balances (explain in Schedule O)	SS						19	1	6614
21 Net assets or fund balances at end of year. Combine lines 18 through 20	× ×	20				-			
	ž	21					21	1	1559

Part II	Balance Sheets (see the instruction	ons for Part II)	my augetien in this F	Part II		
	Check if the organization used Sche	edule O to respond to a	ny question in this r	(A) Beginning of year	(B)	End of year
			<u> </u>			
22 C	ash, savings, and investments			16614	-	11559
	and and buildings				23	-0-
24 0	ther assets (describe in Schedule O) .			79286		74657
25 To	otal assets			79286	25	74657
26 T	otal liabilities (describe in Schedule O)			-0-	26	-0-
	let assets or fund balances (line 27 of co		h line 21)	16614	27	11559
Part III	Statement of Program Service Ac Check if the organization used Sche	complishments (see the edule O to respond to a	ne instructions for P	art III) Part III 🗌	0.00	Expenses ed for section
escribe s meas ersons	the organization's primary exempt purpose the organization's program service acco sured by expenses. In a clear and conci- benefited, and other relevant information	omplishments for each on see manner, describe the for each program title.	e services provided	ogram services, the number of		3) and 501(c)(4) ations; optional for)
28 (Gr	rants \$) If this arr	nount includes foreign gr	ants, check here .		28a	
29						
(Gr	ants \$) If this am	nount includes foreign gr			29a	4.
(Gr	rants \$) If this am	nount includes foreign gr	ants, check here	• 🗅	30a	
31 Oth	her program services (describe in Schedul	e O)				
	rants \$) If this am	nount includes foreign gr	ants, check here .	• 🗆	31a	
32 To	tal program service expenses (add lines	28a through 31a)			32	
Part IV		d Koy Employees (list ear	h one even if not com	nensated—see the i	nstructi	ons for Part IV)
artiv	Check if the organization used Scho	adula O to respond to	any augetion in this	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 employ	yee (e) Es	
ames H	Hackney - President	3				
Aichael	Zastera - Vice-President		-0-		-0-	-0
arry Ch		3	-0-		-0-	-0 -0
	hristenen - Treasurer		-0- -0-			-0 -0
on Qui	hristenen - Treasurer incy - Director	3	-0-		-0-	
		3	-0-		-0-	-0 -0 -0
Vayne I	ncy - Director	2 3	-0- -0-		-0-	-(
Vayne N	incy - Director Nesor - Director	3 2 3 3	-0- -0- -0-		-0-	-(
Vayne N	Nesor - Director nemus - Director	3	-0- -0- -0-		-0-	-(
Wayne N	Nesor - Director nemus - Director	3	-0- -0- -0-		-0-	-0
Vayne Nayne Na	ncy - Director Nesor - Director nemus - Director	3	-0- -0- -0-		-0-	-(
Wayne N Bob Ohi	ncy - Director Nesor - Director nemus - Director	3	-0- -0- -0-		-0-	-(

	Part \	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	e V	П	
		instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	1 art	Yes	No	
		Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		~	2.
?		Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		V	
	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		V	
	С	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was 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 requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		V	
		Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		V	?
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a				
	h	Did the organization file Form 1120-POL for this year?	37b		V	
		Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		V	?'
	39	If "Yes," complete Schedule L, Part II and enter the total amount involved				
	10	Initiation fees and capital contributions included on line 9				
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ -0- ; section 4912 ▶ -0- ; section 4955 ▶ -0-				
		Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		V	?'
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				- Contract Tours
	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		V	endocario e
	41	List the states with which a copy of this return is filed ▶ NE	40000	10000		-
	42a	The organization's books are in care of Larry childrense.	coco	43629 1-5023		••
	6	Located at ► 1572 23rd Ave Columbus, NE 68601 ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	0000	Yes	-	-
	В	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	1	~	2008
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
	С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶	42c	1	V	-
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43	• •	Yes	-0- No	
	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		V	
	b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	-	V	-
	c d	Did the organization receive any payments for indoor tanning services during the year?	44d	I	V	
	45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		V	

	-EZ (20	,						Yes	No
3	Did th	ne organization engage, directly or i	ndirectly, in political o	ampaign activities on	behalf of or i	n oppositi	on		
	to can	ndidates for public office? If "Yes,"	complete Schedule C	, Part I			46		V
art V	1 9	Section 501(c)(3) organization	s only						
	_ /	All section 501(c)(3) organization	ns must answer que	estions 47-49b and	52, and com	plete the	tables	for line	es
	Į	50 and 51.							
	(Check if the organization used So	hedule O to respond	d to any question in the	nis Part VI	<u></u>		<u></u>	Ш
								Yes	No
7	Did th	ne organization engage in lobbying	activities or have a			uring the t	ax		
	year?	If "Yes," complete Schedule C, Pa	rt II				47	-	-
3	ls the	organization a school as described	in section 170(b)(1)(A)(ii)? If "Yes," complete	Schedule E		48 49a		1
Эа	Did th	ne organization make any transfers	to an exempt non-cha	aritable related organiz	ation?		49a		
b	If "Yes	s," was the related organization a solete this table for the organization	ection 527 organization	on!	er than office				ld ke
0	Comp	oyees) who each received more that	n \$100 000 of compe	nsation from the organ	nization. If the	ere is none	e, enter "	None."	,
	empic	Syees) who each received more than			(d) Health b				
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions to benefit plans, a		(e) Estimate other co		
	(ω)	reality and this of business, program	devoted to position	(Forms W-2/1099-MISC)	compens		Otrici co	пропои	uon
ne			-						
			1					is reserve	
f	Total	number of other employees paid o	ver \$100,000						100
f 1	Comr	plete this table for the organization	n's five highest comp	ensated independent	contractors	who each	ı receive	d more	e tha
	Comr	number of other employees paid o plete this table for the organization ,000 of compensation from the org	n's five highest comp	ensated independent	contractors	who each	ı receive	d more	e tha
	Comp \$100,	plete this table for the organization	n's five highest comp panization. If there is n	ensated independent			receive		e tha
	Comp \$100,	plete this table for the organization,000 of compensation from the org	n's five highest comp panization. If there is n	pensated independent none, enter "None."					e tha
	Comp \$100,	plete this table for the organization,000 of compensation from the org	n's five highest comp panization. If there is n	pensated independent none, enter "None."					e tha
	Comp \$100,	plete this table for the organization,000 of compensation from the org	n's five highest comp panization. If there is n	pensated independent none, enter "None."					e tha
	Comp \$100,	plete this table for the organization,000 of compensation from the org	n's five highest comp panization. If there is n	pensated independent none, enter "None."					e tha
	Comp \$100,	plete this table for the organization,000 of compensation from the org	n's five highest comp panization. If there is n	pensated independent none, enter "None."					e tha
	Comp \$100,	plete this table for the organization,000 of compensation from the org	n's five highest comp panization. If there is n	pensated independent none, enter "None."					e tha
	Comp \$100,	plete this table for the organization,000 of compensation from the org	n's five highest comp panization. If there is n	pensated independent none, enter "None."					e tha
	Comp \$100,	plete this table for the organization,000 of compensation from the org	n's five highest comp panization. If there is n	pensated independent none, enter "None."					e tha
	Comp \$100,	plete this table for the organization,000 of compensation from the org	n's five highest comp panization. If there is n	pensated independent none, enter "None."					e tha
	Comp \$100,	plete this table for the organization,000 of compensation from the org	n's five highest comp panization. If there is n	pensated independent none, enter "None."					e tha
1	Comp \$100, (a)	plete this table for the organization, 000 of compensation from the organization from th	n's five highest comp panization. If there is not not contractor	censated independent one, enter "None." (b) Type of sen	ice	(c)	Compensa		e tha
1 d	Comp \$100, (a)	plete this table for the organization, 000 of compensation from the organization from the organization from the organization same and business address of each independent continuous from the organization complete Scheen	n's five highest companization. If there is not need to contractor ractors each receiving dule A? Note: All s	censated independent tone, enter "None." (b) Type of sendent tone and tone, enter "None." (c) Type of sendent tone and	vice	(c)	Compensa	ation	
d ds2	Comp \$100, (a) Total Did comp	plete this table for the organization,000 of compensation from the organization from the organization hame and business address of each independent and business address of each independent continuous from the organization complete Schepleted Schedule A	n's five highest companization. If there is not not contractor the second of the secon	censated independent one, enter "None." (b) Type of sendent of the control of th	vice	ust attach	Compensa	es [No
d d:2	Comp \$100, (a) Total Did comp	plete this table for the organization, 000 of compensation from the organization from the organization from the organization saddress of each independent and business address of each independent continuous from the organization complete Scherpleted Schedule A	n's five highest companization. If there is not need to contractor ractors each receiving dule A? Note: All seconds	g over \$100,000	anizations m	ust attach	Compensa	es [No
d d:2	Comp \$100, (a) Total Did comp	plete this table for the organization,000 of compensation from the organization from the organization hame and business address of each independent and business address of each independent continuous from the organization complete Schepleted Schedule A	n's five highest companization. If there is not need to contractor ractors each receiving dule A? Note: All seconds	g over \$100,000	anizations ments, and to the has any knowled	ust attack	n a .▶ ✓ Ye	es [No
d d 62	Comp \$100, (a) Total Did comp	I number of other independent cont the organization complete Schedule A	n's five highest companization. If there is not need to contractor ractors each receiving dule A? Note: All seconds	g over \$100,000	anizations m tents, and to the has any knowled	ust attack best of my krige.	n a .▶ ✓ Ye	es [No
d d52	Comp \$100, (a) Total Did comp	I number of other independent contithe organization complete Schedule A	n's five highest companization. If there is not need to contractor ractors each receiving dule A? Note: All seconds	g over \$100,000	anizations ments, and to the has any knowled	ust attack best of my krige.	n a .▶ ✓ Ye	es [No
d der pee, coolign	Total Did compensations, and compensations.	I number of other independent contithe organization complete Schedule A	n's five highest companization. If there is not need to contractor ractors each receiving dule A? Note: All seconds	g over \$100,000	anizations m ients, and to the has any knowled	ust attack best of my krige.	n a .▶ ✓ Ye	es [No
d d 62	Comp \$100, (a) Total Did comp	I number of other independent contithe organization complete Schedule A	n's five highest companization. If there is not need to contractor ractors each receiving dule A? Note: All seconds	g over \$100,000	anizations m ients, and to the has any knowled	ust attack best of my krige.	n a .▶ ✓ Ye	es 🗌	No

Preparer

Use Only

Firm's name

Firm's address

May the IRS discuss this return with the preparer shown above? See instructions . . .

► ✓ Yes ☐ No

Firm's EIN ▶

Phone no.

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

TLC Educational Corporation

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

	Allega Sa	the state of the s						
he o		anization is not a private foundat						
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).						
2	П	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).						
Λ		A medical research organization						iii). Enter the
7	_	hospital's name, city, and state		mjanodon mara noop	,a. a.ooo		000001110(0)(1)(1)(1)(1)	,.
E				college or university	owned o	r operate	d by a government	al unit described in
5	L	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 govern	ment or govern	mental unit described	in section	n 170(b)	(1)(A)(v).	
7		An organization that normally i	receives a subst	tantial part of its supp	port from	a govern	nmental unit or from	the general public
		described in section 170(b)(1)(A)(vi). (Complete	e Part II.)				
8		A community trust described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)			
9	П	An agricultural research organiz				erated in	conjunction with a la	and-grant college
-		or university or a non-land-grar	nt college of agri	culture (see instruction	ns). Ente	r the nam	ne, city, and state of	the college or
		university:	n comogo en eigi.	(000)			-, - , ,	0
10	V	An organization that normally re	eceives: (1) more	than 331/3% of its su	ipport fro	m contrib	outions, membership	fees, and gross
	-	receipts from activities related	to its exempt fur	actions—subject to ce	ertain exc	ceptions.	and (2) no more that	n 331/3% of its
		support from gross investment	income and unr	elated business taxal	ole incom	ie (less se	ection 511 tax) from	businesses
	_	acquired by the organization af						
11		An organization organized and						21 141
12	L	An organization organized and	operated exclus	ively for the benefit of	f, to perfo	orm the fu	inctions of, or to car	ry out the purposes
		of one or more publicly suppo	rted organizatio	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). Sec	e section 509(a)(3).
		Check the box in lines 12a throu	500 C					
а		Type I. A supporting organi	zation operated	, supervised, or contr	olled by i	ts suppoi	rted organization(s),	typically by giving
		the supported organization						
		supporting organization. Yo						
b	.	☐ Type II. A supporting organ	nization sunervis	ed or controlled in co	nnection	with its s	upported organizati	on(s), by having
		control or management of t						
		organization(s). You must o				porcone	indi oonii or or man	ago ano ouppone
		Type III functionally integr				onnection	with and functions	ally integrated with
С		its supported organization(s						any integrated with,
d	1	☐ Type III non-functionally is	ntegrated. A su	pporting organization	operated	d in conne	ection with its suppo	orted organization(s)
		that is not functionally integ						
		requirement (see instruction						
		☐ Check this box if the organ						II Type III
е		functionally integrated, or T						e II, Type III
	,	Enter the number of supported of	7.6		sporting (or garnzac	011.	
f		Provide the following information						
9	-			(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
	(1)	Name of supported organization	(ii) EIN	(described on lines 1–10		ur governing	support (see	other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
							**	**
					Yes	No		
A)				y.				
7								
B)								
رت								
C)								
Ο,								
D)	0//85							
<i>-</i> ,								
E)							33	
-/								
	-							

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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 (d) 2016 (c) 2015 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 4302 5115 5733 3621 3005 21776 levied 2 revenues organization's benefit and either paid to or expended on its behalf . . . -0--0--0--0--0--0-The value of services or facilities furnished by a governmental unit to the organization without charge -0--0--0--0--0--0-Total. Add lines 1 through 3. . . . 4302 5115 5733 3621 3024 21776 4 The portion of total contributions by 5 person (other than unit governmental publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 21776 Section B. Total Support **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Calendar year (or fiscal year beginning in) ▶ (a) 2013 Amounts from line 4 4302 5115 5733 3621 3024 21776 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 3 17 4 Net income from unrelated business activities, whether or not the business is regularly carried on -0--0--0--0--0--0-10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) -0--n--n--0--0-Total support. Add lines 7 through 10 21793 11 12 12 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage from 2016 Schedule A, Part II, line 14 15 15 99.9 % 331/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 16a 331/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part III	Support Schedule for	Organizations De	escribed in	Section 509(a)(a)	2)
Part III	Support Schedule for	Organizations De	escribed 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.)

	If the organization rails to quality	dildoi tilo tot	010	71			
	on A. Public Support	() 0040	(I-) 0014	(a) 001E	(d) 2016	(e) 2017	(f) Total
Calend	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(a) 2016	(6) 2017	(i) Total
	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise						
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
r.	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge						12 420
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3			-			
/α	received from disqualified persons .		_				
h	Amounts included on lines 2 and 3						
b	received from other than disqualified						
	persons that exceed the greater of \$5,000		1				
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Section	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .		<u> </u>				
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						
	activities not included in line 10b, whether						
	or not the business is regularly carried on		-		-		
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)		-	1	 	 	
13	Total support. (Add lines 9, 10c, 11, and 12.)						
4.4	First five years. If the Form 990 is for the	he organizatio	n's first secon	nd third fourt	h, or fifth tax v	rear as a secti	on 501(c)(3)
14	organization, check this box and stop he	ere					▶ 🗆
Sooti	ion C. Computation of Public Suppo						
15	Public support percentage for 2017 (line	8. column (f) o	divided by line	13, column (f))		. 15	%
16	Public support percentage from 2016 Sc	hedule A. Par	t III, line 15 .			. 16	%
	ion D. Computation of Investment In	come Perce	entage		100		
17	Investment income percentage for 2017	(line 10c, colu	mn (f) divided	by line 13, colu	ımn (f))	. 17	%
18	Investment income percentage from 201	6 Schedule A.	Part III, line 17	7		. 18	%
19a	331/2% support tests-2017. If the organ	nization did no	t check the bo	ox on line 14,	and line 15 is	more than 331/	3%, and line
	17 is not more than 331/3%, check this box	and stop here	e. The organiza	tion qualifies as	a publicly sup	ported organiza	ition . \blacktriangleright
b	331/3% support tests-2016. If the organi	zation did not	check a box or	n line 14 or line	19a, and line 1	6 is more than	331/3%, and
	line 18 is not more than 331/3%, check this	box and stop	here. The orga	nization qualifie	es as a publicly	supported orga	inization
20	Private foundation. If the organization of	lid not check a	a box on line 1	4, 19a, or 19b,	check this bo	x and see instr	uctions 🕨 📙

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.)

ectio	on A. All Supporting Organizations			
			Yes	No
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. If historic and continuing relationship, explain.	1		
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).	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.	3a		
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.	3b		
С	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.	3с		
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.	4a		
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.	4b		
С	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.	4c		
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).	5a		
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?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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 .	5c		
7	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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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).	8		
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 .	9a		
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.	9b		ha
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.	9c		
10a	the second of costion	10a		
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.)	10b		

Schedul	e A (Form 990 or 990-E2) 2017			ugo o
Part I	Supporting Organizations (continued)		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? 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?	11a	100	140
b	A family member of a person described in (a) above?	11b		
C	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 .	11c		
Section	on B. Type I Supporting Organizations			
			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 Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			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 the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations		W	NI
1	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?	1	Yes	No
2	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? If "No," explain in Part VI how 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 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 supported organizations played in this regard.	3		
Sect	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity			
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	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	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? 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.	2b		250
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below</i> . 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> .	3a		
b	the policies programs and activities of each	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 (expl	ain in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	izatio	ns must complete Sect	
Section 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	And the state of t	
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	and the second s	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
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 Total (add lines 1a, 1b, and 1c)	1d		
e 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		
Section 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			3
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional instructions)	ly inte	egrated Type III support	ting organization (see

Part '	Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	zations (continued)	
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish e			
	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppo	rted	
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purp	oses of supported organ	nizations	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.	and the second s		
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			(iii)
Se	ction 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 (reasonable cause required—explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)	625		
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
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 Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Part V	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
990 EZ	Line 16 other expenses = \$5534 from Attachment A showing itemized expenses
990 EZ	Line 20 = 1-1-17 cash minus 12-31-17 cash = (\$2530)
990 EZ	Line 24 amount for 2017 in Attachment B
990 EZ	Line 26 amount for 2017 in Attachment B
990 EZ	Line 34: No significant changes were made to the organizing documents.

*	

TLC EDUCATIONAL CORPORATION	ORATION	21-2132502	ATTACHMENT A
2017 ITEMIZED EXPENSES			
Janis Kasik Deluxe Checks New Life Productions NE Living Times Jim Hackney Trinity CC220x4 Sec of State Moody Radio BMI SESAC OSW	\$420.00 \$89.47 \$410.00 \$280.00 \$219.55 \$569.00 \$428.54 \$2,175.00 \$2,175.00 \$149.00 \$149.00 \$149.00		
Turning Point Ambassador Memorial Apex Ministries Moody Radio Paul Hughes Truth for Life	\$1,391.58 \$403.68 \$75.00 \$570.00 \$430.00 \$50.00 \$85.00		

∞
of
$\overline{}$
9
a
О

	Depre Years	2004 3	2004 3	1999																												
	Placed in Service	August-04					February-03			++++																						
	Location	ktlx equipment rack	ktlx equipment rack	ktlx equipment rack	ktlx equipment rack		ktlx equipment rack	ktlx equipment rack	ktlx equipment rack ktlx equipment rack ktlx equipment rack	ktlx equipment rack ktlx equipment rack ktlx equipment rack ktlx equipment rack	kttx equipment rack	kttx equipment rack	kttx equipment rack	kttx equipment rack kttx equipment rack kttx equipment rack ktx equipment rack	kttx equipment rack ktx equipment rack	kttx equipment rack ktx equipment rack	kttx equipment rack	kttx equipment rack	kttx equipment rack ktx equipment rack	kttx equipment rack ktx equipment rack	ktix equipment rack stix equipment rack ktix equipment rack ktix equipment rack ktix equipment rack stix equipment rack	kttx equipment rack ktx equipment rack book case wall projection system booth studio shelf tv production booth	ktlx equipment rack book case wall projection system booth studio shelf tv production booth tv production booth	kttx equipment rack ktx equipment rack book case wall projection system booth ktx production booth tv production booth tv production booth	kttx equipment rack ktx equipment rack book case wall projection system booth xtx production booth tv production booth tv production booth	kttx equipment rack ktx equipment rack k	kttx equipment rack ktx equipment rack book case wall tv production booth	ktlx equipment rack book case wall projection system booth tv production booth	kttx equipment rack ktx equipment rack k	ktix equipment rack ktix equipment ooth ktix equipment rack ktix e	ktlx equipment rack book case wall book case wall tv production booth	kttx equipment rack ktx equipment rack ktx equipment och tx production booth
	Serial #			4000-MP6-0711-002		Annual Control of the	1104	1104 73770/6/2004	1104 73770/6/2004 800581E1B2656	1104 73770/6/2004 800581E1B2656 0301-54756	1104 73770/6/2004 800581E1B2656 0301-54756	1104 73770/6/2004 800581E1B2656 0301-54756 D6934	1104 73770/6/2004 800581E1B2656 0301-54756 D6934	1104 73770/6/2004 800581E1B2656 0301-54756 D6934	1104 73770/6/2004 800581E1B2656 0301-54756 D6934 22552 4377401632	1104 73770/6/2004 800581E1B2656 0301-54756 D6934 22552 4377401632	1104 73770/6/2004 800581E1B2656 0301-54756 D6934 22552 4377401632	1104 73770/6/2004 800581E1B2656 0301-54756 D6934 22552 4377401632 87655 2000560	1104 73770/6/2004 800581E1B2656 0301-54756 D6934 22552 4377401632 87655 2000560	1104 73770/6/2004 800581E1B2656 0301-54756 D6934 22552 4377401632 87655 2000560	1104 73770/6/2004 800581E1B2656 0301-54756 D6934 22552 4377401632 87655 2000560 (X3)	1104 73770/6/2004 800581E1B2656 0301-54756 D6934 22552 4377401632 87655 2000560 (X3) (X3)	1104 73770/6/2004 800581E1B2656 0301-54756 D6934 22552 4377401632 87655 2000560 (X3) (X6) (X6)	1104 73770/6/2004 800581E1B2656 0301-54756 0301-54756 22552 4377401632 87655 2000560 (X3) (X6) (X6) (X6)	1104 73770/6/2004 800581E1B2656 0301-54756 D6934 22552 4377401632 87655 2000560 (X3) (X6) (X6) (X6) (X6) (X6)	1104 73770/6/2004 800581E1B2656 0301-54756 D6934 22552 4377401632 87655 2000560 (X3) (X6) (X6) (X6) (X6) (X6) (X7) (X8) (X8) (X8) (X8) (X8) (X8) (X8) (X8	1104 73770/6/2004 800581E1B2656 0301-54756 D6934 22552 4377401632 87655 2000560 (X3) (X6) (X6) (X6) (X6) (X6) (X6) (X7) (X8) (X8) (X8) (X8) (X8) (X8) (X8) (X8	1104 73770/6/2004 800581E1B2656 0301-54756 0301-54756 222552 4377401632 87655 2000560 (X6) (X6) (X6) (X6) (X6) (X6) (X6) (X7) (X8) (X8) (X1) (X1) (X2) (X2) (X2) (X3) (X4) (X5) (X6) (X6) (X7) (X8) (X8) (X9) (X1) (X1) (X1) (X1) (X1) (X2) (X2) (X2) (X3) (X4) (X5) (X6) (X6) (X7) (X7) (X8) (X8) (X8) (X8) (X8) (X8) (X8) (X8	1104 73770/6/2004 800581E1B2656 0301-54756 0301-54756 22552 4377401632 87655 2000560 (X6) (X6) (X6) (X6) (X6) (X1) (X2) (X2) (X1) (X2) (X2) (X2) (X3) (X4) (X5) (X6) (X6) (X1) (X1) (X2) (X2) (X2) (X3) (X4) (X5) (X6) (X6) (X7) (X8) (X1) (X1) (X1) (X2) (X2) (X2) (X2) (X2) (X3) (X4) (X5) (X6) (X6) (X7) (X6) (X7) (X8) (X1) (X1) (X1) (X2) (X2) (X2) (X2) (X1) (X2) (X2) (X2) (X3) (X4) (X2) (X4) (X5) (X6) (X6) (X6) (X6) (X6) (X7) (X6) (X6) (X7) (X6) (X7) (X8) (X8) (X8) (X8) (X8) (X8) (X8) (X8	1104 73770/6/2004 800581E1B2656 0301-54756 0301-54756 22552 4377401632 87655 2000560 (X6) (X6) (X6) (X6) (X6) (X6) (X1) (X2) (X2) (X2) (X2) (X2) (X2) (X2) (X3) (X6) (X6) (X6) (X6) (X7) (X8) (X1) (X1) (X1) (X2) (X2) (X2) (X2) (X3) (X4) (X5) (X6) (X6) (X7) (X6) (X7) (X7) (X8) (X8) (X1) (X1) (X1) (X1) (X2) (X1) (X2) (X2) (X2) (X2) (X3) (X4) (X6) (X6) (X7) (X6) (X7) (X8) (X8) (X8) (X8) (X8) (X8) (X8) (X8	1104 73770/6/2004 800581E1B2656 0301-54756 D6934 22552 4377401632 87655 2000560 (X3) (X6) (X6) (X6) (X6) (X6) (X7) (X6) (X7) (X8) (X8) (X1) (X1) (X2) (X2) (X3) (X4) (X5) (X6) (X7) (X8) (X8) (X8) (X9) (X1) (X1) (X1) (X1) (X1) (X2) (X2) (X3) (X4) (X5) (X6) (X7) (X8) (1104 73770/6/2004 800581E1B2656 0301-54756 D6934 22552 4377401632 87655 2000560 (X6) (X6) (X6) (X6) (X6) (X6) (X1) (X2) N144H14887 100867 OUR0137 (X3) (X3) (X4) (X5) (X6) (X6) (X7) (X8) (X8) (X1) (X2) (X2) (X3) (X4) (X5) (X6) (X7) (X8) (X8) (X1) (X2) (X2) (X3) (X4) (X3) (X4) (X5) (X6) (X7) (X8) (X8) (X8) (X8)
A CALL THE C	Model#		FM 250	MPEG-21RD 4(MDI 260		558.2	558.2 581 E	558.2 581 E 8400	558.2 581 E 8400	558.2 581 E 8400	558.2 581 E 8400 1822	558.2 581 E 8400 1822 MAX 100	558.2 581 E 8400 1822 MAX 100 TU690	558.2 581 E 8400 1822 MAX 100 TU690	558.2 581 E 8400 1822 MAX 100 TU690 CRW	558.2 581 E 8400 1822 MAX 100 TU690 CRW AMR-100	558.2 581 E 8400 1822 MAX 100 TU690 CRW AMR-100 SD2008	581 E 581 E 8400 1822 MAX 100 TU690 CRW AMR-100 SD2008 Manascan 17	581 E 8400 1822 1822 MAX 100 TU690 CRW AMR-100 SD2008 Manascan 17 Super VHS ET	558.2 581 E 8400 1822 MAX 100 TU690 TU690 CRW AMR-100 SD2008 Manascan 17 Super VHS ET Moniters	581 E 581 E 8400 1822 MAX 100 TU690 CRW AMR-100 SD2008 Manascan 17 Super VHS ET Moniters	581 E 581 E 8400 1822 MAX 100 TU690 CRW AMR-100 SD2008 Manascan 17 Super VHS ET Moniters Moniters	581 E 581 E 8400 1822 MAX 100 TU690 CRW AMR-100 SD2008 Manascan 17 Super VHS ET Moniters Moniters Moniters	581 E 581 E 8400 1822 1822 MAX 100 TU690 CRW AMR-100 SD2008 Manascan 17 Super VHS ET Moniters Moniters Moniters Moniters Moniters TB	581 E 581 E 8400 1822 MAX 100 TU690 TU690 CRW AMR-100 SD2008 Manascan 17 Super VHS ET Moniters	581 E 8400 1822 MAX 100 TU690 TU690 TU690 Manascan 17 Super VHS ET Moniters Moniters Moniters TB DV220SL8 RM-BR300 WV-CR12	581 E 581 E 8400 1822 MAX 100 TU690 CRW AMR-100 SD2008 Manascan 17 Super VHS ET Moniters Moniters Moniters TB DV220SL8 RM-BR300 WV-CR12	581 E 588.2 588.2 588.2 588.2 588.2 68400 1822 MAX 100 TU690 CRW AMR-100 SD2008 Manascan 17 Super VHS ET Moniters Moniters Moniters Moniters TB DV220SL8 RM-BR300 WV-CR12	581 E 588.2 581 E 8400 1822 MAX 100 TU690 CRW AMR-100 SD2008 Manascan 17 Super VHS ET Moniters Moniters Moniters Moniters Moniters Moniters Moniters Moniters DV220SL8 RM-BR300 WV-CR12 DESKPRO BACKUPSPRO	581 E 581 E 8400 1822 MAX 100 TU690 TU690 CRW AMR-100 SD2008 Manascan 17 Super VHS ET Moniters Moniters Moniters Moniters Moniters Moniters Moniters Moniters DV220SL8 RM-BR300 WV-CR12 DESKPRO BACKUPSPRO BACKUPSPRO
	EQUIPMENT NAME		Crown Broadcast	UNITY 4000	INVOCONICS	Stereo Broadcast A P		ual Stereo Audio Switch	ual Stereo Audio Switch Sumetrix Dist. Amp.	ual Stereo Audio Switch Sumetrix Dist. Amp. Audio Arts Dist. Amp.	ual Stereo Audio Switch Sumetrix Dist. Amp. Audio Arts Dist. Amp. Ienry Eng Audio Switch	ual Stereo Audio Switch Sumetrix Dist. Amp. Audio Arts Dist. Amp. Ienry Eng Audio Switch SAGE Alert Sys	ual Stereo Audio Switch Sumetrix Dist. Amp. Audio Arts Dist. Amp. lenry Eng Audio Switch SAGE Alert Sys	ual Stereo Audio Switch Sumetrix Dist. Amp. Audio Arts Dist. Amp. lenry Eng Audio Switch SAGE Alert Sys Slobal Spec. 100MHZ Frequency Counter	ual Stereo Audio Switch Sumetrix Dist. Amp. Audio Arts Dist. Amp. lenry Eng Audio Switch SAGE Alert Sys Slobal Spec. 100MHZ Frequency Counter Tascam	ual Stereo Audio Switch Sumetrix Dist. Amp. Audio Arts Dist. Amp. lenry Eng Audio Switch SAGE Alert Sys Slobal Spec. 100MHZ Frequency Counter Tascam Gorman-Redlich	ual Stereo Audio Switch Sumetrix Dist. Amp. Audio Arts Dist. Amp. lenry Eng Audio Switch SAGE Alert Sys Slobal Spec. 100MHZ Frequency Counter Tascam Gorman-Redlich NOAA Weather Rcr	ual Stereo Audio Switch Sumetrix Dist. Amp. Audio Arts Dist. Amp. lenry Eng Audio Switch SAGE Alert Sys Slobal Spec. 100MHZ Frequency Counter Tascam Gorman-Redlich NOAA Weather Rcr Amb-OS Media	ual Stereo Audio Switch Sumetrix Dist. Amp. Audio Arts Dist. Amp. lenry Eng Audio Switch SAGE Alert Sys Slobal Spec. 100MHZ Frequency Counter Tascam Gorman-Redlich NOAA Weather Rcr Amb-OS Media Lynksys	ual Stereo Audio Switch Sumetrix Dist. Amp. Audio Arts Dist. Amp. Audio Arts Dist. Amp. SAGE Alert Sys Slobal Spec. 100MHZ Frequency Counter Tascam Gorman-Redlich NOAA Weather Rcr Amb-OS Media Lynksys Digital Control Scan	ual Stereo Audio Switch Sumetrix Dist. Amp. Audio Arts Dist. Amp. Audio Arts Dist. Amp. SAGE Alert Sys Slobal Spec. 100MHZ Frequency Counter Tascam Gorman-Redlich NOAA Weather Rcr Amb-OS Media Lynksys Digital Control Scan JVC	ual Stereo Audio Switch Sumetrix Dist. Amp. Audio Arts Dist. Amp. Audio Arts Dist. Amp. SAGE Alert Sys Slobal Spec. 100MHZ Frequency Counter Tascam Gorman-Redlich NOAA Weather Rcr Amb-OS Media Lynksys Digital Control Scan JVC Defender Security	ual Stereo Audio Switch Sumetrix Dist. Amp. Audio Arts Dist. Amp. Audio Arts Dist. Amp. SAGE Alert Sys Slobal Spec. 100MHZ Frequency Counter Tascam Gorman-Redlich NOAA Weather Rcr Amb-OS Media Lynksys Digital Control Scan JVC Defender Security Defender Security	ual Stereo Audio Switch Sumetrix Dist. Amp. Audio Arts Dist. Amp. Audio Arts Dist. Amp. SAGE Alert Sys Slobal Spec. 100MHZ Frequency Counter Tascam Gorman-Redlich NOAA Weather Rcr Amb-OS Media Lynksys Digital Control Scan JVC Defender Security Defender Security	ual Stereo Audio Switch Sumetrix Dist. Amp. Audio Arts Dist. Amp. Audio Arts Dist. Amp. SAGE Alert Sys Slobal Spec. 100MHZ Frequency Counter Tascam Gorman-Redlich NOAA Weather Rcr Amb-OS Media Lynksys Digital Control Scan JVC Defender Security Defender Security Defender Security Defender Security	ual Stereo Audio Switch Sumetrix Dist. Amp. Audio Arts Dist. Amp. Audio Arts Dist. Amp. SAGE Alert Sys Slobal Spec. 100MHZ Frequency Counter Tascam Gorman-Redlich NOAA Weather Rcr Amb-OS Media Lynksys Digital Control Scan JVC Defender Security	ual Stereo Audio Switch Sumetrix Dist. Amp. Audio Arts Dist. Amp. Audio Arts Dist. Amp. SAGE Alert Sys Slobal Spec. 100MHZ Frequency Counter Tascam Gorman-Redlich NOAA Weather Rcr Amb-OS Media Lynksys Digital Control Scan JVC Defender Security NY CAMERA CONTROL	Dual Stereo Audio Switch Sumetrix Dist. Amp. Audio Arts Dist. Amp. Audio Arts Dist. Amp. Henry Eng Audio Switch SAGE Alert Sys Global Spec. 100MHZ Frequency Counter Tascam Gorman-Redlich NOAA Weather Rcr Amb-OS Media Lynksys Digital Control Scan JVC Defender Security	ual Stereo Audio Switch Sumetrix Dist. Amp. Audio Arts Dist. Amp. SAGE Alert Sys Slobal Spec. 100MHZ Frequency Counter Tascam Gorman-Redlich NOAA Weather Rcr Amb-OS Media Lynksys Digital Control Scan JVC Defender Security Defender Security Defender Security Defender Security Defender Security NXPro NXPro NXPro NXPro NXPro NXPro NAPRA CONTROL Sonic CAMERA CONTROL Sonic CAMERA CONTROL	ual Stereo Audio Switch Sumetrix Dist. Amp. Audio Arts Dist. Amp. SAGE Alert Sys Slobal Spec. 100MHZ Frequency Counter Tascam Gorman-Redlich NOAA Weather Rcr Amb-OS Media Lynksys Digital Control Scan JVC Defender Security Defender Security Defender Security Defender Security MXPro NXPro NXPro NXPro NXPro NXPRO NY CAMERA CONTROL Sonic CAMERA CONTROL SONIC CAMERA CONTROL COMPAQ	ual Stereo Audio Switch Sumetrix Dist. Amp. Audio Arts Dist. Amp. Audio Arts Dist. Amp. SAGE Alert Sys Slobal Spec. 100MHZ Frequency Counter Tascam Gorman-Redlich NOAA Weather Rcr Amb-OS Media Lynksys Digital Control Scan JVC Defender Security Defender Security Defender Security Defender Security NXPro MXPro INXPRO INXPRO INAPRO INA	ual Stereo Audio Switch Sumetrix Dist. Amp. Audio Arts Dist. Amp. Audio Arts Dist. Amp. SAGE Alert Sys Global Spec. 100MHZ Frequency Counter Tascam Gorman-Redlich NOAA Weather Rcr Amb-OS Media Lynksys Digital Control Scan JVC Defender Security Defender Security Defender Security Defender Security Defender Security ARPRO INXPRO INXPRO INAPRO IN

m m m

2008 2005 2009

STANTON DUAL CD DRIVE	C.500		radio small equip. rack	April-08
Inovonics FM MOD. ANALYZER	531		radio small equip. rack	May-05
AUDIOARTS Dist. Amp.	8400		radio small equip. rack	March-09
DOLBY HEADROOM				
EXTENSION SYS	HXPRO	W-865R	tv production booth	May-07
Audio Amplifier	PYRAMID	PA105	Radio	June-07
CORSAIR ORBIT		112507	tv production booth	April-01
SONY COMPUTER		00045-435-764-598	Radio	April-06
APC PERSONAL POWER		C95035657196	Radio	April-06
NICOM FM TRANS	NT150		Radio	March-04
AUDIOARTS ENG.	PS-6040		Radio	March-04
AUDIO CONTROL IND	SA3052	D32313	Radio	January-03
AUDIOTECHNICA	ATW-B310	S24411779	Radio	January-03
ELECTROVOICE	MR3000	B5DR307	Radio	January-77
GEM SOUND	GL99	PC801 10011	Radio	January-83
Audiotechnica VHF Synth Deck	AT-8653	4411776	House sound system	March-06
DIVERSITY RECEIVER	(X4)	2471311	House sound system	March-06
		2470021	House sound system	March-06
		2470022	House sound system	March-06
Wireless Mic.	EV3000	(X2)	House sound system	December-94
	CPQ2215P	KC000434	House sound system	December-94
DBX	286A		House sound system	February-08
MCM CUSTON AUDIO	(X2)		House sound system	
STANTON FADER	F-550	S55040700271	House sound system	March-07
Marantz CASSETTE DECK	PMD501U	MZ000148730213	House sound system	March-06
TELEX	CA100	N378	House sound system	March-96
AUDIOCOM	WM1000	1-1-	House sound system	March-94
CANNON CAMERA	GL2NTSC	(X2)	Balcony	May-04
CANNON CAMERA	GL2NTSC	(X2)	Balcony	May-04
LUMINATOR LIGHT		E31501-803C	House sound system	March-02
MACKIE	ONYX	21JR22936	House sound system	Feb-04
LEPRECON	624	983678	House sound system	May-96
MACKIE	SR32.4		House sound system	March-05
CANNON PROJECTOR		and control of the	Projection system booth	April-01
HP COMPAQ COMP			Projection system booth	April-01
GATEWAY MONITRS	(X2)		Projection system booth	April-01
GATEWAY MONITES	(X2)		Projection system booth	April-01

ო	ო	ო	က	က	ო	ო	ო	ო	က	က	က	က	က	က	က	က	က	က	က	က	က	က	က	က	က	က	က	က	က	က	က	က	က	က	8
2001	2001	2001	2001	2001	2001	2001	2001	2001	2001	2001	2001	2001	2001	2001	2001	2001	2010	2010	2010	2010	2010	2010	2010	2010	2010	2010	2010	2010	2010	2011	2011	2012	2012	2012	2015
April-01	August-10	March-10	March-10	July-10	July-10	September-10	September-10	September-10	November-10	November-10	November-10	November-10	November-10	June-14	July-14	January-12	August-12	December-12	December-15																
Projection system booth	Furniture	Sound booth	Projection system booth	Station	Station	Projection system booth	Station	Statioin	Station	Station	Station	Sound booth	Station	Station	Station	Station	Station	Station	Station																
		11260638	A144	138K4779							19687	19683		61-2677C	B094306	HI9416								330893	And the second s	W090912007									
(X2)	(X2)	HR-XVC14	SMF251	XV-N40	RX1602	PL-PLUS		VS108	SELECT	PD11P	(X2)		105VB	340F	NR378	VS-502	Buff			OfficeNet	Heir			BFM8000	Unity 4000	213	Software	CD Player	Satelite receiver	XDS-PRO	Web site	Advertising	KTLX sign	Tower parts	
DEFENDER MONITRS	DEFENDER MONITRS	JVC	ANALOG WAY SMART FADE	JAC	EUROPACK PRO	FORMAN	MATCHBOX HD	VGA SPLITTER	CURIO SCAN	ETA	VIDEO DECK		KRAMER	PLUGNPOWER REM	HEDSET	SIMA	Chair	Chair	Chair	Switch	Refrigerator	EVID70 Camera	S	McMartin Exciter	Wegener Com	Art	Broadcast Software	BSW	MCM Electronics	Pico Digital	Prairie Creek Media	Lee Enterprises	Siedlik's Signs	BSW	Projection Monitor

achment	מ								1		1
	2007	2008	2009	2010	2011	2012	2013	2014	2015		7107
Purchase	BOOK	BOOK	BOOK	BOOK	B00K	BOOK	BOOK	BOOK	BOOK	BOOK	BOOK
Price	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE	VALUE
\$337.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$3 217 00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$2 745 00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
)		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$441.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
\$234.00		\$2	\$156.00	\$78.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
\$498.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
\$278.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
\$332 00		8	\$221.33	\$110.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
\$3,009,00	80.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00		\$0.00
\$299.00				\$0.00	\$0.00		\$0.00	\$0.00	\$0.00		\$0.00
\$269.00				\$0.00	\$0.00		\$0.00	\$0.00	\$0.00		\$0.00
)	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
\$539 00	\$0.00	\$0.00	1	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00		\$0.00
\$1 299.00		\$1,299.00	\$866.00	\$433.00	\$0.00		\$0.00	\$0.00	\$0.00		\$0.00
00 66\$		\$99.00	\$66.00	\$33.00	\$0.00	\$0.00	\$0.00		\$0.00		\$0.0
\$369.00	80.00	\$0.00		\$0.00	\$0.00		\$0.00		\$0.00	\$0.00	\$0.0
\$359.00	\$359.00	\$239.33	69	\$0.00	\$0.00		\$0.00		\$0.00	\$0.00	\$0.0
\$269.00	\$89.67	r		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.0
\$269.00	\$89.67			\$0.00	\$0.00		\$0.00		\$0.00		\$0.0
\$269.00	\$89.67	\$0.00		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00	\$0.0
\$3.179.00	\$1,059.67			\$0.00	\$0.00		\$0.00				
\$239.00	\$79.67	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00				
\$999.00	\$333.00	\$0.00		\$0.00	\$0.00	\$0.00	\$0.00				
\$799.00				\$0.00	\$0.00	\$0.00	\$0.00				
\$2,388.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00				
\$799.00		\$0.00	\$0.00	\$0.00	\$0.00		\$0.00				
\$129.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00				
\$129.00			\$0.00	\$0.00	\$0.00		\$0.00	\$0.00			\$0.00
\$129.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	

\$269.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$269.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$189.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$4,739.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$1,279.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$179.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$389.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$179.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$269.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$399.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$209.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$209.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$319.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$239.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$219.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$199.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$295.25				\$196.83	\$98.42	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$149.00				\$99.33	\$49.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$59.00				\$39.33	\$19.67	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$49.00				\$32.67	\$16.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$120.49				\$80.33	\$40.16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$887.15				\$591.43	\$295.72	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$569.89				\$379.93	\$189.96	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$689.34				\$459.56	\$229.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$148.89				\$99.26	\$49.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$45.98				\$30.65	\$15.33	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$1,513.36				\$1,008.91	\$504.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$230.38				\$153.59	\$76.79	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$504.58				\$336.39	\$168.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$2,453.31					\$1,635.54	\$817.77	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$146.52					\$97.68	\$48.84	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$1,138.00						\$758.67	\$379.33	\$0.00	\$0.00	\$0.00	\$0.00
\$330.00						\$220.00	\$110.00	\$0.00	\$0.00	\$0.00	
\$130.82						\$87.21	\$43.61	\$0.00	\$0.00	\$0.00	\$0.00
		No. and the second seco							000000	274 32	000
\$7.88.00									\$200.00	20.112	\$0.00 00.00

\$367.00	\$526.68 \$271.32 \$367.00	2016 2017
	\$526.68	2015
	\$0.00	2014
	\$532.94	2013
	\$1,932.49	2012
	\$3,487.32	2011
	\$4,498.21	2010
	\$2,442.00	2009
	\$4,690.00	2008
	\$6,671.33	2007
\$1,100.00	\$74,656.96 \$6,671.33 \$4,690.00 \$2,442.00 \$4,498.21 \$3,487.32 \$1,932.49	