



TREATMENT
ALONE
IS NOT
ENOUGH

KEEP A CHILD ALIVE | ANNUAL REPORT

2014

CARE, COMMUNITY & ONE HELL OF A COMMITMENT



You may have noticed that in 2014 we changed our logo and added this tag line: Committed to the End of AIDS. Why? Because interest and investment in the AIDS response are waning and we are calling on ourselves, our community, and the general public to recommit to ending the AIDS epidemic—no barriers to treatment, no new infections, no discrimination. The end.

We know what to do; we just need to stay the course.

From day one, Keep a Child Alive (KCA) has believed and invested in a community-based approach to fighting this epidemic. And in 2014, with the dramatic unfolding of events in Ferguson, Missouri, the birth of the Black Lives Matter movement, and the Ebola outbreak in West Africa, we were reminded of the power of community activism. Communities facing strife stand up. They are resilient.

That's why we remain committed to our approach to support community-based clinics and organizations on the frontlines of the AIDS response, in those places hardest hit by the epidemic. They know what their communities need and can nimbly respond to the complex and changing situation on the ground. They respect and protect people's rights. They create solutions and models to reach vulnerable children, youth, and families and to keep them in care. And they push their governments and big institutions to do the right thing. This has been KCA's strategy since 2003—believing that the end of AIDS will come from the people living with HIV and the physicians, nurses, volunteers, and activists working within their communities. Because community is the best cure we have.

We continue to see amazing results. In 2014, we provided life-saving and life-transforming services to 50,000 children, young people, and adults in partnership with seven grassroots organizations in South Africa, Rwanda, Uganda, Kenya, and India. Perhaps more important, as people become healthy, families and communities that were once ravaged by AIDS are rebuilding.

For example, when we first started working with Alive Medical Services in Kampala, Uganda, the organization was serving six people in the back of a church. Today, it provides HIV treatment and care to more than 12,000 people, while also offering innovative programs to address the underlying social and economic issues that fuel the epidemic. Economic empowerment initiatives provide women with skills and a means to earn money to support their families. Women are also schooled in organic, sustainable gardening, providing a source of healthy food as well as income. And a focus on and investment in young people living with HIV has created a movement of young activists—leaders in their communities—who are creating the change they want to see in the fight against AIDS.

We are incredibly proud of the work we do at KCA. But we refuse to dwell on progress when 35 million people are living with HIV, when last year saw one million people dying of AIDS and two million new infections, and when three out of four HIV-positive children are still not getting the treatment they desperately need.

What can you do? Share the stories in this report. Help us get HIV back on people's radars. And if it's within your means, make a financial commitment to the amazing individuals in the communities we support.

To those who have stood with us—Jynwel Charitable Foundation Limited, Givenchy Parfums, The Stewart J. Rahr Foundation, Cartier Charitable Foundation, HisVision, Sherry-Lehmann Wine & Spirits, The Stephen Lewis Foundation, and every single individual who has helped raise awareness and funds on our behalf—thank you for your remarkable support. Thank you for becoming a part of our community.

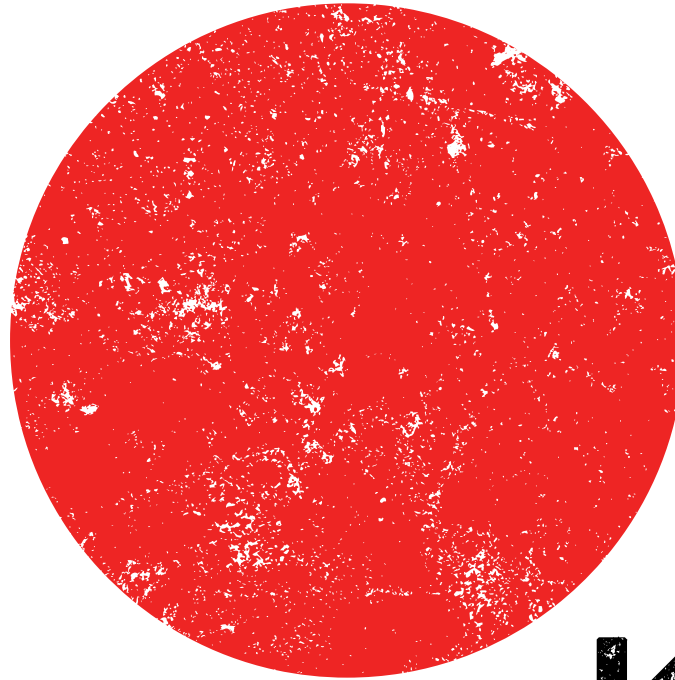
This year is yours.

With love and light,

Peter & Alicia

OUR MISSION IS TO REALIZE THE
END OF AIDS FOR CHILDREN AND
THEIR FAMILIES, BY COMBATING
THE PHYSICAL, SOCIAL, AND
ECONOMIC IMPACTS OF HIV.

THE UNFINISHED BUSINESS OF HIV AND AIDS



We hear a lot about the beginning of the end of AIDS these days, but here's the hard truth: while the end may be in sight, it is not a foregone conclusion.

Complacency is threatening forward progress. Many people believe that this is done already, perpetuating the misconception that we can turn away from this humanitarian crisis and sucking the urgency out of the response.

It is true that, by many measures, we have made tremendous progress. But when we consider the facts that 75 percent of children living with HIV are not getting treatment, that AIDS-related deaths of adolescents have increased by as much as 50 percent, and that stigma and discrimination continue to negatively impact access to care, we have to keep raising the alarm.

It's time to commit to closing these gaps and ending the impact of this epidemic once and for all.

KCA.
KEEP A CHILD ALIVE

THE NEW LOOK OF NOW

In the spirit of our commitment, and symbolic of our work on the ground, we've introduced a new logo to align with the immediacy and urgency of our cause.

We revisited the iconic red ribbon—the long-standing symbol of AIDS awareness and support—and distilled its meaning and message into something simple, yet powerful.

Introducing the red full stop •

A symbol, a rallying cry, and a renewed commitment to our cause: the end of AIDS.

JOIN US IN OUR COMMITMENT

NO NEW INFECTIONS.

NO BARRIERS TO TREATMENT.

NO DISCRIMINATION.

COMMITTED TO THE END 🇷🇺

THE INDISCRIMINATING AND INCREDIBLE REACH OF HIV AND AIDS

This epidemic has touched nearly every continent, and it continues to unjustly affect certain demographics and communities, with the corrosive impact of discrimination making the response hugely challenging.

WHY CARE?

35 million people are living with HIV today.
They'll need care for life, until a cure is discovered.

WHY WOMEN?

AIDS is the leading cause of death of women
of reproductive age.

WHY CHILDREN?

A child is infected with HIV every two minutes. And 75% of
those who need treatment to stay alive, are still not getting it.

WHY AFRICA?

70% of all HIV-positive people live in sub-Saharan Africa,
including 9 out of 10 HIV-positive children.

WHY YOUTH?

AIDS is the second leading cause of death among adolescents,
after traffic accidents.

WHY INDIA?

India has the third highest population of people living with HIV,
at 2.1 million, after South Africa and Nigeria.

OUR IMPACT

At the time of our founding in 2003, a single, powerful mission compelled Keep a Child Alive into action: get lifesaving medicine to children affected by HIV and AIDS—children who would otherwise go without. Working closely with grassroots organizations in Africa, we did just that; but we didn't stop there.

We are witness to the value of a holistic, community-based solution to this epidemic. The organizations we support are uniquely positioned to understand the needs of the people they serve. They not only provide comprehensive clinical care - but also tackle head on the social inequities that fuel this epidemic, such as poverty, discrimination, isolation, and violence against children and women.

These are some of the highlights of what's being achieved at the amazing programs we support in Africa and India.





RESPONDING TO THE “GROWING” NEEDS OF THE EPIDEMIC

FAMILY CARE CLINIC **MOMBASA, KENYA**

Situated in one of the largest public healthcare facilities in the country, the Family Care Clinic (FCC) provides comprehensive, state-of-the-art pediatric HIV care and treatment services to 1,284 children and young people. Patients who come to the healthcare facility for services are referred to FCC for HIV testing and then enrolled directly into care and treatment.

Founded in 2001 in response to the urgent need for specialist treatment and care for children, FCC is now a model program and leader in pediatric HIV care in Kenya—and beyond.

While FCC continues to provide cutting-edge services to children, it has also expanded its work to meet the needs of adolescents, many of whom have grown up at the clinic. Youth-specific programs include sexual and reproductive health counseling and services to help them navigate their teenage years. In addition, peer support groups deliver the confidence, problem-solving skills, and leadership capabilities young people need for a successful life—once again filling a critical gap in care and support for an important generation.





THE POWER OF PEERS



WE-ACTx FOR HOPE **KIGALI, RWANDA**

Established in 2004 to help women access antiretroviral therapy (ART), Women's Equity in Access to Care and Treatment (WE-ACTx) for Hope has grown to support 2,393 people at two comprehensive clinics. Each clinic provides high-quality HIV treatment and care, as well as psychosocial and mental health services, nutritional support, and skills training. WE-ACTx for Hope also offers youth-friendly HIV services, with clients stepping forward to become peer educators and, in some cases, become clinic staff.

Recognizing the gap between teens and young children, WE-ACTx for Hope first divided its support groups by age and gender but soon learned that its members could benefit from further specialization. As a result, they created additional support groups, ensuring that its members can find relevant services and programs not only in regards to their age and personal development, but also reflective of where they are in life.

WE-ACTx for Hope held 713 group meetings throughout 2014 for specialized groups such as children, youth, young mothers, university students, and more.





FIGHTING FOR CHILDREN'S RIGHTS

OPERATION BOBBI BEAR **AMANZIMTOTI, SOUTH AFRICA**

Bobbi Bear works on behalf of more than 10,000 children who have been sexually abused, violated, and neglected to ensure their health and well-being and minimize their risk of HIV infection. Bobbi Bear conducts rescue, outreach, and awareness-raising programs, including education and sensitization on sexual abuse, in local schools and with police and community groups. Their signature “Bobbi Bear,” a stuffed bear children draw on to describe their abuse, has been court approved across South Africa and has helped thousands of children tell their stories and seek justice.

Bobbi Bear’s Edu-Toy program reached 50,000 children in schools in 2014. The program was designed to provide age-appropriate HIV education and awareness to children in schools, and it empowers children to report any form of abuse to Bobbi Bear staff and teachers.

The team also assisted 72 abuse survivors with preparation for legal proceedings and attended court cases for 169 sexual abuse survivors. They also supported 182 violence and abuse survivors through clinics for postexposure prophylaxis and HIV testing and care, including linking them with KCA’s Blue Roof Wellness Centre in Durban.





CARE CLOSE TO HOME



IKAGENG ITIRELENG AIDS MINISTRY **SOWETO, JOHANNESBURG**

Ikageng Itireleng provides services and support to vulnerable children and young people orphaned or affected by AIDS. Many of these children live in child-headed households, where they take on the role of parent, looking after their younger siblings—a burden that robs them of their childhood and puts their futures at risk. The amazing team at Ikageng helps reset the balance, affecting so many young lives.

With support from Keep a Child Alive, Ikageng provides loving support to 836 orphans and vulnerable children

and youth (some of whom are living with HIV) from 191 households. The organization provides essentials such as food parcels, clothing, and healthcare, alongside regular home visits, assistance enrolling and staying in school, psychosocial support, mentoring, and life-skills training. This holistic approach allows kids to stay in their community—close to families and friends—and gives them the tools and resources to grow stronger. They can look to their futures knowing that someone is in their corner—someone cares.





WHERE KIDS COME FIRST

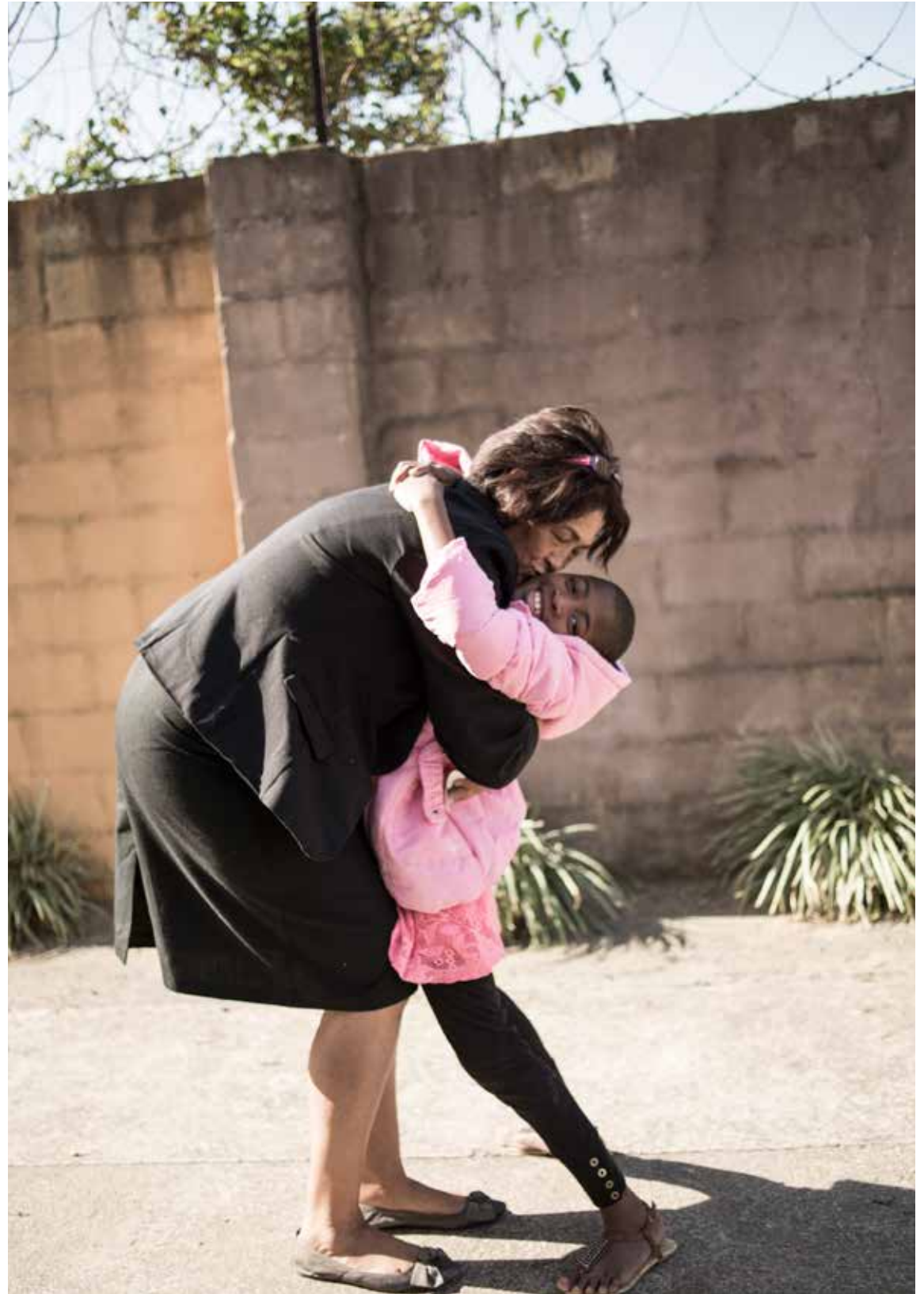
THE BLUE ROOF WELLNESS CENTRE **DURBAN, SOUTH AFRICA**

The Blue Roof Wellness Centre provides high-quality HIV care and treatment to 3,168 people. At the clinic and through community outreach, clients can access HIV testing and treatment, counseling, tuberculosis and cervical cancer screening, psychosocial and adherence support, and nutritious food, all delivered with dignity and respect.

With intensive support and training from KCA's new partner and local nongovernmental organization, Zoë-Life, Blue Roof rolled out the Kidz Alive program in 2014. The program's services are available to all.

The importance of those services is also shared with adult clients, who are counseled and encouraged to bring their children to the program, increasing the number of kids who have access to ART and psychosocial support services.

The Blue Roof staff also reach children transitioning into their teenage years through its outreach program in local schools, encouraging teens to get tested and educating them on HIV, sexually transmitted infections, sexual and reproductive health, and more.





ECONOMIC EMPOWERMENT

ALIVE MEDICAL SERVICES **KAMPALA, UGANDA**

The Alive Medical Services (AMS) clinic is located in Namuwongo and serves nearly 12,000 clients. AMS offers a range of holistic services, such as HIV counseling and testing, HIV care and ART, prevention and treatment of opportunistic infections, prevention of mother-to-child transmission of HIV, general medical care, psychosocial support and counseling, family planning, early-infant HIV diagnosis and other lab tests, and support groups, including the increasingly popular Victor's Club for young people.

In 2014, AMS collaborated with new KCA partner Development in Gardening (DIG) to roll out a sustainable organic farming and gardening project. The project provides members of two of the clinic's support groups—Tweyambe and Bulamu Kwefako—with farming knowledge and skills, nutritious food, and an income source, as excess vegetables are sold at community markets and at the clinic during food days. The members can also start their own household gardens with the skills learned at the larger DIG gardens.

Another example is the Kwagalana group, which includes 22 women trained by activist and artist Mary Fisher and her team to make 100 Good Deeds bracelets. The artisans receive a commission for each bracelet made, which allows them not only to provide for themselves and their families but also to build confidence and a sense of community with one another. In 2014, the group made 4,343 bracelets and earned approximately \$19,600.





THE MANY FACES OF CARE



THE BHAVISHYA PROJECT **PUNE, INDIA**

The Bhavishya (Sanskrit for “looking toward the future”) Project seeks not only to improve people’s health but also to address the structural factors fueling the epidemics of HIV and tuberculosis, such as poverty, gender disparity, and stigma. By bringing together the distinct expertise of three local organizations—Sahara Aalhad, Saahasee, and Prayas Foundation—the project is able to offer a commitment to the health and social and economic well-being of the local clients and community.

What makes this program special is the comprehensive nature of the clinical care, combined with mental health, nutrition, physiotherapy, and economic empowerment—a holistic package of services not offered before to the poor in this setting.

This approach requires a diversity of solutions and locations to serve the different needs of the people in the community, meeting them where they are in the process and supporting long-term care for the whole family. Patients who are critically ill receive urgent inpatient care. For others, the solution is outpatient care, while mobile and outreach clinics operate in areas that would otherwise go without. There is also a strong presence at government clinics, advocating for the rights of people living with HIV.

In 2014, the organization provided direct inpatient and outpatient care and support to 3,238 children, young people, and adults, more than 1,300 of whom are living with HIV. It also conducted an active outreach program that included 3,800 home visits, providing sensitivity training, home care, and referrals to health and social services. In addition, the Bhavishya Project helped enroll nearly 4,000 people into government ART services and conducted 1,390 accompaniment visits for refills, lab tests, and other services.







ANELE

OPERATION BOBBI BEAR // AMANZIMTOTI, SOUTH AFRICA

The staff at Bobbi Bear first met Anele, a 6-year-old girl, when her mother brought her to the organization. After three witnesses saw the little girl being taken into the bushes, they went looking for her. When they saw a 30-year-old man from her community on top of her, they ran to get help. The child was found crying, with her underwear and jeans lying on the ground next to her.

Anele was taken to Prince Mshiyeni Memorial Hospital for a medical examination, where the doctor confirmed that she

had been raped. Bobbi Bear moved quickly. Her case was opened at the police station, and the witnesses agreed to write statements. The suspect was arrested and charged.

Bobbi Bear provided Anele, her mother, and the eyewitnesses with counseling and support, and the Bobbi Bear case workers attended all the court dates. Bobbi Bear was at the court hearing, where the perpetrator was found guilty. A few days after, he was sentenced to life in prison. Bobbi Bear continues to provide Anele with counseling and psychosocial support.



VERONICA

ALIVE MEDICAL SERVICES // KAMPALA, UGANDA

After suffering for a long time with severe throat pain and other discomforts, Veronica eventually sought medical attention. Veronica arrived at AMS, was tested for HIV, and was confirmed to be positive. She was immediately enrolled into care and began antiretroviral treatment. Supported by the AMS staff, Veronica brought her 8-year-old son, Anthony, to the clinic, where he also tested positive and started treatment.

Veronica and Anthony began to feel better and regain their strength. Then Veronica became pregnant. After seeing her son struggle with HIV, she was nervous about bringing another child into the world. But with the treatment, counseling, encouragement, and support provided by AMS throughout the pregnancy, Veronica remained strong and healthy. She gave birth to a baby girl, and, a year and a half later, she gave birth again to another boy; both children tested negative for HIV.

But life is not without its challenges. Veronica and her husband are often sick from infections associated with HIV and are forced to stop working, making it hard to meet the family's most basic needs. AMS provides them with essential nutritious meals through its food parcels program. The organization also helps connect the family with other resources outside of the clinic, including linking Veronica to skills courses at a local church, where she has learned tailoring and business skills and even received her own sewing machine. The course has allowed Veronica to begin earning money for her family again and has renewed her sense of self-worth.

Veronica's slender, unimposing frame disguises her impressive strength and enduring spirit, qualities she channels into her family. When asked about her children, Veronica's face transforms into a glowing grin, emitting warmth, compassion, and pride.

MANOJ + VARSHA

THE BHAVISHYA PROJECT // PUNE, INDIA

Manoj and Varsha met at the Sahara Care Home. Both orphaned and living with HIV, their shared experiences drew them to each other. Manoj was 19 when he arrived at Sahara, emaciated and weak with tuberculosis (TB). Varsha, age 17, had a past history of abuse. She had been rejected by her family and treated badly in institutional care. She was living with HIV with no access to ART.

With treatment, improved nutrition, and support from the Sahara staff, both Manoj and Varsha grew stronger. They started to think about their futures, Manoj enrolled in computer and English classes at Saahasee to develop his skills, and the couple were married.

When the couple learned that Varsha was pregnant, they were thrilled but also anxious. They were afraid of transmitting HIV to the baby, with Varsha's health still frail and scant resources to raise a child. The Sahara staff, however, provided unconditional support and counseling, helping Varsha prepare for motherhood and accompanying her to register in the Sassoon Government Hospital's prevention of mother-

to-child transmission program.

On September 4, 2014, Varsha and Manoj welcomed their newborn son, healthy and full of life. Vansh (meaning "of the same bloodline") soon became the star of the Care Home, with everyone calling him "Baby Prince." Vansh tested HIV-negative at his first test at 6 weeks; a confirmatory test will be done when he is 18 months old.

Varsha joined Mary Fisher's 100 Good Deeds income-generation project, where she learned to make beaded bracelets. With her baby cradled in her lap, Varsha practiced her skills and is now able to draw an income from this work.

She says, "At one time I thought I would become an ayah [domestic servant] and nothing else. Now I know that there is more to life."

Manoj, meanwhile, has become an important member of the Sahara youth group, participating in workshops for adolescents growing up with HIV, visiting government hospitals, and supporting other young people who would otherwise have no access to support.



KCA COMMUNITY



A MEANINGFUL RIDE

2014 TD FIVE BORO BIKE TOUR TEAM

On May 3, 2014, members of the KCA community lined the carless New York City streets in the world's biggest charitable bike ride. From beginners to experts, our team went the distance among more than 30,000 riders, raising invaluable funds for children and families affected by HIV and AIDS. And it proved to be an incredible workout along the way.

RAISED \$16,623



CURLS FOR KIDS

LORRAINE MASSEY

In-demand hair stylist and author Lorraine Massey—the original Curly Girl—lent her talents this year by donating 100 percent of proceeds from every haircut. Known for her expertise in curly-ology, Lorraine has been a wonderful addition to the KCA community, bringing her heart and light to everything and everyone she touches.

RAISED \$29,868



UNITED FOR GOOD

JEFF & CYNTHIA ROSENZWEIG

With the date set for their fall 2014 wedding, Jeff and Cynthia asked their friends and family to do something a little different. Blessed with good health and love, the two used their special day to raise awareness of the more than 3.4 million children living with HIV worldwide and invited guests to give directly to Keep a Child Alive.

RAISED \$6,200

Our work wouldn't be possible without the help of our extended community of supporters, an awesome team of inspired, driven, and hardworking individuals who, with creativity and determination, leverage the power within their own communities to raise money for our work.

Whether hosting fundraisers, testing their strength in endurance events, or inspiring their family and friend's involvement, the KCA community pushes the boundaries of what is possible when people set their mind to helping others.

They truly rock. And we are thrilled to have them with us.



THE BLACK BALL

A powerhouse of celebrity, generosity, and creativity, the annual Black Ball is a tribute to the incredible commitment of our friends, supporters, partners, and the families we serve.

Hosted by Alicia Keys, Swizz Beatz, and Sean “Puffy” Combs, the Black Ball drew 680 guests under the opera-worthy ceilings of the prestigious Hammerstein Ballroom in New York City, raising \$2.4 million in support of KCA’s work.

The 2014 celebration cast a spotlight on the potential of young people living with HIV. They are at the center of the HIV epidemic because of their rates of infection and vulnerability, and yet they represent the greatest possibility of ending the epidemic once and for all. Representing her generation, Phindile Sithole-Song, South African HIV activist, spoke eloquently and powerfully about the reality of so many HIV-positive young people:

“We have a lot to do, because looking back we have left a lot of people behind, and those people are my generation. So bring us in, and in the words of one of my favorite artists who will be performing tonight, Angel Haze, see us as yourselves; there’s no quality in difference.”

Performances by David Byrne, Nas, and Angel Haze rocked the stage, including one-of-a-kind duets with Alicia Keys. We were proud to honor fashion icon Riccardo Tisci for his determined stance on issues of identity and discrimination. And we were thrilled to be joined by guests that included Kanye West, Madonna, Padma Lakshmi, Marina Abramovic, Joan Smalls, André Leon Talley, and Aretha Franklin, as well as leaders in the fight against AIDS, such as Kweku Mandela, Mary Fisher, Shaffiq Essajee, and Carol Dyanti. The evening was followed by the Afterglow party, where attendees danced into the late hours to the sounds of Swizz Beatz and DJ Runna.

The success of this year’s Black Ball was made possible by the tremendous support of the Jynwel Charitable Foundation, Givenchy Parfums, Sherry-Lehmann Wine & Spirits, the Hammerstein Ballroom, and the Keep a Child Alive community.





OUR SUPPORTERS

MAJOR SUPPORTERS

MOHAMED AL-HUSSEINY

Charitable Foundation
Cartier



PHILIP & LISA FALCONE

PARFUMS
GIVENCHY

HisVision
FOUNDATION

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FOUNDATION

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IN-KIND SUPPORTERS



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Maverick Management
The Stewart J. Rahr Foundation

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The Alicia Keys Family Foundation
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\$25,000 – \$49,999

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Cynthia Ambres
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Sylvia Dale Cochran
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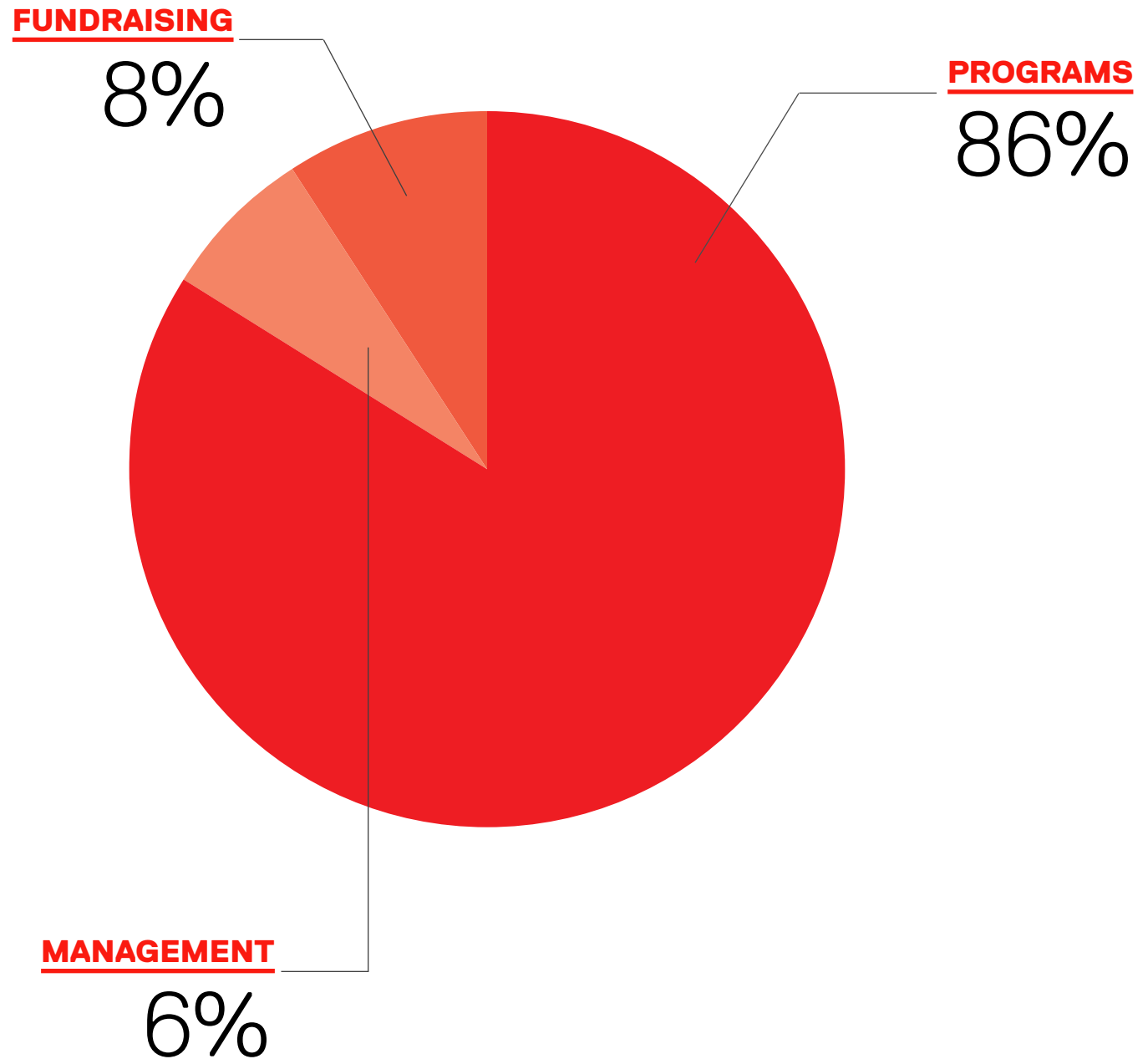
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May Unh Tan
David Walsh
Gregory Wells
Natalie Widrose
Monica Woods
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A CHARITY YOU CAN TRUST

For more than a decade, your support has helped provide high-quality, dignified healthcare and support to children and families living with HIV in Africa and India.

At Keep a Child Alive, we share your desire to make a difference and to have a real impact on issues that concern us. That's why we take exceptional care to ensure that your donations reach children and families in need and are applied in the most effective and responsible manner possible so they can do the most good.

KCA is a 501(c)(3) nonprofit, externally audited each year. In 2014, we earned our sixth consecutive four-star rating from Charity Navigator, outperforming many of our peers in our efforts to manage and grow our finances in the most fiscally responsible way possible.



STATEMENTS OF FINANCIAL POSITION

KEEP A CHILD ALIVE

		DECEMBER 31,	
		2014	2013
ASSETS			
Current assets			
Cash and cash equivalents	\$	794,646	\$ 375,410
Contributions receivable, net of allowance of \$30,000 in 2014		325,308	745,701
Unconditional promises to give		1,250,666	1,574,333
Prepaid expenses		22,371	27,677
Total current assets	\$	2,392,991	\$ 2,723,121
Property and equipment - at cost, less accumulated depreciation		20,176	13,304
Long-term unconditional promises to give		-	666,667
Other assets		19,499	14,327
	\$	2,432,666	\$ 3,417,419
LIABILITIES AND NET ASSETS			
Current liabilities			
Accounts payable and accrued expenses	\$	6,516	\$ 40,275
Commitments			
NET ASSETS			
Unrestricted		482,696	33,057
Board designated		285,710	381,586
		768,406	414,643
Temporarily restricted		1,657,744	2,962,501
		2,426,150	3,377,144
	\$	2,432,666	\$ 3,417,419

STATEMENTS OF ACTIVITIES AND CHANGES IN NET ASSETS

KEEP A CHILD ALIVE

YEAR ENDED DECEMBER 31, 2014									
		Unrestricted	Temporarily Restricted		Total	Summarized 2013			
Support and revenues									
Special events	\$	2,421,789	\$	-	\$	2,421,789	\$	4,640,372	
Less - direct costs of event		(731,236)		-		(731,236)		(1,050,212)	
		1,690,553		-		1,690,553		3,590,160	
Contributions		828,984		1,213,597		2,042,581		2,285,985	
Merchandise sales		10,448		-		10,448		9,045	
Other income		5,200		-		5,200		10,240	
		2,535,185		1,213,597		3,748,782		5,895,430	
Net assets released from restriction									
Satisfaction of program restrictions		2,518,354		(2,518,354)		-		-	
		5,053,539		(1,304,757)		3,748,782		5,895,430	
Expenses									
Program services		4,046,965		-		4,046,965		3,353,420	
Management and general		266,148		-		266,148		277,163	
Fundraising costs		372,499		-		372,499		357,758	
		4,685,612		-		4,685,612		3,988,341	
Cost of merchandise sales		4,835		-		4,835		2,805	
Termination benefit		9,329		-		9,329		148,216	
		4,699,776		-		4,699,776		4,139,362	
Change in net assets before the effect of in-kind donations		353,763		(1,304,757)		(950,944)		1,756,068	
In-kind donations - revenue		351,239		-		351,239		743,001	
In-kind donations - expense		(351,239)		-		(351,239)		(743,001)	
Change in net assets		353,763		(1,304,757)		(950,944)		1,756,068	
Net assets, beginning of year		414,643		2,962,501		3,377,144		1,621,076	
Net assets, end of year		\$	768,406	\$	1,657,744	\$	2,426,150	\$	3,377,144

THE TEAM

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Co-Founder

PADMA LAKSHMI

Global Ambassador

PETER TWYMAN

CEO

TAYLA COLTON

Sr. Director of Programs

MERAV DAVIS

Manager of Individual
Giving

MARCELA DE MONTIS

Manager, Corporate &
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ALANA HAIRSTON

Sr. Program Officer

TENEKA KING

Communications Manager
& Graphic Designer

MONICA MERLIS

Special Events &
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DYANNA MOON

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AVANTI PETERS

Administrative Coordinator

WIOLETTA PUCHALSKI

Director of Finance &
Administration

EARLE SEBASTIAN

Creative Director

KATHY SONG

Junior Staff Accountant

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SHOBI VARGHESE

Online Engagement
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