

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning and ending

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization KEEP A CHILD ALIVE | | D Employer identification number 73-1682844 |
| | Doing business as | | E Telephone number 646-762-8200 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | G Gross receipts \$ 3,865,239. |
| | 110 WALL STREET, 5TH FLOOR | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10005 | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) |
| F Name and address of principal officer: ANTONIO RUIZ-GIMENEZ SAME AS C ABOVE | | H(c) Group exemption number ▶ | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| J Website: ▶ WWW.KEEPACHILDALIVE.ORG | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | L Year of formation: 2003 |
| | | | M State of legal domicile: NY |

Part I Summary

| | | | |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: COMMITTED TO THE END OF AIDS. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 4 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 4 |
| | 5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) | 5 | 12 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 10 |
| | 7 a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| | b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 3,169,399. | Current Year 3,855,073. |
| | 9 Program service revenue (Part VIII, line 2g) | 0. | 0. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 2,520. | 4,925. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -643,055. | 0. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,528,864. | 3,859,998. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 2,151,796. | 1,825,461. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,343,682. | 671,364. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 143,156. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 831,253. | 331,050. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 4,326,731. | 2,827,875. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -1,797,867. | 1,032,123. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 1,748,319. | End of Year 2,170,228. |
| | 21 Total liabilities (Part X, line 26) | 796,872. | 561,658. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 951,447. | 1,608,570. |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | | | | |
|------------------------------------------------------------------------------|-----------------------------------------------|----------------------|---------------------------------|-------------------------------------------------|------------------|
| Sign Here | Signature of officer | Date | | | |
| | ANTONIO RUIZ-GIMENEZ, CHAIRMAN AND CEO | 11/13/18 | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN |
| | SARAH AVERY | <i>Sarah Avery</i> | 11/12/18 | <input type="checkbox"/> | P01470673 |
| Firm's name ▶ FRIEDMAN LLP | | | Firm's EIN ▶ 13-1610809 | | |
| Firm's address ▶ 100 EAGLE ROCK AVENUE STE 200 EAST HANOVER, NJ 07936 | | | Phone no. (973) 929-3500 | | |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO REALIZE THE END OF AIDS FOR CHILDREN AND FAMILIES BY COMBATING THE PHYSICAL, SOCIAL AND ECONOMIC IMPACTS OF HIV.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,493,616. including grants of \$ 1,825,461.) (Revenue \$) IN 2017, KCA CONTINUED TO PARTNER WITH GROUND-BREAKING GRASSROOTS ORGANIZATIONS TO DESIGN, IMPLEMENT AND SHARE INNOVATIVE SOLUTIONS TO SOME OF THE MOST PRESSING CHALLENGES IN THE FIGHT AGAINST AIDS. WE SUPPORTED PROGRAMS IN FIVE COUNTRIES AND HELPED TO REDUCE THE VULNERABILITY OF WOMEN AND GIRLS, ELIMINATE THE PREVENTION AND TREATMENT GAP FOR CHILDREN, AND ADDRESS THE SPIRALING HIV EPIDEMIC AMONG YOUTH AND FAMILIES. WE BRING CREATIVITY TO GLOBAL HEALTH, INTEGRATING MUSIC AND HEALING ARTS INTO HIV CARE, AS WELL AS USING TECHNOLOGY TO IMPROVE HEALTH SERVICES, CONNECT PEOPLE AND SCALE INNOVATIONS. WE INVOLVE COMMUNITIES IN PREVENTION, TREATMENT AND ADVOCACY IN FRESH WAYS. TOGETHER WITH OUR PARTNERS, WE WORK AT THE FRONTLINES OF THE EPIDEMIC TO ENGAGE THOSE ON THE MARGINS, BLENDING

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,493,616.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Yes, No. Contains 19 numbered questions regarding organizational activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 20a | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b | <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i> | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b | <i>If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2</i> | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | |
| | Note. All Form 990 filers are required to complete Schedule O | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form table with columns for question number, description, sub-questions (1a-13c), and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance requirements.

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

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

Section A. Governing Body and Management

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

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

| | | Yes | No |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| 10b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| 11b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| 12b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| 15a | The organization's CEO, Executive Director, or top management official | X | |
| 15b | Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | X | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | | X |
| 16b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NY, CA, IL, AL, AK, AR, CT, FL, KS, ME, MD, MA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **THE ORGANIZATION - 646-762-8200
110 WALL STREET, 5TH FLOOR, NEW YORK, NY 10005**

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|---------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) EVAN VOGEL DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (2) DAVID WIRTSCHAFTER PRESIDENT | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (3) NICOLE DAVID DIRECTOR | 1.00 | X | | | | | 0. | 0. | 0. | |
| (4) ANTONIO RUIZ-GIMENEZ JR CHAIRMAN AND CEO | 10.00 | X | | | | | 0. | 0. | 0. | |
| (5) MICHAEL GUIDO DIRECTOR - TO DECEMBER 2017 | 1.00 | X | | | | | 0. | 0. | 0. | |
| (6) WENDY LAISTER TREASURER - TO DECEMBER 2017 | 1.00 | X | | X | | | 0. | 0. | 0. | |
| (7) ELLEN HEALY PIETROPAOLI DIRECTOR - TO JUNE 2017 | 1.00 | X | | | | | 0. | 0. | 0. | |
| (8) LISA HERNANDEZ GIOIA, DIRECTOR - TO DECEMBER 2017 | 1.00 | X | | | | | 0. | 0. | 0. | |
| (9) JOE CRISTINA DIRECTOR - TO JUNE 2017 | 1.00 | X | | | | | 0. | 0. | 0. | |
| (10) GLENN BOZARTH DIRECTOR - TO JUNE 2017 | 1.00 | X | | | | | 0. | 0. | 0. | |
| (11) ASHLEY BEKTON DIRECTOR - TO DECEMBER 2017 | 1.00 | X | | | | | 0. | 0. | 0. | |
| (12) ERIKA ROSE SANTORO DIRECTOR - TO DECEMBER 2017 | 1.00 | X | | | | | 0. | 0. | 0. | |
| (13) CLAUDE KELLY DIRECTOR - TO MAY 2017 | 1.00 | X | | | | | 0. | 0. | 0. | |
| (14) PETER TWYMAN CEO - TO FEBRUARY 2017 | 40.00 | | | X | | | 38,653. | 0. | 8,929. | |
| (15) STEVEN MENDELSON EXECUTIVE DIRECTOR | 40.00 | | | X | | | 28,646. | 0. | 1,052. | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|-------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------|-----------------------------------------|------------------------------------------------------------------|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | | | | | |
| | | 1a | | | | | |
| | b | Membership dues | | | | | |
| | | 1b | | | | | |
| | c | Fundraising events | | | | | |
| | | 1c | | | | | |
| | d | Related organizations | | | | | |
| | | 1d | | | | | |
| e | Government grants (contributions) | | | | | | |
| | 1e | | | | | | |
| f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 3,855,073. | | | | |
| g | Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| h | Total. Add lines 1a-1f | | 3,855,073. | | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2 a | | | | | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| g | Total. Add lines 2a-2f | | | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 238. | | 238. | |
| | 4 | Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 | Royalties | | | | | |
| | | | (i) Real | (ii) Personal | | | |
| | 6 a | Gross rents | | | | | |
| | b | Less: rental expenses | | | | | |
| | c | Rental income or (loss) | | | | | |
| | d | Net rental income or (loss) | | | | | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| | | | 9,928. | | | | |
| | b | Less: cost or other basis and sales expenses | 0. | 5,241. | | | |
| | c | Gain or (loss) | 9,928. | -5,241. | | | |
| | d | Net gain or (loss) | | | 4,687. | 4,687. | |
| | 8 a | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a | | | | |
| | b | Less: direct expenses | b | | | | |
| c | Net income or (loss) from fundraising events | | | | | | |
| 9 a | Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| b | Less: direct expenses | b | | | | | |
| c | Net income or (loss) from gaming activities | | | | | | |
| 10 a | Gross sales of inventory, less returns and allowances | a | | | | | |
| b | Less: cost of goods sold | b | | | | | |
| c | Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11 a | | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d | | | | | | |
| 12 | Total revenue. See instructions. | | 3,859,998. | 0. | 0. | 4,925. | |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 1,825,461. | 1,825,461. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 37,099. | 27,824. | 4,081. | 5,194. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 525,473. | 366,304. | 86,608. | 72,561. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 13,046. | 9,140. | 2,103. | 1,803. |
| 9 Other employee benefits | 49,408. | 34,614. | 7,965. | 6,829. |
| 10 Payroll taxes | 46,338. | 32,463. | 7,470. | 6,405. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 25,225. | 16,065. | 5,088. | 4,072. |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 102,607. | 50,233. | 26,600. | 25,774. |
| 12 Advertising and promotion | 3,193. | 3,193. | | |
| 13 Office expenses | 7,811. | 3,374. | 3,125. | 1,312. |
| 14 Information technology | 9,228. | 5,516. | 1,656. | 2,056. |
| 15 Royalties | | | | |
| 16 Occupancy | 56,266. | 43,653. | 8,462. | 4,151. |
| 17 Travel | 53,618. | 50,575. | 2,984. | 59. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 3,340. | 1,670. | 835. | 835. |
| 23 Insurance | 6,582. | 4,611. | 1,061. | 910. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a MISCELLANEOUS | 32,507. | 12,800. | 9,458. | 10,249. |
| b SEVERANCE EXPENSES | 22,235. | | 22,235. | |
| c TELEPHONE | 8,438. | 6,120. | 1,372. | 946. |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 2,827,875. | 2,493,616. | 191,103. | 143,156. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

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

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year | |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|-----------------|
| Assets | 1 | Cash - non-interest-bearing | 340,690. | 1 | 1,156,027. |
| | 2 | Savings and temporary cash investments | 580. | 2 | 580. |
| | 3 | Pledges and grants receivable, net | 1,011,535. | 3 | 864,885. |
| | 4 | Accounts receivable, net | 332,374. | 4 | 127,369. |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 32,627. | 9 | 15,808. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 9,541. | | |
| | b | Less: accumulated depreciation | 10b 8,182. | | |
| | | | 9,941. | 10c | 1,359. |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| 15 | Other assets. See Part IV, line 11 | 20,572. | 15 | 4,200. | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 1,748,319. | 16 | 2,170,228. | |
| Liabilities | 17 | Accounts payable and accrued expenses | 10,284. | 17 | 45,658. |
| | 18 | Grants payable | 36,588. | 18 | 16,000. |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 750,000. | 23 | 500,000. |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 796,872. | 26 | 561,658. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 | Unrestricted net assets | -185,006. | 27 | 319,206. |
| | 28 | Temporarily restricted net assets | 1,136,453. | 28 | 1,289,364. |
| | 29 | Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 | Total net assets or fund balances | 951,447. | 33 | 1,608,570. | |
| 34 | Total liabilities and net assets/fund balances | 1,748,319. | 34 | 2,170,228. | |

Part XI Reconciliation of Net Assets

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

| | | | |
|----|----------------------------------------------------------------------------------------------------------------|----|------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 3,859,998. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 2,827,875. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 1,032,123. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 951,447. |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -375,000. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1,608,570. |

Part XII Financial Statements and Reporting

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

| | | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| 2b | Were the organization's financial statements audited by an independent accountant? | X | |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | | |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| 2c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X | |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | | X |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

Form 990 (2017)

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 6,838,217. | 4,361,476. | 4,756,304. | 3,169,399. | 3,855,073. | 22,980,469. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 6,838,217. | 4,361,476. | 4,756,304. | 3,169,399. | 3,855,073. | 22,980,469. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 5,642,667. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 17,337,802. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------|------------|------------|------------|------------|------------|-------------|
| 7 Amounts from line 4 | 6,838,217. | 4,361,476. | 4,756,304. | 3,169,399. | 3,855,073. | 22,980,469. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 393. | 4. | 35. | 2,520. | 10,166. | 13,118. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 9,847. | | 3,111. | | 279. | 13,237. |
| 11 Total support. Add lines 7 through 10 | | | | | | 23,006,824. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | 12 | | 24,204. |

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

| | | |
|-------------------------------------------------------------------------------------------------|----|---------|
| 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 | 75.36 % |
| 15 Public support percentage from 2016 Schedule A, Part II, line 14 | 15 | 76.62 % |

16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 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 supported organization

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

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| 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 (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

| | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 11 Has the organization accepted a gift or contribution from any of the following persons? | | |
| a 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 | | |
| 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 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 | | |

Section 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 | | |

Section D. All Type III Supporting Organizations

| | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 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 | | |
| 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 | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | | |
| 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 | | | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| a 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? Provide details in Part VI. | | | |
| 3a | | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | | |
| 3b | | | |

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

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

| 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 | |
| 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 | |

| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | |
| 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 emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

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

| Section 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 | | | |
| a | | | |
| b From 2013 | | | |
| c From 2014 | | | |
| d From 2015 | | | |
| e 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) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2017 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2017 distributable amount | | | |
| c 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: | | | |
| a Excess from 2013 | | | |
| b Excess from 2014 | | | |
| c Excess from 2015 | | | |
| d Excess from 2016 | | | |
| e Excess from 2017 | | | |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

KEEP A CHILD ALIVE

Employer identification number

73-1682844

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor informed status.

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

Form with multiple sections for conservation easements, including purpose(s), number of easements, acreage, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions about reporting collections of art, historical treasures, or other similar assets.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | Yes | No |
|--------------------------------------------------------------------------------------------|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 9,541. | 8,182. | 1,359. |
| e Other | | | | |

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 1,359.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|----------------------------------------------------------------------|----------------|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | |

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

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

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

| | | | |
|---|---------------------------------------------------------------------------------|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 4,234,998. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 375,000. |
| e | Add lines 2a through 2d | 2e | 375,000. |
| 3 | Subtract line 2e from line 1 | 3 | 3,859,998. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 3,859,998. |

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

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

| | | | |
|---|----------------------------------------------------------------------------------|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 3,577,875. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 750,000. |
| e | Add lines 2a through 2d | 2e | 750,000. |
| 3 | Subtract line 2e from line 1 | 3 | 2,827,875. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | |
| c | Add lines 4a and 4b | 4c | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 2,827,875. |

Part XIII Supplemental Information.

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FORGIVENESS OF DEBT 375,000.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ALLOWANCE FOR CONTRIBUTION RECEIVABLE 150,000.

ALLOWANCE FOR DONOR-RESTRICTED PROMISE TO GIVE 600,000.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 750,000.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|----------------------------------------------|--------------------|----------------------------------------------------------------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|-------------------------------------------------------|
| | | SUB SAHARAN AFRICA | PROVIDES ARV TREATMENT FOR WOMEN AND CHILDREN. SUPPORT FOR | 120,000 | WIRE TRANSFER | 0 | | |
| | | SUB SAHARAN AFRICA | PROVIDES ARV TREATMENT, COUNSELING AND TESTING, SUBSTANCE ABUSE | 728,473 | WIRE TRANSFER | 0 | | |
| | | SUB SAHARAN AFRICA | FUND ARV TREATMENT, NUTRITION AND BUILDING EXPANSION. | 28,000 | WIRE TRANSFER | 0 | | |
| | | SUB SAHARAN AFRICA | SUPPORT FOR CHILDREN AT RISK OF CONTRACTING HIV/AIDS. PROGRAM PROVIDES | 84,000 | WIRE TRANSFER | 0 | | |
| | | SUB SAHARAN AFRICA | PROVIDE CHILD-HEADED HOUSEHOLDS WITH BASIC NEEDS, INCLUDING FOOD, CLOTHING. | 120,000 | WIRE TRANSFER | 0 | | |
| | | UGANDA | SUPPORT OF MUSIC PROGRAM IN UGANDA | 20,336 | WIRE TRANSFER | 0 | | |
| | | INDIA | PROVIDES MEDICAL CARE, COUNSELING AND TESTING, NUTRITIONAL SUPPORT AND SHELTER | 224,062 | WIRE TRANSFER | 0 | | |
| | | INDIA | PROVIDES CLINICAL AND PSYCHOSOCIAL HIV SERVICES TO CHILDREN, ADOLESCENTS, ADULTS | 16,000 | WIRE TRANSFER | 0 | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE ORGANIZATION REQUIRES GRANTEE TO SUBMIT QUARTERLY REPORT OF USE OF FUNDS. PERIODIC "SITE" VISITS ARE CONDUCTED TO ASSESS PERFORMANCE. REGULAR COMMUNICATION IS CONDUCTED TO ENSURE THAT SERVICES ARE PROVIDED IN ACCORDANCE WITH TERMS OF AGREEMENT.

PART II, COLUMN (D):

REGION: SUB SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROVIDES ARV TREATMENT FOR WOMEN AND CHILDREN. SUPPORT FOR CHILDREN'S CAREGIVERS.

REGION: SUB SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROVIDES ARV TREATMENT, COUNSELING AND TESTING, SUBSTANCE ABUSE PROGRAMS, NUTRITIONAL SUPPORT AND SURROUNDING SERVICES TO PATIENTS.

REGION: SUB SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORT FOR CHILDREN AT RISK OF CONTRACTING HIV/AIDS. PROGRAM PROVIDES COUNSELING, THERAPY, AND COURT ASSISTANCE.

REGION: SUB SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROVIDE CHILD-HEADED HOUSEHOLDS WITH BASIC NEEDS, INCLUDING FOOD, CLOTHING, TRANSPORTATION, WATER, ELECTRICITY, SCHOOL FEES.

REGION: INDIA

(D) PURPOSE OF GRANT: PROVIDES MEDICAL CARE, COUNSELING AND TESTING,

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

NUTRITIONAL SUPPORT AND SHELTER TO VULNERABLE MEN, WOMEN AND CHILDREN

LIVING WITH HIV

REGION: INDIA

(D) PURPOSE OF GRANT: PROVIDES CLINICAL AND PSYCHOSOCIAL HIV SERVICES TO CHILDREN, ADOLESCENTS, ADULTS AND PREGNANT WOMEN.

REGION: INDIA

(D) PURPOSE OF GRANT: PROVIDES COUNSELING AND WOMEN'S SELF HELP GROUPS, WITH THE GOAL OF IMPROVING WOMEN'S ECONOMIC INDEPENDENCE AND REDUCING THEIR, AS WELL AS THEIR CHILDREN'S VULNERABILITY TO POOR HEALTH AND SOCIAL OUTCOMES.

REGION: SUB SAHARAN AFRICA

(D) PURPOSE OF GRANT: PROVIDES TECHNICAL ASSISTANCE AND TRAINING TO STAFF OF ANOTHER KCA PROJECT TO IMPROVE PSYCHOSOCIAL SUPPORT TO CHILDREN.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

KEEP A CHILD ALIVE

Employer identification number
73-1682844

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

**LOCAL SOLUTIONS WITH GLOBAL KNOWLEDGE AND CAPACITY BUILDING FOR
TRANSFORMATIVE IMPACT. SOME OF THE HIGHLIGHTS OF 2017'S ACCOMPLISHMENTS
INCLUDE:**

**1. REACHED OVER 120,000 PEOPLE LIVING WITH AND AFFECTED BY HIV IN FIVE
COUNTRIES: INDIA, KENYA, RWANDA, SOUTH AFRICA AND UGANDA.**

**2. SERVED 1,600 ADOLESCENTS AND YOUNG PEOPLE AT THE FAMILY CARE CENTER
IN MOMBASA, KENYA, AND PROVIDED YOUTH-FRIENDLY SERVICES AT THE
SPECIALLY-DESIGNATED "YOUTH ZONE," INCLUDING HIV CARE AND TREATMENT,
HIV COUNSELING AND TESTING, ADHERENCE AND PSYCHOLOGICAL COUNSELING AND
SUPPORT, LIFE SKILLS TRAINING, SEXUAL AND REPRODUCTIVE HEALTH SERVICES,
HEALTH INFORMATION SESSIONS WITH PEER EDUCATORS, AND ACCESS TO A
LIBRARY AND OFFICE LAPTOPS.**

**3. CONDUCTED SUPPORT GROUPS FOR CHILDREN AT WE -ACTX FOR HOPE IN
KIGALI, RWANDA, AND IMPLEMENTED RWANDA'S NATIONAL "DIFFERENTIATED
SERVICE DELIVERY" MODEL FOR YOUNG PEOPLE IN COLLABORATION WITH UNAIDS.**

**4. PROVIDED COMPREHENSIVE HIV CARE AND ENHANCED CHILD AND
YOUTH-FRIENDLY HIV RELATED SERVICES AT KEEP A CHILD ALIVE'S BLUE ROOF
CENTRE IN DURBAN, SOUTH AFRICA.**

**5. WORKED WITH BOBBI BEAR IN AMANZIMTOTI, SOUTH AFRICA TO PROTECT
CHILDREN WHO HAVE BEEN SEXUALLY ABUSED, VIOLATED, AND NEGLECTED TO
ENSURE THEIR HEALTH AND WELL- BEING AND TO MINIMIZE THEIR RISK OF HIV
INFECTION.**

**6. PROVIDED COMMUNITY-BASED SUPPORT THROUGH THE IKAGENG ITIRELENG AIDS
MINISTRY IN SOWETO, SOUTH AFRICA FOR ORPHANED AND VULNERABLE CHILDREN
AND YOUTH, INCLUDING REGULAR HOME VISITS, PEER SUPPORT GROUPS,**

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

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

732211 09-07-17

Name of the organization

KEEP A CHILD ALIVE

Employer identification number

73-1682844

AFTER-SCHOOL ACTIVITIES, LINKAGES TO HEALTH SERVICES, COUNSELING, MENTORING AND LIFE SKILLS.

7. SUPPORTED ALIVE MEDICAL SERVICES, IN KAMPALA, UGANDA, TO OFFER A RANGE OF HOLISTIC SERVICES TO ITS CLIENTS: 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, WELL-BABY CARE AND IMMUNIZATIONS, PSYCHOSOCIAL SUPPORT AND COUNSELING, FAMILY PLANNING, A RANGE OF LAB TESTS, AND SUPPORT GROUPS, INCLUDING SEVERAL WOMEN'S GROUPS AND THE VICTOR'S CLUB FOR YOUNG PEOPLE.

8. IN PUNE, INDIA, HELPED THE SAHARA AALHAD CARE HOME AND SAAHASEE EMPOWER PEOPLE LIVING WITH HIV THROUGH COMMUNITY OUTREACH, MOBILIZATION ACTIVITIES, SERVICE NAVIGATION, ECONOMIC EMPOWERMENT OF WOMEN AND YOUTH AND MENTORING PROJECTS.

9. SUPPORTED PRAYAS IN PUNE, INDIA TO ADDRESS THE NEEDS OF PEOPLE LIVING WITH HIV IN CHILD CARE INSTITUTIONS - PEOPLE WHO ARE OFTEN NEGLECTED AND EXTREMELY VULNERABLE.

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

A COPY OF FORM 990 WAS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY FOR REVIEW PRIOR TO FILING.

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

THE ORGANIZATION HOLDS THREE FORMAL BOARD MEETINGS ANNUALLY AT WHICH TIME COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS REVIEWED PERIODICALLY.

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

THE BOARD OF DIRECTORS MEET TO DISCUSS SALARY INCREASES FOR SALARIES OVER

| | |
|-------------------------------------------------------|-----------------------------------------------------|
| Name of the organization KEEP A CHILD ALIVE | Employer identification number 73-1682844 |
|-------------------------------------------------------|-----------------------------------------------------|

\$100K, WHERE MANY FACTORS ARE TAKEN INTO ACCOUNT TO DETERMINE SALARY INCREASES SUCH AS REVIEWING THE NY SALARY SURVEY PROVIDED BY THE PROFESSIONALS FOR NON PROFITS, THE BENEFITS PROVIDED, AND THE ESSENTIAL VALUE TO THE PAST AND CONTINUED SUCCESS OF THE ORGANIZATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: NY, CA, IL, AL, AK, AR, CT, FL, KS, ME, MD, MA, MN, MS, NH, NJ, ND, OH, OK, OR, PA, RI, SC, TN, WA, WV, WI, GA, HI, MI, NM, NC, UT, VA, CO, MO

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION PLACES IT'S FINANCIAL STATEMENTS AND IT'S 990 ON ALL REFERENCE WEBSITES: KEEPACHILDALIVE.ORG;GUIDESTAR.ORG;FOUNDATIONCENTER.ORG; CHARITYNAVIGATOR.ORG;BBBWISEGIVING.ORG

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

| | |
|----------------------------------------------------|------------------|
| ALLOWANCE FOR UNCONDITIONAL PROMISE TO GIVE | -600,000. |
| ALLOWANCE FOR CONTRIBUTION RECEIVABLE | -150,000. |
| FORGIVENESS OF DEBT | 375,000. |
| TOTAL TO FORM 990, PART XI, LINE 9 | -375,000. |

FORM 990, PART XI, LINE 2C THE ORGANIZATION'S BOARD, INCLUDING THE CHIEF EXECUTIVE OFFICER, ASSUME RESPONSIBILITY FOR OVERSIGHT OF THE ORGANIZATION'S ANNUAL AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|-------------------------------------------------|---------------|--------|------|------|----------|--------------------------|------------|---------------------|--------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 6 | COMPUTER | 02/14/13 | SL | 5.00 | | 16 | 1,534. | | | | 1,534. | 1,202. | | 306. | 1,508. |
| 7 | COMPUTER | 02/14/13 | SL | 5.00 | | 16 | 1,534. | | | | 1,534. | 1,202. | | 307. | 1,509. |
| 8 | (D)COMPUTER | 02/25/13 | SL | 5.00 | | 16 | 1,448. | | | | 1,448. | 1,111. | | 169. | 1,280. |
| 9 | (D)COMPUTER | 04/02/13 | SL | 5.00 | | 16 | 2,148. | | | | 2,148. | 1,612. | | 251. | 1,863. |
| 10 | (D)COMPUTER EQUIPMENT | 04/16/14 | SL | 5.00 | | 16 | 277. | | | | 277. | 147. | | 32. | 179. |
| 11 | (D)COMPUTER EQUIPMENT | 04/16/14 | SL | 5.00 | | 16 | 360. | | | | 360. | 192. | | 42. | 234. |
| 12 | (D)COMPUTER EQUIPMENT | 08/12/14 | SL | 5.00 | | 16 | 1,550. | | | | 1,550. | 749. | | 181. | 930. |
| 13 | (D)OFFICE FURNITURE | 03/11/14 | SL | 5.00 | | 16 | 180. | | | | 180. | 102. | | 21. | 123. |
| 14 | (D)COMPUTER EQUIPMENT | 02/01/14 | 200DE | 5.00 | HY | 17 | 1,577. | | | | 1,577. | 1,123. | | 91. | 1,214. |
| 15 | (D)OFFICE FURNITURE | 03/20/14 | SL | 5.00 | | 16 | 540. | | | | 540. | 297. | | 63. | 360. |
| 16 | (D)OFFICE FURNITURE | 03/20/14 | SL | 5.00 | | 16 | 2,189. | | | | 2,189. | 1,204. | | 255. | 1,459. |
| 17 | (D)OFFICE FURNITURE | 03/24/14 | SL | 5.00 | | 16 | 2,000. | | | | 2,000. | 1,100. | | 233. | 1,333. |
| 18 | (D)FURNITURE AND FIXTURES- TABLES AND CHAIRS | 10/30/09 | SL | 5.00 | | 16 | 845. | | | | 845. | 845. | | 0. | 845. |
| 19 | (D)FURNITURE AND FIXTURES- TABLES AND CHAIRS | 11/12/09 | SL | 5.00 | | 16 | 535. | | | | 535. | 535. | | 0. | 535. |
| 20 | (D)COMPUTER EQUIPMENT | 02/16/10 | SL | 5.00 | | 16 | 2,398. | | | | 2,398. | 2,398. | | 0. | 2,398. |
| 21 | COMPUTER EQUIPMENT | 04/14/10 | SL | 5.00 | | 16 | 1,738. | | | | 1,738. | 1,738. | | 0. | 1,738. |
| 22 | (D)COMPUTER EQUIPMENT | 05/25/10 | SL | 5.00 | | 16 | 1,899. | | | | 1,899. | 1,899. | | 0. | 1,899. |
| 23 | (D)COMPUTER EQUIPMENT | 06/10/10 | SL | 5.00 | | 16 | 1,017. | | | | 1,017. | 1,017. | | 0. | 1,017. |

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| Asset No. | Description | Date Acquired | Method | Life | Code | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|-------------------------------|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| 24 | (D)COMPUTER EQUIPMENT | 07/02/10 | SL | 5.00 | | 16 | 707. | | | | 707. | 707. | | 0. | 707. |
| 25 | (D)COMPUTER HARDWARE | 09/01/10 | SL | 5.00 | | 16 | 2,699. | | | | 2,699. | 2,699. | | 0. | 2,699. |
| 26 | (D)COMPUTER EQUIPMENT | 09/14/10 | SL | 5.00 | | 16 | 1,034. | | | | 1,034. | 1,034. | | 0. | 1,034. |
| 27 | (D)COMPUTER EQUIPMENT | 02/01/11 | SL | 5.00 | | 16 | 3,162. | | | | 3,162. | 3,162. | | 0. | 3,162. |
| 28 | (D)PRINTER | 05/01/11 | SL | 5.00 | | 16 | 2,299. | | | | 2,299. | 2,299. | | 0. | 2,299. |
| 29 | COMPUTER | 07/01/12 | SL | 5.00 | | 16 | 2,198. | | | | 2,198. | 1,979. | | 219. | 2,198. |
| 30 | (D)OFFICE FURNITURE | 04/01/14 | SL | 5.00 | | 16 | 89. | | | | 89. | 49. | | 10. | 59. |
| 31 | (D)OFFICE FURNITURE | 04/08/14 | SL | 5.00 | | 16 | 1,335. | | | | 1,335. | 734. | | 156. | 890. |
| 32 | (D)OFFICE FURNITURE | 04/14/14 | SL | 5.00 | | 16 | 2,400. | | | | 2,400. | 1,320. | | 280. | 1,600. |
| 33 | (D)OFFICE FURNITURE | 04/17/14 | SL | 5.00 | | 16 | 738. | | | | 738. | 394. | | 86. | 480. |
| 34 | (D)OFFICE FURNITURE | 05/20/14 | SL | 5.00 | | 16 | 1,119. | | | | 1,119. | 579. | | 131. | 710. |
| 35 | COMPUTER/ELECTRONIC EQUIPMENT | 07/17/15 | SL | 5.00 | | 16 | 2,537. | | | | 2,537. | 716. | | 507. | 1,223. |
| | * TOTAL 990 PAGE 10 DEPR | | | | | | 44,086. | | | | 44,086. | 34,145. | | 3,340. | 37,485. |
| | CURRENT YEAR ACTIVITY | | | | | | | | | | | | | | |
| | BEGINNING BALANCE | | | | | | 44,086. | | | 0. | 44,086. | 34,145. | | | 37,485. |
| | ACQUISITIONS | | | | | | 0. | | | 0. | 0. | 0. | | | 0. |
| | DISPOSITIONS | | | | | | 34,545. | | | 0. | 34,545. | 27,308. | | | 29,309. |
| | ENDING BALANCE | | | | | | 9,541. | | | 0. | 9,541. | 6,837. | | | 8,176. |

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| Asset No. | Description | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|-------------------------------------|---------------|--------|------|------|----------|--------------------------|------------|---------------------|--------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
| | ENDING ACCUM DEPR LESS DISPOSITIONS | | | | | | | | | | | 8,176. | | | |
| | ENDING BOOK VALUE | | | | | | | | | | | 1,365. | | | |

Depreciation and Amortization (Including Information on Listed Property) 990

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 179

Name(s) shown on return

Business or activity to which this form relates

Identifying number

KEEP A CHILD ALIVE

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73-1682844

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Section 179 election details, including maximum amount, total cost, threshold cost, reduction in limitation, and dollar limitation.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Includes rows for listed property and total elected cost.

Table with 13 rows for Section 179 expense deduction calculations, including carryover of disallowed deduction and business income limitation.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

Table with 3 rows for Special Depreciation Allowance and Other Depreciation, including qualified property placed in service during the tax year and other depreciation (including ACRS).

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

Table with 2 rows for MACRS deductions, including deductions for assets placed in service in tax years beginning before 2017 and a checkbox for grouping assets.

Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows for 3-year through 25-year property and residential/nonresidential real property.

Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System

Table with 5 rows for Alternative Depreciation System assets, including class life (12-year and 40-year).

Part IV Summary (See instructions.)

Table with 3 rows for Summary, including listed property amount, total amount, and portion of basis attributable to section 263A costs.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for percentage and other details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for percentage and other details.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36 for mileage and availability.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Includes rows 37-41 for policy statements and requirements.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2017 tax year:

43 Amortization of costs that began before your 2017 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

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

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.
▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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

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

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

| | | |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| | | Enter filer's identifying number |
| Type or print | Name of exempt organization or other filer, see instructions. KEEP A CHILD ALIVE | Employer identification number (EIN) or 73-1682844 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 110 WALL STREET, 5TH FLOOR | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10005 | |

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

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

THE ORGANIZATION

• The books are in the care of ▶ **110 WALL STREET, 5TH FLOOR - NEW YORK, NY 10005**
 Telephone No. ▶ **646-762-8200** Fax No. ▶ _____

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

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year **2017** or
 ▶ tax year beginning _____, and ending _____

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

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

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

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