EXTENDED TO NOVEMBER 15, 2018

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

ΑI	For the	2017 calendar year, or tax year beginning and endin	ıg	_	
В	Check if applicable:	C Name of organization		D Employer identific	cation number
	Address change	KW KIDS CARE, INC.			
F	Name change	Doing business as KW KIDS CAN		47-1	062933
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room	/suite	E Telephone number	
F	Final return/	1221 S. MOPAC EXPRESSWAY, SUITE 400	, outlo	(512	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,000,971.
Г	Amende			H(a) Is this a group re	
F	Applica tion			for subordinates	
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	
T-	Tax-exe	mpt status: X 501(c)(3)	527	1	list. (see instructions)
		HTTP://WWW.KWKC.ORG		H(c) Group exemption	
			Year o		1 State of legal domicile: TX
Pa		Summary		•	<u> </u>
_	1 E	Briefly describe the organization's mission or most significant activities: ${ m TO}$ ${ m PROV}$	IDE	LEARNING E	XPERIENCES
Governance		FOR YOUTH THAT EMPOWER THEM TO BECOME COL	NTI	NUED ON SCH	EDULE O.
rna	2 0	Check this box if the organization discontinued its operations or disposed of	f more	than 25% of its net as	ssets.
ove.	1	Number of voting members of the governing body (Part VI, line 1a)		1 1	9
Ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)			9
S S		otal number of individuals employed in calendar year 2017 (Part V, line 2a)			5
įį		otal number of volunteers (estimate if necessary)			200
Activities &		otal unrelated business revenue from Part VIII, column (C), line 12			0.
٩		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
ø.	8 (Contributions and grants (Part VIII, line 1h)		911,186.	796,756.
'n	1	Program service revenue (Part VIII, line 2g)		231,768.	203,962.
Revenue	10 h	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		25.	253.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	1	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,142,979.	1,000,971.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		220,526.	46,806.
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
xbe		otal fundraising expenses (Part IX, column (D), line 25)			
Ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		648,760.	482,179.
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		869,286.	528,985.
		Revenue less expenses. Subtract line 18 from line 12		273,693.	471,986.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
sets	20 T	otal assets (Part X, line 16)		1,756,002.	2,175,411.
t As	21 T	otal liabilities (Part X, line 26)		130,093.	77,516.
		Net assets or fund balances. Subtract line 21 from line 20		1,625,909.	2,097,895.
_	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules and s			y knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer	has any knowledge.	
		Signature of officer		 Date	
Sig		· · · ·		Date	
Her	e	WENDY PAPASAN, PRESIDENT Type or print name and title			
		,	חו	Date Check	II PTIN
Da!		Print/Type preparer's name Preparer's signature Preparer's SKELTON	٦١	11/14/18 if	
Pai				sen-employe	
	· -	Firm's name FLIELLER, KRUGER & SKELTON, PLLC		Firm's EIN	74-2939657
use	Only	Firm's address 221 WEST SIXTH STREET, SUITE 1200		Dk / E	12\470_6000
N/-	, the ID	AUSTIN , TX 78701 S discuss this return with the preparer shown above? (see instructions)		Prione no. (3	12)479-6000 X Yes No
ivia'	v uie iK	o diacusa mis renum wim me preparer shown above? (see Instructions)			L41 TES LINO

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO PROVIDE LEARNING EXPERIENCES FOR YOUTH THAT EMPOWER THEM TO BECOME
	SELF-SUFFICIENT, ENTREPRENEURS, AND PHILANTHROPIC IN THEIR LIFESTYLE.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
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 \$ 373,982. including grants of \$) (Revenue \$ 203,962.) KW KIDS CARE QUANTUM LEAP PROGRAM OFFERED LEARNING EVENTS TO 3000+ YOUNG ADULTS ACROSS THE COUNTRY. OUR COURSE QL: A WORLD CHANGER MINDSET IS DESIGNED TO ENGAGE THE NEXT GENERATION OF ENTREPRENEURS AND WORLD LEADERS IN CONVERSATIONS THAT MATTER. TOPICS INCLUDE MINDSET, HABIT BUILDING, PRODUCTIVITY, AND CREATING ABUNDANCE AND FINANCIAL WEALTH. STUDENTS LEAVE WITH CONCRETE TOOLS THAT HELP THEM PURSUE THE LIFE THEY DESIRE.
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 373,982.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			37
	complete Schedule G, Part III	19		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21		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? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23		Х
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ū	any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
		26		X
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
27				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		25
20				
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		х
20		28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization receive contributions of art. historical treasures, or other similar assets, or qualified conservation	29		
30	, , , , , , , , , , , , , , , , , , , ,	00		x
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			х
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		04		х
25-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Α.
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			Х
c=	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2017) KW KIDS CARE, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

a Gross income from members or shareholders		Check if Schedule O contains a response or note to any line in this Part V	<u></u> .		<u></u>		
be Enter the number of Forms W-26 included in line 1a. Enter 0-16 not applicable 10 0 0 0 0 0 0 0 0						Yes	No
Comparison of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gapanizing) winnings to prize winners 2 to 1 to	1a		1a				
Gambling winnings to prize winners 2							
Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. If all least one is reported on line 2a, did the organization file all nequired federal employment tax rotums? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to 8-/86 (see instructions) 3 bid the organization have unretated business gross income of \$1,000 or more during the year? 3 a X If 'Yes, 'has it field a Form 990-T for this year? if 'No,' to line 3b, provide an explanation in Schedule O 3 bid and 1	С						
field for the calendar year ending with or within the year covered by this naturn Same S			 I	 I	1c	Х	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If Yes, ¹ has it field a Form 990-T for this year? If Yes, ¹ to line 3b, provide an explanation in Schedule 0 3b A at any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa Was the organization a party to a prinhibited tax shelter transaction at any time during the tax year? So Did any taxable party notify the organization that if was or is a party to a prinhibited tax shelter transaction? 5c If Yes, ¹ to line Sa or 5b, did the organization flat was or is a party to a prinhibited tax shelter transaction? 5c If Yes, ¹ to line Sa or 5b, did the organization flat was or is a party to a prinhibited tax shelter transaction? 5c If Yes, ¹ to line Sa or 5b, did the organization flat were nort tax deductible? 6c If Yes, ¹ to line Sa or 5b, did the organization flat were nort tax deductible? 6c If Yes, ¹ to line sa or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, ¹ did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, ¹ did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, ¹ did the organization netwer a payment in excess of \$75 made party as a contribution of party for gift of the organization include with every solicitation an expr	2a			_			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 30. Did the organization have unrelated business gross income of \$1,000 or more during the year? 41. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country such as a bank account, services are count in a foreign country such as a bank account, services and country over, a financial account in a foreign country such as a bank account, securities account, or other financial accountry over, a financial account in a foreign country such as a bank account, securities account, or other financial accountry over, a financial account in a foreign country such as a bank account, securities account, or other financial accounts (FBAR). 53. Was the organization aparty to a prohibited tax shelter transaction or any time during the tax year? 54. Was the organization aparty to a prohibited tax shelter transaction? 55. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible form 386 67. 66. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions or grifts were not tax deductible? 67. Organizations that may receive deductible contributions under section 170(c). 68. Did the organization entity the donor of the value of the goods or services provided? 79. The proposition of the payor of the value of the goods or services provided? 79. The proposition of the proposition that may receive deductible contributions or of the value of the goods or services provided? 79. The proposition of the organization notify the donor of the value of the goods or services provided? 79. The proposition of the organization notify the donor of the value of the goods or services provided? 79. If I'ves, 'indic						37	
38 Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, or a contribution for financial account). 5 Was the organization and foreign country: 5 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization approach to a prohibited tax shelter transaction at any time during the tax year? 5 But any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 C If Yes, "to line 5 aor 50, did the organization file Form 8886-T? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 Different organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6 Different organization shall exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882? 7 Different organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882? 8 Different organization make any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Different organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 Different organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 Different organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Different organization file promises	b				2b	Λ	
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4b. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 4c. B. If "Yes," enter the name of the foreign country. 4c. B. If "Yes," enter the name of the foreign country. 4c. B. If "Yes," enter the name of the foreign country. 4c. B. If "Yes," the same of the foreign country. 4c. B. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 4c. B. Did any taxable party notify the organization file Form 898617? 4c. B. Did any taxable party notify the organization file Form 898617? 4c. B. Did any taxable party notify the organization file Form 898617? 4c. B. Did any taxable party notify the organization file Form 898617? 4c. B. Did any taxable party notify the organization file Form 898617? 4c. B. Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that when rot tax deductibles as charitable contributions? 4c. B. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 4c. Did the organization include with every solicitation an express that such contributions or gifts were not tax deductible. 4c. Did the organization include with every solicitation and partly for goods and services provided to the payor? 4c. Did the organization notify the donor of the value of the goods or services provided? 4c. Did the organization on toff the donor of the value of the goods or services provided? 4c. Did the organization on notify the donor of the value of the goods or services provided? 4c. Did the organization on notify the donor of the value of t	_						v
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financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAF). b If "Yes," enter the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). See instructions a party to a prohibited tax shelter transaction? See instructions a party to a prohibited tax shelter transaction? See instructions a party to a prohibited tax shelter transaction? See instructions a party to a prohibited tax shelter transaction? See instructions a party to a prohibited tax shelter transaction? See instructions a party to a prohibited tax shelter transaction? See instructions a party to a prohibited tax shelter transaction? See instructions a party to a prohibited tax shelter transaction? See instructions a party to a prohibited tax shelter transaction? See instructions a party to a prohibited tax shelter transaction? See instructions a party to a prohibited tax shelter transaction? See instructions a party to a prohibited tax shelter transaction? See instructions a party to a prohibited tax shelter transaction? See See that the capacitation have annual gross secepits that are normally greater than \$100,000, and did the organization sell of the organization include with every solicitation and express statement that such contributions of the seen to a party to a portion of the seen to tax seed to the seen to tax deductible on the seeds of \$75 made party as a contribution or goods and services provided to the party of the organization receive a payment in excess of \$75 made party to gross sections provided? To bit the organization received a contribution of the value of the goods or services provided? If the organization received a contribution of					30		
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amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? Ital X Ital X Ital X Ital X Ital Ital Ital Ital Ital Ital Ital Ital							
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a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 15a 15a 17a 17a 18b 18b 19c 19c 19c 19c 19c 19c 19c 19	12a		1041′	?	12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а	-			13a		
organization is licensed to issue qualified health plans							
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b		ı	l			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		•					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			13c				v
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e Ο			990	/2017\

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			X
Sec	tion 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.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
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?	2	Х	
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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		Х
Sec	tion 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?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
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?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
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) and 990-T (availab	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X 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	d finan	ıcial	
_	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:			
	SARAH SCHWEITZER - (512) 439-8840			
	1221 S. MOPAC EXPRESSWAY, SUITE 400, AUSTIN, TX 78746			

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.

(A)	(B)	ed organization compensat (C) Position						(D)	(E)	(F)
Name and Title	Average		not cl	heck	more	than		Reportable	Reportable	Estimated
	hours per week	offi	, unle: cer an	ss pe d a d	rson irecto	is bot or/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee	ser	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JASON ABRAMS	line) 0 • 5 0	lpul	Inst	Officer	Key	Hig	For			
DIRECTOR	0.30	x						0.	0.	0
(2) MANDALYNN MONAGHAN	0.50	 						•	•	
DIRECTOR		x						0.	0.	0
(3) CHASE SLOAN	0.50									
DIRECTOR		Х						0.	0.	0
(4) BEN KINNEY	0.50									
DIRECTOR		Х						0.	0.	0
(5) TIM HEYL	0.50									
DIRECTOR		Х						0.	0.	0
(6) BRIAN WENTZ	0.50	ļ								
DIRECTOR		Х						0.	0.	0
(7) BRENTIN HESS	0.50	٠,,							0	_
DIRECTOR	0.50	Х						0.	0.	0
(8) JOHN NEWMAN DIRECTOR	0.30	X						0.	0.	0
(9) WENDY PAPASAN	1.00	1						0.	0.	
PRESIDENT	1.00	x		Х				0.	0.	0
(10) SARAH SCHWEITZER	40.00	 						•	•	
SECRETARY		1		х				0.	0.	0
(11) JAE MOORE	40.00									
TREASURER				Х				0.	0.	0
(12) DANIEL THOMPSON	45.00									
EXECUTIVE DIRECTOR				Х				13,257.	0.	0
(13) BRANDI LAUVE	45.00									
EXECUTIVE DIRECTOR		_		Х				33,549.	0.	0
		 								
		1								

Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos		than	one	Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensatio	n	an	nount	of
	week	_	cer an	nd a d	irecto	or/trus	tee)	from	from related	1		other	
	(list any	ector						the	organization			pensa	
	hours for related	or dir	g.			ated		organization	(W-2/1099-MIS	3C)		om the	
	organizations	ustee	truste		ao	bens		(W-2/1099-MISC)			•	anizat	
	below	ual tr	ional		ploye	t con	١.					d relat anizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ai iiZatii	0113
	,	=	=	0	포	工品	Œ						
										-+			
							<u> </u>	46.006					
1b Sub-total							>	46,806.		0.			0.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	46,806.		0.			0.
2 Total number of individuals (including but r	not limited to th	ose	liste	ed al	bove	e) wł	no r	eceived more than \$100	0,000 of reportable	ie			0
compensation from the organization												V	0
• P: III										П		Yes	No
3 Did the organization list any former officer													v
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the si											_		Х
and related organizations greater than \$15											4		
5 Did any person listed on line 1a receive or	•				•		elat	ted organization or indiv	idual for services		_		v
rendered to the organization? If "Yes," con Section B. Independent Contractors	nplete Schedul	e J f	or si	uch	pers	son .					5		Х
	mponeated in	done	ndo	nt c	onti	racto	ore t	that received more than	\$100,000 of com	200000	tion f	rom	
1 Complete this table for your five highest co the organization. Report compensation for										ihei 199	LIUII I	IUIII	
(A)	and daleridal y	cai (oriul	ng v	VILII	J1 VV	10.11	(B)	your.		(C	<u>:)</u>	
Name and business	address							Description of s	services	Co		nsatio	n
PRAXENT, 1701 DIRECTORS		JIT	ГE	78	30	,	\dashv	TECHNOLOGY			-		
311CET31 EX 70744	, ~		_		_	•	l	CONCILL MING			1 2	1 1	27

(A) Name and business address	(B) Description of services	(C) Compensation
PRAXENT, 1701 DIRECTORS BLVD, SUITE 780, AUSTIN, TX 78744	TECHNOLOGY CONSULTING	131,437.
2 Total number of independent contractors (including but not limited to those list \$100,000 of compensation from the organization ▶ 1	ed above) who received more than	

Pa	rt VI							
		Check if Schedule O cont	tains a response	or note to any lir	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	1b		796,756.			
Program Service Revenue	2 a b c d d e f	All other program service reve	enue		203,962.	203,962.		
	3 4 5	I Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of ta Royalties	dividends, intere	est, and	253.			253.
	6 a b c	Gross rents	(i) Real	(ii) Personal				
	c d	assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)		>				
Other Revenue	b	Gross income from fundraisin including \$ contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from fund	of e 1c). See a					
	9 a	Gross income from gaming ac Part IV, line 19 Less: direct expenses Net income or (loss) from gam	ctivities. See a					
	b	Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	a bes of inventory	>				
	12	Total revenue See instructions			1.000.971.	203.962.	0.	253.

Secti	ion 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon	se or note to any line in	this Part IX	(0)	
	not include amounts reported on lines 6b, 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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	46,806.	46,806.		
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	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.)	6,840.	6,840.		
12	Advertising and promotion				
13	Office expenses	77,130.	62,345.	14,785.	
14	Information technology	131,872.	1,814.	130,058.	
15	Royalties				
16	Occupancy	18,060.	18,060.		
17	Travel				
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				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	EMPLOYEE LEASE	161,942.	161,942.		
b	EVENT EXPENSE - QUANTUM	67,611.	57,451.	10,160.	
С	POSTAGE & SHIPPING	14,823.	14,823.		
d	DUES & SUBSCRIPTIONS	3,901.	3,901.		
e	All other expenses	-	-		
25	Total functional expenses. Add lines 1 through 24e	528,985.	373,982.	155,003.	0.
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
	1	Cash - non-interest-bearing	1,287,696.	1	1,707,105.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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			
ပ္		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
€	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
- 1		Land, buildings, and equipment: cost or other			
'		basis. Complete Part VI of Schedule D 10a 0.			
	b	Less: accumulated depreciation 10b 0.	0.	10c	0.
₁	11	Investments - publicly traded securities		11	
- 1	12	Investments - other securities. See Part IV, line 11		12	
	3	Investments - program-related. See Part IV, line 11		13	
- 1	14	Intangible assets	468,306.	14	468,306
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,756,002.	16	2,175,411
_	17	Accounts payable and accrued expenses	130,093.	17	77,516
- 1	 18	Grants payable		18	, -
- 1	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
- 1	.o 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,			
₽ <u>-</u>	_	key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	
ړ ا ڐ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
		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	
2	26	Total liabilities. Add lines 17 through 25	130,093.	26	77,516.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
ပ္သ		complete lines 27 through 29, and lines 33 and 34.			
ဗို 2	27	Unrestricted net assets		27	
<u>e</u> 2	28	Temporarily restricted net assets		28	
<u> </u>	29	Permanently restricted net assets		29	
두		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☒			
<u></u>		and complete lines 30 through 34.			
<u>s</u> 3	30	Capital stock or trust principal, or current funds	0.	30	0.
38 3	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
∢	32	Retained earnings, endowment, accumulated income, or other funds	1,625,909.	32	2,097,895.
ž 3	33	Total net assets or fund balances	1,625,909.	33	2,097,895.
	34	Total liabilities and net assets/fund balances	1,756,002.	34	2,175,411.

Pa	rt 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	1	,00		
2	Total expenses (must equal Part IX, column (A), line 25)	2			8,9	
3	Revenue less expenses. Subtract line 2 from line 1	3			1,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	,62	5,9	09.
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				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	2	,09	7,8	95.
Pa	rt 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: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	_X_	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	ıdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization KW KIDS CARE, INC. 47-1062933 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

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.)

Sec	tion A. Public Support								
Cale	ndar 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	Tax revenues levied for the organ-								
	ization'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								
	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)								
6	Public support. Subtract line 5 from line 4.								
	tion B. Total Support						•		
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
7	Amounts from line 4								
	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
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.)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activities,	etc. (see instructi	ons)			12			
13	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)			
	organization, check this box and stor	here					>		
	tion C. Computation of Publ								
	Public support percentage for 2017 (14	%		
	Public support percentage from 2016					15	%		
16a	33 1/3% support test - 2017. If the o								
b	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								
			supported organi:	zation			▶□		
	and stop here. The organization qual								
17a	and stop here. The organization qual 10% -facts-and-circumstances tes	t - 2017. If the org	ganization did not	check a box on lin					
17a	and stop here. The organization qual 10% -facts-and-circumstances tes and if the organization meets the "fac	t - 2017. If the org	ganization did not nces" test, check t	check a box on lin this box and stop l	here. Explain in Pa	art VI how the orga	nization		
	and stop here. The organization qual 10% -facts-and-circumstances tes and if the organization meets the "facts-and-circumstances"	t - 2017. If the orgots-and-circumstan test. The organiza	ganization did not nces" test, check t ation qualifies as a	check a box on lin this box and stop I publicly supporte	here. Explain in Pa	art VI how the orga	nization		
	and stop here. The organization qual 10% -facts-and-circumstances tes and if the organization meets the "facts-and-circumstances" 10% -facts-and-circumstances tes	t - 2017. If the org ts-and-circumstan test. The organiza t - 2016. If the org	ganization did not nces" test, check t ation qualifies as a ganization did not	check a box on lin this box and stop I a publicly supporte check a box on lin	here. Explain in Pad organizatione 13, 16a, 16b, or	art VI how the orga 17a, and line 15 is	nization 10% or		
	and stop here. The organization qual 10% -facts-and-circumstances tes and if the organization meets the "facts-and-circumstances" 10% -facts-and-circumstances tes more, and if the organization meets the state of the organization meets the organization meets the organization meets the state of the organization meets the organiz	t - 2017. If the orgets and circumstantest. The organizate - 2016. If the orget racts and circumstantests.	ganization did not nces" test, check t ation qualifies as a ganization did not umstances" test, c	check a box on lin this box and stop I publicly supporte check a box on lin theck this box and	here. Explain in Pa d organization e 13, 16a, 16b, or stop here. Explai	art VI how the orga 17a, and line 15 is n in Part VI how the	nization 10% or		
b	and stop here. The organization qual 10% -facts-and-circumstances tes and if the organization meets the "facts-and-circumstances" 10% -facts-and-circumstances tes	t - 2017. If the orgonal content of the content of the organization of the content of the conten	ganization did not nces" test, check t ation qualifies as a ganization did not umstances" test, c The organization	check a box on lin this box and stop I publicly supporte check a box on lin theck this box and qualifies as a publ	here. Explain in Pa d organization e 13, 16a, 16b, or stop here. Explai icly supported org	art VI how the organ 17a, and line 15 is n in Part VI how the anization	nization		

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.)

Se	ction A. Public Support		,				
Cale	endar 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.")		173,360.	1,008,081.	911,186.	796,756.	2,889,383.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the		50 457	135 200	231,768.	203 962	621 486
_	organization's tax-exempt purpose		50,457.	133,433.	ZJI,/00.	403,304.	041,400.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513		321,643.	406,409.	0.	0.	728,052.
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		545,460.	1,549,789.	1,142,954.	1,000,718.	4,238,921.
7	Amounts included on lines 1, 2, and		450 500	400 500		40.000	686 615
	3 received from disqualified persons		153,783.	408,500.	66,635.	43,928.	672,846.
ŀ	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						0.
	Add lines 7a and 7b		153,783.	408,500.	66,635.	43,928.	672,846.
	Public support. (Subtract line 7c from line 6.)						3,566,075.
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6		545,460.	1,549,789.	1,142,954.	1,000,718.	4,238,921.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			63.	25.	253.	341.
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b			63.	25.	253.	341.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		545,460.	1,549,852.		1,000,971.	4,239,262.
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiz	
_							<u>▶X</u>
	ction C. Computation of Publ						
	Public support percentage for 2017 (I			olumn (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inves					1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	<u>%</u>
19	a 33 1/3% support tests - 2017. If the						
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2016. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	re than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization	n did not check a	hay an line 1/1 10	a or 10h chack th	nie hav and eag inc	tructions	

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

- 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.)

1		Yes	No
	1		
	, ,		
	2		
	3a		
	3b		
	_		
	3с		
	4-		
	4a		
	4b		
	4c		
	_		
	5a		
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Pa	rt IV	Supporting Organizations (continued)			
		··· · · · · · · · · · · · · · · · · ·		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
-		, the governing body of a supported organization?	11a		
b		ily member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			110
•		rly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported	•		
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations			
000	tion c	7. Type ii dapporting digamzations		Yes	No
1	Woro :	a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec		D. All Type III Supporting Organizations			
	tion L	7.7 III Type III oupporting organizations		Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a			
3		cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea (see instructions) .			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	3)	
2		ies Test. Answer (a) and (b) below.		Yes	No
– a		bstantially all of the organization's activities during the tax year directly further the exempt purposes of			110
_		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u		es of each of the supported organizations? <i>Provide details in</i> Part VI.	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	TV Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on 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	Check here if the current year is the organization's first as a non-functiona	lly integrate	ed Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

ı aı	Type iii Non-Functionally integrated 509	(a)(s) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
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	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
<u>i</u>	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: \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
_	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:			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
_				

Schedule A (Form 990 or 990-EZ) 2017

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Dat IV Section A lines 1 2 3h 26 4h 46 5a 6 0 9h 0c 11a 11h and 11c Part IV Section B lines 1 and 2 Part IV Section C
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
	(See instructions.)
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2017

KW KIDS CARE, INC. 47-1062933 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

KW KIDS CARE, INC.

47-1062933

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\ \\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
3453 11-01-	17	Schedule B (Form	990, 990-EZ, or 990-PF) (20

Employer identification number

Name of organization

KIDS	CARE, INC. Exclusively religious, charitable, etc., contr	ributions to organizations described	in section 501(c)(7) (8) or	47-1062933
1 (the year from any one contributor. Complete completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	Olumns (a) through (e) and the follo s, charitable, etc., contributions of \$1,000 or	WING line entry. For organizatior	IS _
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
- -				
		(e) Transfer of gif	t	
	Transferee's name, address, an	nd ZIP + 4	Relationship of tra	nsferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
art I				-
_		(e) Transfer of gif	 t	
	Transferee's name, address, an	nd ZIP + 4	Relationship of tra	nsferor to transferee
No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
		(e) Transfer of gif		
	Transferee's name, address, an	nd ZIP + 4	Relationship of tra	nsferor to transferee
No. om ort I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held
- -				
		(e) Transfer of gif		
-	Transferee's name, address, an	nd ZIP + 4	Relationship of tra	nsferor to transferee

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 Open to Public Inspection

Name of the organization

KW KIDS CARE, INC.

Employer identification number 47-1062933

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised to	funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose con	ferring
_			
Pai	·	•	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or		
	Protection of natural habitat	Preservation of a certified	I historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	ified conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic st		2c
a	Number of conservation easements included in (c) acquired		
3	listed in the National Register		
3	year	eleased, extiliguished, or terminated by the org	ganization during the tax
4	Number of states where property subject to conservation ea	esement is located	
5	Does the organization have a written policy regarding the pe		
Ū	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
_		,	and the second canning and year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
	▶ \$, ,	G ,
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4	1)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes the	organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	-	er Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statement	t and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	chibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		in, provide
	the following amounts required to be reported under SFAS 1		.
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instruction		
ᄓ	FOI FAPELWOLK NEULOUI ACLINOLICE, SEE LITE INSTRUCTION	19 101 FULIII 330.	Schedule D (Form 990) 2017

Pai	rt III Organizations Maintaining C	collections of A	rt, Histo	rical Tr	easures, c	or Othe	r Simila	r Asse	ts (contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check a	any of the	following that	t are a sig	nificant u	se of its	collectio	n item:	S
	(check all that apply):										
а	Public exhibition	d	I 🗌 Lo	an or exc	hange progra	ıms					
b	Scholarly research	е	· 🗌 o	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how the	y further t	he organizatio	on's exem	npt purpos	se in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, hist	orical trea	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	the organi	zation's co	ollection?			\square	Yes		No
Pai	rt IV Escrow and Custodial Arran	gements. Comple	ete if the c	rganizatio	n answered "	Yes" on I	orm 990,	Part IV,	line 9, or		
	reported an amount on Form 990, Par	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	ian or other intermed	diary for co	ontribution	ns or other as	sets not i	ncluded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	ble:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f		_		
2 a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for es	crow or c	ustodial acco	unt liabilit	y?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pai	rt V Endowment Funds. Complete i	f the organization ar	swered "\	es" on Fo	1						
		(a) Current year	(b) Pri	or year	(c) Two year	s back (d) Three ye	ars back	(e) Four	years	pack
1a											
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1g,	column (a	a)) held as:						
а			_%								
b	Permanent endowment	%									
С	· · · · —	%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	ınd administe	red for th	e organiza	ation	г		
	by:									Yes	No
	(i) unrelated organizations										
	(ii) related organizations										
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		owment fu	nds.							
Pai	rt VI Land, Buildings, and Equipm		0 D-+1\	Carada A	D F 000	D-AV I					
	Complete if the organization answere	1	 		1						
	Description of property	(a) Cost or o		. ,	or other		cumulated	'	(d) Boo	k value	;
	Land	basis (investr	nent)	Dasis	(other)	аері	reciation				
_	Land										$\overline{}$
b	9										0.
	Leasehold improvements										
				50	7,876.	1	29,57		16	8,30	16
	Other		V och m				47,51			8,30	
iota	n. Aud iires ra irifough re. (Column (a) must e	yuarı onn 330, Part	A, COIUITII	ו וווווו, נט), וווופ	· UU./				- - 0	J , J \	<i>-</i> •

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 KW KIDS CAR	E, INC.		47-1062933 Page
Part VII Investments - Other Securities.	F 000 B+ N	Since 14th One Forms 000 Post V. Born 10	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-vear 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"		, line 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	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.	5 000 D 1 N		
Complete if the organization answered "Yes"	on Form 990, Part IV Description	, line 11d. See Form 990, Part X, line 15.	(b) Book value
. ,	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line	e 15)		•
Part X Other Liabilities.	o 10.y		
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11e or 11f. See Form 990, Part X, lin	ne 25.
(a) Description of liability	,	(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

Schedule D (Form 990) 2017

(8)

Pai	rt XI Reconciliation of Revenue per Audited Financia		e per Return.	
	Complete if the organization answered "Yes" on Form 990, Par	t IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statemen	nts	1	1,000,971.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	5			
b				
С	. , , ,			
d	Other (Describe in Part XIII.)	2d		•
е	• • • • • • • • • • • • • • • • • • • •			0.
3	Subtract line 2e from line 1		3	1,000,971.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	, , , , , , , , , , , , , , , , , , , ,			
b	, , , , , , , , , , , , , , , , , , , ,	4b		0
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lines 1)			1,000,971.
Pa	rt XII Reconciliation of Expenses per Audited Financi		ses per Retur	n.
	Complete if the organization answered "Yes" on Form 990, Par			F00 00F
1	Total expenses and losses per audited financial statements		1	528,985.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a				
b	,			
С				
d	,	•		0
е	• • • • • • • • • • • • • • • • • • • •			0. 528,985.
3	Subtract line 2e from line 1		3	340,903.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1		
a	, , , , , , , , , , , , , , , , , , , ,			
b	,	4b		0.
	Add lines 4a and 4b			528,985.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, rt XIII Supplemental Information.	line 18.)	5	340,903.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro-			

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

2017 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

KW KIDS CARE, INC.

Employer identification number 47-1062933

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

SELF-SUFFICIENT, ENTREPRENEURS, AND PHILANTHROPIC IN THEIR LIFESTYLE.

FORM 990, PART VI, SECTION A, LINE 2:

KELLER WILLIAMS REALTY, INC. PROVIDES FACILITIES AND OFFICE ADMINISTRATIVE SUPPORT FOR WHICH IT IS REIMBURSED BY THE ORGANIZATION AT COST. KELLER WILLIAMS REALTY, INC. HAS A BUSINESS RELATIONSHIP WITH WENDY PAPASAN, TIM HEYL, BRENTIN HESS, JASON ABRAMS, MANDALYNN MONAGHAN, SARAH SCHWEITZER, JAE MOORE, BEN KINNEY, CHASE SLOAN, BRIAN WENTZ, DANIEL THOMPSON, BRANDI LAUVE, AND JOHN NEWMAN.

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

ALL MEMBERS OF THE BOARD OF DIRECTORS RECEIVE AND REVIEW AN ELECTRONIC COPY

OF THE RETURN. AFTER REVIEWING, MEMBERS VOTE ON THE RETURN'S APPROVAL.

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

OFFICERS AND DIRECTORS ARE REQUIRED TO SIGN AN ANNUAL STATEMENT INDICATING
THEY HAVE READ, UNDERSTAND AND AGREE TO COMPLY WITH THE POLICY. THE POLICY
ITSELF PROHIBITS PARTICIPATION IN ANY ACTIVITIES THAT WOULD BE A CONFLICT
OF INTEREST EXCEPT WITH THE APPROVAL OF THE BOARD AFTER FULL DISCLOSURE OF
ALL RELEVANT INFORMATION.

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

A COMPENSATION STUDY WAS PERFORMED BY LAWRENCE ASSOCIATES IN 2016.

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

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

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

	ne organizati	Employer identification number 47-1062933				
THESE	FORMS	ARE CURRENTLY	MADE AVAILA	BE UPON	REQUEST.	

2017 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	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
	MANAGEMENT AND GENERAL													
1	SOFTWARE - ABILA MIP	08/14/14	NC	3.00	НҮ	12,912.			6,456.	6,456.	5,201.		0.	5,201.
2	SOFTWARE - ZIEGNER	10/21/14	NC	3.00	НУ	1,361.			681.	680.	511.		0.	511.
4	WEBSITE DESIGN & SOFTWARE DEVELOPMENT	01/01/16	NC	60.00	НУ	315,064.				315,064.	63,013.		0.	63,013.
5	WEBSITE DESIGN & SOFTWARE DEVELOPMENT	01/01/16	NC	60.00	НУ	268,539.				268,539.	53,708.		0.	53,708.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL					597,876.			7,137.	590,739.	122,433.		0.	122,433.
	* GRAND TOTAL 990 PAGE 10 DEPR					597,876.			7,137.	590,739.	122,433.		0.	122,433.

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

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 file	er's identifying nu	mber	
Type or print	Name of exempt organization or other filer, see instru	Employer	imployer identification number (EIN) o				
•	KW KIDS CARE, INC.	47-1062933					
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 1221 S. MOPAC EXPRESSWAY,	Social se	ocial security number (SSN)				
instructions	AUSTIN, TX 78746						
Enter the	Return Code for the return that this application is for (fil	e a separa	te application for each return)			. 0 1	
Applicat	ion	Return	Application		Retur		
Is For		Code	Is For		Code		
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990	D-BL	02	Form 1041-A			08	
Form 472	20 (individual)	03	Form 4720 (other than individual)			09	
Form 990)-PF	04	Form 5227			10	
Form 990	O-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11			
Form 990	O-T (trust other than above) SARAH SCHWEITZI	06	Form 8870	12			
Telepl If the	ooks are in the care of ► 1221 S • MOPAC 1 hone No. ► (512) 439-8840 organization does not have an office or place of business is for a Group Return, enter the organization's four digit If it is for part of the group, check this box ►	s in the Ur Group Exe	Fax No. ited States, check this box emption Number (GEN) If	this is for	r the whole group,	check this	
1 re	equest an automatic 6-month extension of time until		1F 0010		pt organization ret		
for	the organization named above. The extension is for the X calendar year 2017 or tax year beginning he tax year entered in line 1 is for less than 12 months, of the control	, an	d ending	Final retur	 n		
3a If t	3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						
no	nrefundable credits. See instructions.	3a	\$	0.			
b If t	his application is for Forms 990-PF, 990-T, 4720, or 6069						
est	timated tax payments made. Include any prior year overp	ayment a	llowed as a credit.	3b	\$	0.	
с Ва	lance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required,				
by	using EFTPS (Electronic Federal Tax Payment System).	See instru	ctions.	3с	\$	0.	
Caution:	If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	453-EO ar	nd Form 8879-EO f	or payment	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2017)

instructions.