

**NEIGHBORHOOD DEVELOPMENT FUND  
Not-for-Profit Transmittal and Approval Form**

**Applicant/Program:** Bridgekids International/7 Generations African Heritage Camp  
**Applicant Requested Amount:** \$1,000  
**Appropriation Request Amount:** \$1000

**Executive Summary of Request**  
Funds will be used for t-shirts and a portion of the instruction costs of the program.

Is this program/project a fundraiser?  Yes  No  
Is this applicant a faith based organization?  Yes  No  
Does this application include funding for sub-grantee(s)?  Yes  No

I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.

21 District #      Vitalis Anshumano Primary Sponsor Signature      \$1000 Amount      Jun 11, 2018 Date

**Primary Sponsor Disclosure**  
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.  
none

**Approved by:**  
\_\_\_\_\_  
Appropriations Committee Chairman      Date  
Final Appropriations Amount: \_\_\_\_\_

**Applicant/Program:**

Bridgekids International/7 Generations African Heritage Camp

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

none

**Council Member Signature and Amount**

District 1 \_\_\_\_\_ \$ \_\_\_\_\_  
District 2 \_\_\_\_\_ \$ \_\_\_\_\_  
District 3 \_\_\_\_\_ \$ \_\_\_\_\_  
District 4 \_\_\_\_\_ \$ \_\_\_\_\_  
District 5 \_\_\_\_\_ \$ \_\_\_\_\_  
District 6 \_\_\_\_\_ \$ \_\_\_\_\_  
District 7 \_\_\_\_\_ \$ \_\_\_\_\_  
District 8 \_\_\_\_\_ \$ \_\_\_\_\_  
District 9 \_\_\_\_\_ \$ \_\_\_\_\_  
District 10 \_\_\_\_\_ \$ \_\_\_\_\_  
District 11 \_\_\_\_\_ \$ \_\_\_\_\_  
District 12 \_\_\_\_\_ \$ \_\_\_\_\_  
District 13 \_\_\_\_\_ \$ \_\_\_\_\_  
District 14 \_\_\_\_\_ \$ \_\_\_\_\_  
District 15 \_\_\_\_\_ \$ \_\_\_\_\_

**Applicant/Program:**

Bridgekids International/7 Generations African Heritage Camp

**Additional Disclosure and Signatures**

**Additional Council Office Disclosure**

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

none

District 16 \_\_\_\_\_ \$ \_\_\_\_\_

District 17 \_\_\_\_\_ \$ \_\_\_\_\_

District 18 \_\_\_\_\_ \$ \_\_\_\_\_

District 19 \_\_\_\_\_ \$ \_\_\_\_\_

District 20 \_\_\_\_\_ \$ \_\_\_\_\_

District 21 *Vitalis Longhini* \$ <sup>1000</sup> \_\_\_\_\_

District 22 \_\_\_\_\_ \$ \_\_\_\_\_

District 23 \_\_\_\_\_ \$ \_\_\_\_\_

District 24 \_\_\_\_\_ \$ \_\_\_\_\_

District 25 \_\_\_\_\_ \$ \_\_\_\_\_

District 26 \_\_\_\_\_ \$ \_\_\_\_\_

**LOUISVILLE METRO COUNCIL  
NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

<b>Legal Name of Applicant Organization</b> Bridgekids International	
<b>Program Name and Request Amount</b> 7 Generations African Heritage Camp	
	<b>Yes/No/NA</b>
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> N/A
Is the entity in good standing with: <ul style="list-style-type: none"> <li>▶ Kentucky Secretary of State?</li> <li>▶ Louisville Metro Revenue Commission?</li> <li>▶ Louisville Metro Government?</li> <li>▶ Internal Revenue Service?</li> <li>▶ Louisville Metro Human Relations Commission?</li> </ul>	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> Yes
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> N/A
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> N/A
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> Yes
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> Yes
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	<input type="checkbox"/> Yes
Prepared by: <b>Stacy Ndiaye</b>	Date: Jun 11, 2018

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 1 – APPLICANT INFORMATION

**Legal Name of Applicant Organization:** Bridge Kids International, Inc.  
(as listed on: <http://www.sos.ky.gov/business/records>)

**Main Office Street & Mailing Address:** 501 W. Kenwood Drive, Louisville, KY 40214

**Website:** www.bridge-kids.org

<b>Applicant Contact:</b>	Stacy Bailey-Ndiaye	<b>Title:</b>	Executive Director
<b>Phone:</b>	502-457-1910	<b>Email:</b>	stacy@bridge-kids.org
<b>Financial Contact:</b>	Stacy Bailey-Ndiaye	<b>Title:</b>	Executive Director
<b>Phone:</b>	502-457-1910	<b>Email:</b>	stacy@bridge-kids.org

**Organization's Representative who attended NDF Training:** Stacy Bailey-Ndiaye

### GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED

**Program Facility Location(s):** Olmsted Academy North

**Council District(s):** 21      **Zip Code(s):** 40215

### SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION

**PROGRAM/PROJECT NAME:** 7 Generations African Heritage Camp

**Total Request: (\$)** 0      **Total Metro Award (this program) in previous year: (\$)** 0

**Purpose of Request (check all that apply):**

- Operating Funds (generally cannot exceed 33% of agency's total operating budget)
- Programming/services/events for direct benefit to community or qualified individuals
- Capital Project of the organization (equipment, furnishing, building, etc)

**The Following are Required Attachments:**

<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> IRS Exempt Status Determination Letter</li> <li><input checked="" type="checkbox"/> Current year projected budget</li> <li><input checked="" type="checkbox"/> Current financial statement</li> <li><input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H</li> <li><input checked="" type="checkbox"/> Articles of Incorporation (current &amp; signed)</li> <li><input checked="" type="checkbox"/> Cost estimates from proposed vendor if request is for capital expense</li> </ul>	<ul style="list-style-type: none"> <li>Signed lease if rent costs are being requested</li> <li><input checked="" type="checkbox"/> IRS Form W9</li> <li>Evaluation forms if used in the proposed program</li> <li>Annual audit (if required by organization)</li> <li>Faith Based Organization Certification Form, if applicable</li> </ul>
---	---

**For the current fiscal year ending June 30,** list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.

<b>Source:</b>	EAF Grant	<b>Amount: (\$)</b>	4,000
<b>Source:</b>		<b>Amount: (\$)</b>	
<b>Source:</b>		<b>Amount: (\$)</b>	

Has the applicant contacted the BBB Charity Review for participation?  Yes  No  
 Has the applicant met the BBB Charity Review Standards?  Yes  No

*SBN*

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 3 – AGENCY DETAILS

#### **Describe Agency's Vision, Mission and Services:**

##### MISSION

Bridge Kids International, Inc, (BKI) is a Louisville-based global non-profit organization helping young people of Africa and the African Diaspora (African-Americans, Africans, Caribbeans, etc.), aged 13-30, unleash their social entrepreneurial spirits to solve economic development, education, environmental, girls' rights, and health challenges and build sustainable communities. BKI links young people for the purposes of friendship, cooperation, and individual and community empowerment and uses the power of African heritage culture to create communities that support the well-being of young people of the African Diaspora.

##### VISION

Bridge Kids International believes that young people of Africa and the African Diaspora have within them the genius and capacity to solve challenges in their lives and communities. We link young leaders from Africa and the African Diaspora, creating a dynamic global community based on real work, a sound understanding of the interconnectedness of issues and people, a genuine concern for and curiosity about each other, and a deep recognition that young people - when provided with resources and given the chance- have the ability to create lasting change.

Through Bridge Kids, young people from large urban centers to remote rural villages gain access to the world. They join a network of budding social entrepreneurs who tap into their own creativity to create smart solutions to real challenges. By helping young people improve their lives and home communities, learn about global issues, and travel internationally, the organization gives them a mechanism to exercise their leadership, access their human rights, and expand their worldview while making real friends across the globe. Bridge Kids has a multiplier effect; we impact young people and they impact others in their communities. As the small scale actions of many inspired people coalesce into a wave of transformation, the possibilities for change become limitless.

##### SERVICES

BKI operates from a belief that the interaction between culture, community, and connection leads to healing, restoration, and the evolution of individuals and communities. BKI organizes and supports BKI Groups comprised of young people ages 13-30 who design and implement projects to transform their lives and communities. There are currently BKI Groups in Congo, Ghana, Haiti, Malawi, Rwanda, Senegal and the USA (Louisville).

In Louisville, Bridge Kids International is establishing its global headquarters Our Place at Ben Washer Park (OPBWP) by turning a deteriorating building in Ben Washer Park into a unique community gathering place centered around youth social entrepreneurship, global citizenship, intergenerational relationships, and sustainable living. At the heart of Our Place at Ben Washer Park will be the Think Lab. Housed on the second floor, the ThinkLab will be a multifunctional workspace that will provide opportunities and resources for education and skill building. ThinkLab programs will inspire and activate young people to use their creativity and talents to solve challenges in their own lives and their community. Program areas include project development, entrepreneurial development, creative thinking, financial wellbeing, STEM and design & fabrication. BKI has already launched creative thinking, STEM and We Made It, a design & fabrication initiative.

Among BKI's initiatives in the city are the annual African Heritage Festival, YAMAH (Young Adult Mothers of African Heritage), The Gathering Table intergenerational program for women, 7 Generations African Heritage Culture Camp, and Mending the Bridge, an initiative to strengthen relationships between African-Americans and African nationals in the city. Additionally, Bridge Kids was one of the partner organizations that established Roots & Wings, a unique theatre project integrating art, poetry, dance, music and performance as catalysts for restoration of self and community. Also in Louisville, Finally, Bridge Kids Louisville, the youth group, has launched First Friends Louisville, a young people-to-young people project to welcome newly arrived refugees, aged 14-25, by visiting them.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF**

Board Member	Term End Date
Zelpha Anderson	None
Nafissatou Diagne Ba	None
Susan Stukes Camp	None
Lecia Brown	None
On'Draya Green	None
Erica Harrison	None
Itohan Igbini	None
Jean Pierre Maro	None
Aminata Bintou Wahab Mbaye	None
Mohamed Mbodj	None
Cheikh Ahmadou Bamba Ndiaye	None
Amanda Simmons	None
Maryam Ahmed	None
Quaniqua Carthan	None

**Describe the Board term limit policy:**  
 There are no term limits for board members. Officers have a two year term limit.

Three Highest Paid Staff Names	Annual Salary
Stacy Bailey-Ndiaye (FT)	50,000
Cynthia Brown (PT)	10,368

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 5 – PROGRAM/PROJECT NARRATIVE

**A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):**

Bridge Kids International is requesting funds to assist with the 7 Generations African Heritage Culture Camp. 7 Generations African Heritage Culture Camp is a 2-week summer camp sponsored by Bridge Kids International that will explore and celebrate African heritage culture, history and family. The day camp, for young people ages 6-13, will include arts, STEM, sports, historical exploration, food, a field trip and more as strategies to support children's educational attainment, build relationships and develop positive self-image. It will take place June 18-30 at Olmsted Academy North in South Louisville.

The camp, in its pilot year, is a product of Mending the Bridge, an effort to build unity among Louisville's many cultures of African descent. The project brings together African, African American, Caribbean and other people of African heritage to explore how we can work together to improve our lives and communities. One of the strategies identified to improve education and build stronger bonds among young people of various groups is a culture based summer camp. It is the hope that Seven Generations will break down barriers and reduce some of the bullying and discord that are too often reported between groups of African heritage.

The name is derived from the Senegalese cultural practice that every person should know his/her family history back seven generations. BKI's program encourages young people to learn their family history and culture, recognize the importance of their own stories, and see themselves on a long continuum, acknowledging that they will be the ancestors of future generations. Since participants will represent groups across Louisville's African Diaspora music.

**B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):**

Funds will be used to cover t-shirts and the portion of the costs of instruction.



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**C: If this request is a fundraiser, please detail how the proceeds will be spent:**

**D: For Expenditure Reimbursement Only** – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:

The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:

- ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.

The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):

- ✓ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
- ✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

Please note there is an error on the form and some boxes do not print

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:**

By June 30, 2018 90% of participants will report an increase in knowledge about people of Africa and the African Diaspora.

By June 30, 2018 80% of participants will report a positive attitude about their African heritage identity.

By June 30, 2018 80% of participant parents/guardians will report that the camp was a positive experience for their families.

The camp will collect demographic data as well as use questionnaires for participants and families, observations of staff and instructors, content

**F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.**

AMPED - BKI is sharing space at AMPED at Shelby Park and will be requesting the assistance of AMPED with the participants' community based project.

evaluation of assignments and projects, interviews with participants and a focus group with parents.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 6 – PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non- Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>			
<b>B: Rent/Utilities</b>			
<b>C: Office Supplies</b>			
<b>D: Telephone</b>			
<b>E: In-town Travel</b>			
<b>F: Client Assistance (See Detailed List on Page 8)</b>			
<b>G: Professional Service Contracts</b>			
<b>H: Program Materials</b>	700	600	2300
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>	10000	24600	34600
<b>J: Machinery &amp; Equipment</b>			
<b>K: Capital Project</b>			
<b>L: Other Expenses (See Detailed List on Page 8)</b>	300	14350	14650
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>			
<b>% of Program Budget</b>	6 %	94 %	100%

**List funding sources for total program/project costs in Column 2, Non-Metro Funds:**

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	15,950
Fees Collected from Program Participants	
Other (please specify)	
<b>Total Revenue for Columns 2 Expenses **</b>	<b>15,950</b>

*\*Total of Column 1 MUST match "Total Request on Page 1, Section 2"*

*\*\*Must equal or exceed total in column 2.*

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Instructors - \$15 per hour	300	2,850	3,150
Counselors		9,000	9,000
Insurance		300	300
Field Trip Bus Rental		200	200
Meals		2,000	2,000
<b>Total</b>	300	14,350	14,650

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**Detail of In-Kind Contributions for this PROGRAM only:** Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
<p align="center"><i>Total Value of In-Kind</i>                      (to match Program Budget Line Item.                      Volunteer Contribution &amp; Other In Kind)</p>		

**\* DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

**Agency Fiscal Year Start Date:** January 1, 2016

**Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year?** NO  YES

**If YES, please explain:**

Bridge Kids International anticipates that its 2017 projected budget be greater than the 2016 budget related to the Ben Washer Park project, additional programs and staff.

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### SECTION 7 – CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

#### Standard Assurances

1. Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
2. Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
6. Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
7. Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal year end.
8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

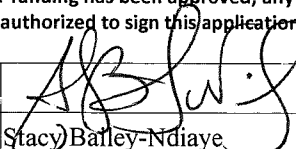
#### Standard Certifications

1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

**Relationship Disclosure:** List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

### SECTION 8 – CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

<b>Signature of Legal Signatory:</b>		<b>Date:</b>	5/3/18
<b>Legal Signatory: (please print):</b>	Stacy Bailey-Ndiaye	<b>Title:</b>	Executive Director
<b>Phone:</b>	502-457-1910	<b>Extension:</b>	
<b>Email:</b>	stacy@bridge-kids.org		

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUL 09 2013

BRIDGE KIDS INTERNATIONAL INC  
C/O STACY BAILEY-NDIAYE  
501 W KENWOOD DR  
LOUISVILLE, KY 40214

Employer Identification Number:

DLN:

17053062327002

Contact Person:

ERIC KAYE

ID# 31612

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

December 31

Public Charity Status:

170(b)(1)(A)(vi)

Form 990 Required:

Yes

Effective Date of Exemption:

May 15, 2010

Contribution Deductibility:

Yes

Addendum Applies:

Yes

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Kenneth Corbin  
Acting Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)



**Bridge Kids International, Inc.  
Operating Budget  
2018**

Advertising & Marketing	2000
Bank Charges & Fees	100
Board Development	500
Conferences and Meetings	500
Contractors	90000
Employee Benefits	4860
Equipment	2000
Fundraising Expense	300
Furniture	200
Insurance	8000
Meals & Entertainment	200
Office Supplies & Software	675
Other Business Expenses	150
Postage	50
Printing	600
Program Expense	60000
Salaries & Wages	65000
Training	200
Building Renovation	240,000
<b>Total Expenditures</b>	<b>\$475,335</b>



# Bridge Kids International, Inc.

## STATEMENT OF ACTIVITY

January - March, 2018

	TOTAL
Revenue	
AHFS – African Heritage Festival Sponsors	1,000.00
GIFT - Donations	15,096.80
Other Income	10.46
<b>Total Revenue</b>	<b>\$16,107.26</b>
<b>GROSS PROFIT</b>	<b>\$16,107.26</b>
Expenditures	
Advertising & Marketing	95.56
Bank Charges & Fees	123.03
Contractors	16,950.00
Employee Benefits	1,611.12
Fundraising Expense	99.00
Insurance	1,971.39
Office Supplies & Software	252.96
Other Business Expenses	58.88
Printing	47.37
Program Expense	2,298.40
Salaries & Wages	12,290.94
Training	204.00
<b>Total Expenditures</b>	<b>\$36,002.65</b>
<b>NET OPERATING REVENUE</b>	<b>\$ -19,895.39</b>
<b>NET REVENUE</b>	<b>\$ -19,895.39</b>

# Bridge Kids International, Inc.

## STATEMENT OF FINANCIAL POSITION

As of March 31, 2018

	TOTAL
<b>ASSETS</b>	
Current Assets	
Bank Accounts	
Checking	6,275.60
Savings Account	25,121.81
<b>Total Bank Accounts</b>	<b>\$31,397.41</b>
<b>Total Current Assets</b>	<b>\$31,397.41</b>
<b>TOTAL ASSETS</b>	<b>\$31,397.41</b>
<b>LIABILITIES AND EQUITY</b>	
Liabilities	
<b>Total Liabilities</b>	
Equity	
Opening Balance Equity	61,177.69
Retained Earnings	-9,884.89
Net Revenue	-19,895.39
<b>Total Equity</b>	<b>\$31,397.41</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$31,397.41</b>

**Short Form**

**Return of Organization Exempt From Income Tax**

**2017**

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A** For the 2017 calendar year, or tax year beginning 01/01, 2017, and ending 12/31, 20 17

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BRIDGE KIDS INTERNATIONAL</b>		<b>D</b> Employer identification number [REDACTED]
	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>501 W Kenwood Drive</b>		<b>E</b> Telephone number <b>502-457-1910</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>Louisville, KY, 40214</b>		<b>F</b> Group Exemption Number ▶

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_ **H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ bridge-kids.org

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ \$ **163,753**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . .

Revenue	<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>						<b>163,630</b>
	<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>2</b>						<b>0</b>
	<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>						<b>0</b>
	<b>4</b>	Investment income . . . . .	<b>4</b>						<b>0</b>
	<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>			<b>0</b>			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>5b</b>			<b>0</b>			
	<b>c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>						<b>0</b>
	<b>6</b>	Gaming and fundraising events							
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6a</b>			<b>0</b>			
	<b>b</b>	Gross income from fundraising events (not including \$ <u>0</u> of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6b</b>			<b>0</b>			
<b>c</b>	Less: direct expenses from gaming and fundraising events . . . . .	<b>6c</b>			<b>0</b>				
<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6d</b>						<b>0</b>	
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>			<b>0</b>				
<b>b</b>	Less: cost of goods sold . . . . .	<b>7b</b>			<b>0</b>				
<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>						<b>0</b>	
<b>8</b>	Other revenue (describe in Schedule O) . <u>See Schedule O, Statement 1</u> . . . . .	<b>8</b>						<b>123</b>	
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>						<b>163,753</b>	
Expenses	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>						<b>0</b>
	<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>						<b>0</b>
	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>						<b>43,407</b>
	<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>						<b>87,325</b>
	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>						<b>0</b>
	<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>						<b>643</b>
	<b>16</b>	Other expenses (describe in Schedule O) . <u>See Schedule O, Statement 2</u> . . . . .	<b>16</b>						<b>42,262</b>
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>						<b>173,637</b>	
Net Assets	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>						<b>-9,884</b>
	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>						<b>61,178</b>
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>						<b>0</b>
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>						<b>51,294</b>

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . . . .

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	61,178	<b>22</b> 51,294
<b>23</b> Land and buildings . . . . .	0	<b>23</b> 0
<b>24</b> Other assets (describe in Schedule O) . . . . .	0	<b>24</b> 0
<b>25</b> <b>Total assets</b> . . . . .	61,178	<b>25</b> 51,294
<b>26</b> <b>Total liabilities</b> (describe in Schedule O) . . . . .	0	<b>26</b> 0
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	61,178	<b>27</b> 51,294

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . .

What is the organization's primary exempt purpose? Youth development and cultural promotion

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

<b>28</b> <u>Helping youth and young adults of Africa and African diaspora build sustainable communities. Bridge Kids Group and Roots &amp; Wings performance group develop and implement economic development, education, environment, girls' rights, health and arts projects, 1500+ impacted.</u> (Grants \$ <u>0</u> ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>28a</b>	6,204
<b>29</b> <u>Promoting African Heritage Cultural - includes African Heritage Festival</u>  (Grants \$ <u>0</u> ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>29a</b>	7,355
<b>30</b> <u>Our Place at Ben Washer Park - includes programs focused on entrepreneurship, sustainable living, global citizenship, and inter-generational relationships.</u> (Grants \$ <u>0</u> ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>30a</b>	1,745
<b>31</b> Other program services (describe in Schedule O) <u>See Schedule O, Statement 3.</u> (Grants \$ <u>10,000</u> ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	<b>31a</b>	13,494
<b>32</b> <b>Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	28,798

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . . . . .

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
<u>Stacy-Bailey Ndiaye</u> Executive Director	30	33,336		
<u>Dr Susan Stukes</u> Board Chair	5	0	0	0
<u>Nafissatou Diagne Ba</u> Vice Chair	3	0	0	0
<u>Zelpha Anderson</u> Treasurer	3	0	0	0
<u>Aminata Mbaye Diouf</u> Secretary	3	0	0	0
<u>Lecia Brown</u> Board Member	2	0	0	0
<u>On'Draya Green</u> Board Member	1	0	0	0
<u>Erica Harrison</u> Board Member	1	0	0	0
<u>Itohan Igbinigie</u> Board Member	1	0	0	0
<u>Jean Pierre Maro</u> Board Member	1	0	0	0
<u>Mohamed Mbodj</u> Board Member	1	0	0	0
(Continued on Schedule O, Statement 4)				

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
<b>33</b>	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		✓
<b>34</b>	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		✓
<b>35a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		✓
<b>b</b>	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		
<b>35c</b>	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		✓
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		✓
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> 0		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		✓
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		✓
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
<b>b</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		✓
<b>c</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ 0		
<b>d</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		✓
<b>41</b>	List the states with which a copy of this return is filed ▶ <u>KY</u>		
<b>42a</b>	The organization's books are in care of ▶ <u>Stacy Bailey-Ndiaye</u> Telephone no. ▶ <u>502-457-1910</u> Located at ▶ <u>501 W Kenwood Drive, Louisville, KY 40214</u> ZIP + 4 ▶ <u>40214</u>		
<b>b</b>	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, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		✓
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ _____		✓
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> 0		
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
<b>b</b>	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
<b>c</b>	Did the organization receive any payments for indoor tanning services during the year? . . . . .		✓
<b>d</b>	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
<b>b</b>	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .		✓

	<b>Yes</b>	<b>No</b>
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	46	✓

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	<b>Yes</b>	<b>No</b>
<b>47</b> 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 . . . . .	47	✓
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	✓
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	✓
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	49b	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
None		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶  **Yes**  **No**

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

<b>Sign Here</b>	▶ Signature of officer	Date
	▶ <b>Stacy BAILEY-NDIAYE, Executive Director</b> Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  **Yes**  **No**

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization <b>BRIDGE KIDS INTERNATIONAL</b>	Employer identification number [REDACTED]
--	--

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

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)**.
- 4  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: \_\_\_\_\_
- 5  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)**.
- 7  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)(vii)**. (Complete Part II.)
- 9  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  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.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having 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.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	15,366	8,725	23,943	90,979	163,629	302,642
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	15,366	8,725	23,943	90,979	163,629	302,642
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						302,642

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 . . . . .	15,366	8,725	23,943	90,979	163,629	302,642
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .				14	123	137
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	1,176	4,716	17,569	63,093		86,554
<b>11 Total support.</b> Add lines 7 through 10						389,333

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12**

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 33 1/3% support test—2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>



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

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

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2016</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2017.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . ► <input type="checkbox"/>		
<b>b 33 1/3% support tests—2016.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . ► <input type="checkbox"/>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b <b>From 2013</b> . . . . .			
c From 2014 . . . . .			
d From 2015 . . . . .			
e From 2016 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a <b>Excess from 2013</b> . . . . .			
b Excess from 2014 . . . . .			
c Excess from 2015 . . . . .			
d Excess from 2016 . . . . .			
e Excess from 2017 . . . . .			

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**  
Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

**BRIDGE KIDS INTERNATIONAL**

Employer identification number

Area with horizontal dashed lines for providing supplemental information.

Other Revenue Structured Explanation

Description	Amount
interest from organization's savings account	123
<b>Total:</b>	<b>123</b>

Other Expenses Structured Explanation

Description	Amount
Advertising and marketing	1,112
Bank fees	91
Board development	5,021
Conference and meeting expense	440
Equipment	1,122
Fundraising expense	25
Furniture	230
Insurance	1,813
Meals and entertainment	70
Office supplies and software	583
Other business expenses	259
Program expenses	31,389
Training expenses	107
<b>Total:</b>	<b>42,262</b>



Other Program Service Accomplishments

Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
The Bridge Kids Activity Book Series, designed for 3rd-5th graders, is about children of Africa and the African Diaspora. The activity books will be a unique tool for families to help children see themselves as part of a global African heritage family and promote pride in that identity.	0		3,000
The Day of the African Child is an annual program to raise awareness about issues facing young people of Africa and the African Diaspora and to celebrate their promise for the future.	0		41
Open Lines was a project in which youth and young adults used artistic and skill building workshops to open new lines of communication, explore violence as both a personal and a social issue, and strengthen their resilience, critical and creative thinking, problem solving, decision making, teamwork and planning skills.	10,000		10,453
<b>Total:</b>			<b>13,494</b>

Officers, Directors, Trustees and Key Employees Compensation

		Hours	Compensation	Benefits	Expense
<b>Name</b>	Amanda Gill	1	0	0	0
<b>Title</b>	Board Member				
<b>Name</b>	Bomba Ndiaye	2	0	0	0
<b>Title</b>	Board Member				

**Schedule of Contributors**

**2017**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization  
**BRIDGE KIDS INTERNATIONAL**

Employer identification number  
[REDACTED]

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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 $\frac{1}{3}$ % 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).

Name of organization **BRIDGE KIDS INTERNATIONAL** Employer identification number XXXXXXXXXX

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WK Kellogg Foundation ----- One Michigan Ave East ----- Battle Creek, MI, 49017 -----	\$ 125,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Louisville-Jefferson County Metro G ----- Office of Safe and Healthy Neighbor ----- 517 Court Place ----- Louisville, KY, 40202 -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Louisville-Jefferson County Metro G ----- Metro Council ----- 601 W Jefferson Street ----- Louisville, KY, 40202 -----	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

BRIDGE KIDS INTERNATIONAL

Employer identification number



**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part 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
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization <b>BRIDGE KIDS INTERNATIONAL</b>	Employer identification number <span style="background-color: black; color: black;">XXXXXXXXXX</span>
--	--

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----			
-----			
-----			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	
-----	
-----	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----			
-----			
-----			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	
-----	
-----	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----			
-----			
-----			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	
-----	
-----	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----			
-----			
-----			

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
-----	
-----	
-----	

Form **8453-EO**

**Exempt Organization Declaration and Signature for Electronic Filing**

OMB No. 1545-1879

For calendar year 2017, or tax year beginning 01/01, 2017, and ending 12/31, 20 17

**2017**

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

Employer identification number

BRIDGE KIDS INTERNATIONAL

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

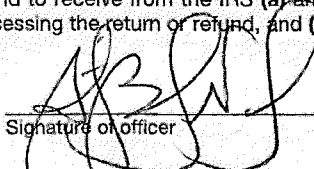
1a	Form 990 check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	163,753
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, line 3c)	5b	

**Part II Declaration of Officer**

- 6  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here



4/19/18

Stacy BAILEY-NDIAYE, Executive Director  
Title

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

<b>ERO's Use Only</b>	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN
					Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name				Firm's EIN
	Firm's address				Phone no.

F 031021000 139

State of New York

**Certificate of Incorporation**

of

**Bridge Kids International, Inc.**

Pursuant to Provisions of § 402 of the Not-For-Profit Corporation Law

It is hereby certified that:

1. The name of the corporation is:

**Bridge Kids International, Inc.**

2. The corporation is a corporation as defined in subparagraph (a)(5) of section 102 of the Not-For-Profit Corporation Law.

3. The purposes for which the corporation is formed are:

To link youth of Africa and the African Diaspora for the purposes of friendship, cooperation, individual and community empowerment, implementing the idea of dynamic global citizenship. In order to accomplish these goals Bridge Kids International, Inc. will:

- Foster mutual respect, understanding, positive relationships and cooperation amongst youth of Africa and the African Diaspora;
- Inspire youth to be change agents for their own lives, their communities, and the world by helping them create simple and attainable solutions to challenges;
- Support youth-centered community development projects designed through international youth cooperation;
- Assist youth in obtaining the life, leadership and technical skills necessary to reach their project goals;
- Use technology to provide ongoing opportunities for communication and learning amongst the youth participants;





- Facilitate the sharing of history and culture amongst youth of Africa and the African Diaspora;
- Encourage youth advocacy;
- Organize international trips to support objectives;
- Provide channels to assist in the sharing of resources amongst organizations and individuals.

To do any other act or thing incidental to or connected with the foregoing purposes or in advancement thereof, but not the pecuniary profit or financial gain of its members, directors or officers, except as permitted under Article 5 of the Non-For-Profit Law.

4. In addition to the foregoing corporate purposes the corporation shall have all of the general powers set forth in Section 202 of the Not-For-Profit Corporation Law together with the power to solicit and receive grants, bequests and contribution for the corporate purposes.

5. The corporation is Type B corporation as defined in Section 201 of the Not-For-Profit Corporation Law.

6. The office of the corporation shall be located in the County of Westchester.

7. The names and residences of the initial directors until the first annual meeting are as follows:

Stacy Bailey-Ndiaye	650 Warburton Ave. Ste 7H	Yonkers	NY	10701
Keith Gauff	730 Mt. Pleasant Rd.	Zachary	LA	70791
Dr. Susan Stukes	333 Mamaroneck Ave. #336	White Plains	NY	10605

8. The Secretary of State is hereby designated as agent to the corporation upon whom process against the corporation may be served. The post office address to which the Secretary of State shall mail a copy of any such process is:

650 Warburton Ave., Ste 7H  
Yonkers, NY 10701

2

9. Said Organization is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

No part of the net earnings of the organization shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the organization shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of the organization shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the organization shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office. Notwithstanding any other provision of this document, the organization shall not carry on any other activities not permitted to be carried on (a) by an organization exempt from federal income tax under section 501 (c)(3) of the Internal Revenue Code, or corresponding section 170 (c)(2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

No substantial part of the activities of the corporation shall be carrying on propaganda or otherwise attempting to influence legislation [except as otherwise provided by IRC Sec.501(h)] or participating in or intervening in (including the publication or distribution of statements), any candidates for public office.

In the event of dissolution, all of the remaining assets and property of the organization shall, after payment of necessary expenses thereof, be distributed to such organizations as shall qualify under section 501(c)3 of the Internal Revenue Code of 1986.

Upon the dissolution of the organization, assets shall be distributed for one or more exempt purposes within the meaning of section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organizations then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

Nothing herein shall authorize the corporation, directly or indirectly to engage in or include among its purposes any of the activities mentioned in Section 404(h) through 404(v) of the Not-For-Profit Corporation Law.

Not with standing any other provisions of these articles, the organization is organized exclusively for one or more of the purposes as specified in Section 501(c)(3) of the Revenue Act of 1986 and shall not carry on any activities not permitted to be carried on by an organization exempt from Federal income tax under IRC 501(c)(3) or corresponding provisions of any subsequent tax laws.

Nothing herein shall authorize or empower the corporation to perform or engage in any act or practice prohibited by the General Business Law Section 340 or other anti-monopoly statute of the State of New York.

Nothing herein shall authorize the corporation to engage in the practice of the profession of medicine or any other profession required to be licensed by Title VIII of the Education Law.

Nothing herein shall authorize the corporation to operate or maintain a nursery school, elementary school or secondary school.

In witness whereof, this certificate has been subscribed this 23 day of September 2003, by the undersigned, who affirms that the statements herein are true under the penalties of perjury.

Dated: September 23, 2003

s/ Stacy Bailey-Ndiaye  
Incorporator  
Stacy Bailey-Ndiaye  
650 Warburton Ave., Ste 7H  
Yonkers, NY 10701

**STATE OF NEW YORK**  
**DEPARTMENT OF STATE**

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.

WITNESS my hand and official seal of the  
Department of State, at the City of Albany, on  
April 8, 2013.



A handwritten signature in black ink, appearing to read "Daniel E. Shapiro".

Daniel E. Shapiro  
First Deputy Secretary of State

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line, do not leave this line blank.          Bridge Kids International, Inc.</p> <p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC               <input checked="" type="checkbox"/> C Corporation               <input type="checkbox"/> S Corporation               <input type="checkbox"/> Partnership               <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____  <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____         </p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.          501 W. Kenwood Drive</p> <p><b>6</b> City, state, and ZIP code          Louisville, KY 40214</p> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>													

or  
**Employer identification number**

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶ 1/3/18
------------------	----------------------------	---------------

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

---

## BRIDGE KIDS INTERNATIONAL, INC.

---

### General Information

---

<b>Organization Number</b>	0809554
<b>Name</b>	BRIDGE KIDS INTERNATIONAL, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	FCO - Foreign Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	NY
<b>File Date</b>	1/11/2012
<b>Authority Date</b>	1/11/2012
<b>Last Annual Report</b>	6/27/2017
<b>Principal Office</b>	62 GRANT STREET NEW ROCHELLE, NY 10801-5606
<b>Registered Agent</b>	STACY BAILEY-NDIAYE 501 W. KENWOOD DRIVE LOUISVILLE, KY 40214

### Current Officers

---

<b>Director</b>	<a href="#">Stacy Benay Bailey-Ndiaye</a>
<b>Director</b>	<a href="#">Nafissatou Diagne Ba</a>
<b>Director</b>	<a href="#">Susan Stukes Camp</a>
<b>Director</b>	<a href="#">Lecia AM Brown</a>
<b>Director</b>	<a href="#">Mohamed Mbodj</a>
<b>Director</b>	<a href="#">Erica Harrison</a>
<b>Director</b>	<a href="#">Cheikh Ahmahdou Bamba Ndiaye</a>
<b>Director</b>	<a href="#">On'Draya Green</a>
<b>Director</b>	<a href="#">Itohan Igbinijie</a>
<b>Director</b>	<a href="#">Amanda Simmons</a>
<b>Director</b>	<a href="#">Aminata Wahab Mbaye Diouf</a>
<b>Director</b>	<a href="#">Jean Pierre Maro</a>
<b>Director</b>	<a href="#">Zelpha Anderson</a>
<b>Executive</b>	<a href="#">Stacy Benay Bailey-Ndiaye</a>

### Individuals / Entities listed at time of formation

---

### Images available online

---

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

<a href="#">Annual Report</a>	6/27/2017	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/29/2016	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/25/2015	1 page	<a href="#">PDF</a>
<a href="#">Annual Report</a>	6/11/2014	1 page	<a href="#">PDF</a>

<a href="#">Registered Agent name/address change</a>	6/30/2013 9:14:23 PM	1 page	<a href="#">PDF</a>	
<a href="#">Annual Report</a>	6/30/2013	1 page	<a href="#">PDF</a>	
<a href="#">Application for Certificate of Authority(Corp)</a>	1/11/2012	1 page	<a href="#">tiff</a>	<a href="#">PDF</a>

## Assumed Names

---

## Activity History

---

Filing	File Date	Effective Date	Org. Referenced
Annual report	6/27/2017 8:37:58 AM	6/27/2017 8:37:58 AM	
Annual report	6/29/2016 10:12:00 PM	6/29/2016 10:12:00 PM	
Annual report	6/25/2015 1:48:57 PM	6/25/2015 1:48:57 PM	
Annual report	6/11/2014 2:04:46 PM	6/11/2014 2:04:46 PM	
Annual report	6/30/2013 9:31:26 PM	6/30/2013 9:31:26 PM	
Registered agent address change	6/30/2013 9:14:23 PM	6/30/2013 9:14:23 PM	
Add	1/11/2012 10:12:58 AM	1/11/2012	

## Microfilmed Images

---