#### EXTENDED TO NOVEMBER 15, 2018

Return of Organization Exempt From Income Tax

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

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

**Open to Public** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection A For the 2017 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change PROKIDS Name change Doing business as 31-1020021 Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 2605 BURNET AVENUE 513-281-2000 termin ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 4236907. Amended retum CINCINNATI, OH H(a) Is this a group return Applica-F Name and address of principal officer: TRACY COOK for subordinates? ..... pendina 2605 BURNET AVENUE, CINCINNATI, OH 45219 H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► WWW.PROKIDS.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other > L Year of formation: 1981 M State of legal domicile: OH Part I Summary Briefly describe the organization's mission or most significant activities: ADVOCATES ON BEHALF OF ABUSED Activities & Governance AND NEGLECTED CHILDREN Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 22 Number of independent voting members of the governing body (Part VI, line 1b) 22 4 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 42 5 6 Total number of volunteers (estimate if necessary) 6 7007 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T\_ line 34 ..... 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) Revenue 2641872. 3632244. Program service revenue (Part VIII, line 2g) 0. 0.Investment income (Part VIII, column (A), lines 3, 4, and 7d) 68103. 116381. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 135339. 450365. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 2845314 4198990. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 11442. 7864 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1547700. 1770402. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 281354. 351898. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... 1836918. 2133742. Revenue less expenses. Subtract line 18 from line 12 1008396. 2065248. Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 4374510. 6460714. 21 Total liabilities (Part X, line 26) 131780. 152736. Net assets or fund balances. Subtract line 21 from line 20 ..... 4242730. 6307978. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other)than officer) is based on all information of which preparer has any knowledge. Sign WILLIAM DECAMP Here TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Paid LEE R WEINEL CPA LEE R WEINEL CPA ₽00139109 self-employed Preparer Firm's name SOPER, SOPER & WEINEL LLP 31-1222293 Firm's EIN Use Only Firm's address 35 EAST SEVENTH STREET SUITE 505 CINCINNATI, OH 45202 Phone no. (513) 241-5417

May the IRS discuss this return with the preparer shown above? (see instructions)

	n 990 (2017) PROKIDS 31-1020021 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	MOBILIZE OUR COMMUNITY TO BREAK THE VICIOUS CYCLE OF CHILD ABUSE AND
	NEGLECT, AND PROVIDE OUTSTANDING ADVOCACY FOR ABUSED AND NEGLECTED
	CHILDREN WHO ARE IN THE JUVENILE COURT SYSTEM.
2	Did the organization undertake any significant program services during the year which were not listed on the
	· · · · · · · · · · · · · · · · · · ·
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.
3	PM III
	If "Yes," describe these changes on Schedule O.
4	
•	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	
74	
	OPERATING - PROVIDES FOR RECRUITING, TRAINING AND SUPERVISING OF 267
	VOLUNTEER CASAS (COURT APPOINTED SPECIAL ADVOCATES) WHO PROVIDE
	ADVOCACY WITH STAFF FOR 757 ABUSED AND NEGLECTED CHILDREN
4b	(Code:) (Expenses \$ 231799 • including grants of \$ ) (Revenue \$
	VICTIM OF CRIME ACT (VOCA) GRANT - PROVIDE PARTIAL SALARIES AND FRINGES
	FOR 16 EMPLOYEES AND OTHER EXPENSES
4c	(Code:) (Expenses \$
	(Code:) (Expenses \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$
4e	Total program service expenses 1637010.

Form 990 (2017)

## Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A			
2	Is the organization required to complete Schedule B, Schedule of Contributors?	1	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	A	
4	public office? If "Yes," complete Schedule C, Part I	3		x
-	Section 50 ((c)(5) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	1		
5	during the tax year? If "Yes," complete Schedule C, Part II	4		X
_	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Payenty Propodure 09 100 (6 "Yes." assessment to Control of the Control of t	1		i
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5	<u> </u>	X
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		ł	,,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			١,,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7_		X
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	١Ů	-	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		v	-
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a_	<u> </u>	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		_	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	bid the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x	
b	was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business	<del></del>		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	bid the organization report on Part IX, column (A), line 3, more than \$5,000 of addrenate drants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did trie organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX			
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		_	
19	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G. Part III	_		v
	complete Schedule G, Part III	19		<u> </u>

b If "Yes" to line 20a, did the organization stanch a copy of its audited financial statements to this return?  20b   21   Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 lt "Yes," complete Schedule I, Parts I and III   22   X   22   Z   23   Z   24   Z   Z   Z   Z   Z   Z   Z   Z   Z	20:	Did the organization energia one as more harmital (and the organization energiate one)		Yes	
21 Us the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part X, Coultrn (A), line ? If we's, complete Schedule / Part & Iral III 21 X X 20 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, Coultrn (A), line ? If "ves, complete Schedule   Part & Iral III 22 X X 20 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, Coultrn (A), line ? If "ves, complete Schedule   Part & Iral III 22 X X 20 Did the organization have a tax-exempt bond susue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "ves, "answer lines 24b through 24d and complete Schedule III 170, go to line 25a X 24b Did the organization have a tax-exempt bonds beyond a temporary period exception? 24d of Control of the part of the year, that was proceeds of tax-exempt bonds beyond a temporary period exception? 24d Did the organization assistance as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 24d 25a Section 60 (1c)(3), 301(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualfied person during the year? 11 "Yes," complete Schedule I., Part II 25b X 2000 Did the organization aware that it engaged in an excess benefit transaction with a disqualfied person during the year? 11 "Yes," complete Schedule II, Part II 25b X 2000 Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these pressors II" "Yes," complete Schedule II, Part II 25b X 25	-201	of "Ves" to line 200 did the aggregation of the line of the state of t	20a		X
domestic government on Part IX, column (A), line 17 if "res," complete Schedule I, Parts I and II 21 X 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "res," complete Schedule I, Parts I and III 22 X 23 Did the organization answer "res's to Part IV, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation of the organization's current schedule I, "I" res', to the 18 parts of the season of the line 25 parts of the list day of the year, that was issued after December 31, 20027 if "res," answer lines 24b through 24d and complete Schedule I, "I" rob," po to fine 25a  24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24d Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year?  24d Did the organization and an exerce account of the transaction with a disqualified person during the year? If "Res," complete Schedule I, Part II  25d Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Res," complete Schedule I, Part II  25d Is the organization aware that it engaged in an excess benefit transaction with a disqualified person of the organization species of the organization and the transaction has not been reported on any of the organization engage in any organization organization species organization species organi	21	Did the organization report more than \$5,000 of grants audited financial statements to this return?	20b	-	╄
Part IX, column (A), line 27 if "Yes," complete Schedule (1, Parts I and III)  23 Did the organization answer "Yes 'to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, fructees, key employees, and highest compensated employees? If "Yes," complete Schedule J  24 Did the organization answer "Yes 'to Part VII, Section A, line 3, 4, or 5 about compensated employees? If "Yes," complete Schedule J  25 Did the organization answer at an exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "Not." go to line 25a  26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  27 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  28 Section 601(CS), 301(CH), and 601(CK)20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  28 Section 601(CS), 301(CH), and 601(CK)20) organizations benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sylve for Forme 990 or 990(2-27) If "Yes," organized Schedule L, Part I  29 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officors, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV  29 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV  29 Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV  29 Did the organization receive contributions of art, historical treasures, o		domestic government on Part IV column (A) line 19 / IVoc Normalist Column (A) line 19 / IVoc Normalist Column (A)			l
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23 Ut the organization answer "Yes" to Part VII, Section A, Ine 3. 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a  25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-evempt bonds?  25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year of the year of the year of the year of the good of the year of the year of the good of the year of year		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
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last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a.  24a		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete	00		
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25a Section 601(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization again an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 25b Lthe organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 25b Lthe organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27b Lthe organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27b Lthe organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 27b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b Lthe organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 27b Lthe organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29b X 27b Lthe organization sell, exchange, dispose of, or transfer more than \$25% of its net assets? If "Yes," complete Schedule N, Part II 27b Lthe organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 25b Lthe organization have a controlled entity within the meaning of section \$12(b)(13)? If "Yes," complete Schedule R, Part V, line 2 25c Secti	C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b	-	
25a Section 601(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization again an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 25b Lthe organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 25b Lthe organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 27b Lthe organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 27b Lthe organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV 27b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b Lthe organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 27b Lthe organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29b X 27b Lthe organization sell, exchange, dispose of, or transfer more than \$25% of its net assets? If "Yes," complete Schedule N, Part II 27b Lthe organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 25b Lthe organization have a controlled entity within the meaning of section \$12(b)(13)? If "Yes," complete Schedule R, Part V, line 2 25c Secti	6	Did the organization get as an long help if all inventor to	24c		
transaction with a disqualified person during the year /if "Yes," complete Schedule L, Part I 256 X  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? /if "Yes," complete Schedule L, Part I 255 X  256 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? /if "Yes," complete Schedule L, Part II 268 X  268 X  270 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? /if "Yes," complete Schedule L, Part III 271 X  280 Was the organization party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 280 X  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 280 X  280 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 291 X  291 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets; If "Yes," complete Schedule N, Part I 280 X  281 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets; If "Yes," complete Schedule N, Part I 281 X  282 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part IV, Iine 1 282 X  283 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Sc	25a	bits of garillation act as an officerial of issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
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that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I    25b  X  26  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II    27  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III    28  Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV    28a  X  28b  X  27  Z  28a  X  28b  X  29b  X  29c  An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV    28c  X  29c  X  29c  X  29d  X	b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
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within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part Vi  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 192	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part Vi  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 192	þ	in test to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI lines 11h and 192  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI lines 11h and 192		within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36 X  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and 192	36	Section 30 I(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 X  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and 192		If "Yes," complete Schedule R, Part V, line 2	36	ĺ	X
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 X  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 192	37	and the organization conduct more than 5% of its activities through an entity that is not a related organization		$\neg \neg$	
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 192	00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI	37		X
Note. All Form 990 filers are required to complete Schedule O	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 192		$\neg$	
	_	Note. All Form 990 filers are required to complete Schedule O	38	Х	

OHID OOO (		31-1020021	Dono
Part V	Statements Regarding Other IRS Filings and Tax Compliance	 31 1020021	Page
	The state of the s		

	Check if Schedule O contains a response or note to any line in this Part V								
				Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0		110				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0						
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming							
_	(gambling) winnings to prize winners?	*******************************	1c	X					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 4:	2						
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	X					
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
Ja	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X				
40	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule (	·	3b	$\perp$					
-ra	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			x				
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country:								
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).							
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5a	$\vdash$	X				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	tion?	5b		Х				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		5c	$\longrightarrow$					
	any contributions that were not tax deductible as charitable contributions?	e organization solicit			Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	one or diffe	6a	$\vdash$	-2\				
	were not tax deductible?	nis or gilts	6b		l				
7	Organizations that may receive deductible contributions under section 170(c).	***************************************	OD.						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	ices provided to the payor?	7a		X				
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
C	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?		7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra-	ct?	7 <del>f</del>						
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	<b>7</b> g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C?	7h_						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	by the							
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.		8						
-	Did the sponsoring organization make any taxable distributions under section 4966?								
b	Did the sponsoring organization make a distribution to a depart depart depart advisor any electric depart d		9a						
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:		9b		_				
а	Initiation foce and conital contributions included a Paragraph	100							
b	Gross receipts included on Ferm COO Deal VIII Product Co. 1 11	IOa IOb							
11	Section 501(c)(12) organizations. Enter:	100							
а	Gross income from members or shareholders	I1a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	2b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
a	Is the organization licensed to issue qualified health plans in more than one state?		13a						
	Note. See the instructions for additional information the organization must report on Schedule O.		731						
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	3b							
14-		3c							
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X				
<u>a</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule C	) <u></u>	14b						

Part VI Governance, Management, and Disclosure For each "Yes' response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Page 6

Se	ction A. Governing Body and Management								
						Yes	Mo		
1a	Enter the number of voting members of the governing body at the end of the tax year	l 1a	1	22		163	140		
	if there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		}						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		22			L		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	in with	any other						
	officer, director, trustee, or key employee?			- 1	2		x		
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	et eupanticion			<del>                                     </del>	1 22		
	of officers, directors, or trustees, or key employees to a management company or other person?	io dile	or aubervision		3		x		
4	Did the organization make any significant changes to its governing documents since the prior Form	മാവ	e filed?	··· ├	4	$\vdash$	X		
5	Did the organization become aware during the year of a significant diversion of the organization's as	eate?	a med :	···	5	$\vdash$	X		
bid the organization have members or stockholders?									
7a		nnoint	ODE OF	⋯ ⊦	6	$\vdash$	X		
	more members of the governing body?				7-		x		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	etockh	oldom or	··· ⊦	7a	$\vdash$	_		
	persons other than the governing body?				76		x		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	ar hv th	o following:	··	7b		Δ		
а	The governing body?	ai by tii	e following.	- 1	^-	x			
b	Each committee with authority to act on behalf of the governing body?			··· ├	8a	$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			·- ⊦	8b				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	icried a	it the	- 1		1 1	v		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R		O- d- )		9		X		
		evenue	Code.)			1			
10a	Did the organization have local chapters, branches, or affiliates?			Г		Yes	No		
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl			··  -	10a	$\vdash$	X		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	napters	s, amiliates,						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			:-  -	10b	7.7			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	у рето	e filing the form?	'	11a	Х			
12a	12a Did the organization have a written conflict of interest policy? If the time 4.2								
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	to com	IICTS?	.  -	12b	X			
	in Schedule O how this was done	es," de	scribe						
13	in Schedule O how this was done  Did the organization have a written whistleblower policy?			-	12c	X			
14	Did the organization have a written whistleblower policy?		***************************************	·· [-	13	X			
15	Did the organization have a written document retention and destruction policy?			.	14	Х			
	Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ıl by in	dependent						
а	The organization's CEO. Executive Director, or ten management of the deliberation and decision?								
b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization			. –	15a	X			
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	••••••		. <u>L</u>	15b	X	_		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen								
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			. [	16a		X		
_	in inint venture arrangements under applicable federal tox laws and talks of	e its p	articipation						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ exempt status with respect to such arrangements?		's						
šeci	tion C. Disclosure			. '	16b	$\perp$			
17	List the states with which a copy of this Form 990 is required to be filed ▶OH								
18	Section 6104 requires an organization to make the Forms 1999 (1999)								
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section	n 501(c)(3)s only	/) ava	ailabl	е			
	for public inspection. Indicate how you made these available. Check all that apply.  X Own website  X Another's website  Upon request  Other (explain)								
19		in Sche	edule O)						
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, constatements qualified to the public during the last	flict of	interest policy, a	ınd f	inanc	ial:			
20	statements available to the public during the tax year.								
	State the name, address, and telephone number of the person who possesses the organization's boo CAROL IGOE $-513-281-2000$	ks and	records:						
	2605 BURNET AVENUE CINCINNATI OU 45210						_		

n PROKIDS

31-1020021

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B)									
	Average			Pos	C) ition	1		(D) Reportable	(E)	(F)
	hours per	box	not c	as pe	raon	is bot	th an	compensation	Reportable compensation	Estimated amount of
	week	off	cer ar	nd a d	lirecto	or/trus	tee)	from	from related	other
	(list any	Schor		1				the	organizations	compensation
	hours for	or din				pag		organization	(W-2/1099-MISC)	from the
	related	stee	Pruste		g.	Sued		(W-2/1099-MISC)		organization
	lorganizations below	la T	іопа		ploye	E S				and related
	line)	Individual trustee or director	Institutional bustee	Officer	Key amployee	Highest compensated employee	Drimer			organizations
(1) MACKENZIE CHAVEZ	0.00	╀	=	-	~	± 55	Ξ.			
TRUSTEE		$\mathbf{x}$						0.	0.	0.
(2) JOANN HAGOPIAN	0.00	+		Н			$\vdash$		- 0.	
TRUSTEE		X				ĺ		0.1	0.	0.
(3) LAWRENCE C HAWKINS JR	0.00			$\vdash$	_	$\vdash$				
ADVISORY COUNCIL		X						0.	0.	0.
(4) JILL MCINTONSH	0.00	<del>                                     </del>			Н	_				
TRUSTEE		$ \mathbf{x} $						0.	0.	0.
(5) CHRISTINA LINDGREN	0.00	m		П						
TRUSTEE		X					١.,	0.	0.	0.
(6) DIANE ADAMEC	0.00		П							
TRUSTEE		x						0.	0.	0.
(7) PETER KLEKAMP	0.00									
TRUSTEE		X						0.	0.	0.
(8) CHIP TURNER	0.00		П							
TRUSTEE		X				li	l	0.	0.	0.
(9) WYNNDEL WATTS	0.00									
TRUSTEE		X						0.	0.	0.
(10) KELLY WITTICH	0.00		П							
TRUSTEE		X						0.	0.	0.
(11) FRANK WOOD	0.00		П							
TRUSTEE		X						0.	0.	0.
(12) STEVE MOSER	0.00			П						
TRUSTEE		X						0.	0.	0.
(13) LYNN MILLER	0.00									
TRUSTEE		X						0.	0.	0.
(14) ESSA NASER	0.00									
TRUSTEE		X						0.	0.	0.
(15) MICHAEL MCCUEN	0.00									
TRUSTEE		Х						0.		0.
(16) TRACY COOK	35.00									
EXEC. DIRECTOR				X				114405.	0.	0.
(17) JOHN M HANDS	0.00									
PRESIDENT		<u> </u>		X				0.	0.	0.

Part VII Section A. Officers, Directors, Trus	stees, Key Em	plo	vees	. an	ıd H	liahe	est (	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	(do	not o	Pos check	C) sition more erson		one	(D) Reportable compensation	(E) Reportable compensation		1	(F) stimat	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employes	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	S	or; ar	othermpens from thganizand rela and rela	ation ne tion ted
(18) THOMAS L CUNI	0.00						Ī				_		
PAST PRESIDENT (19) ROBERT A MCMAHON	0.00	<u> </u>	_	X	_	<u>Ļ</u> .		0.		0.			0.
PRESIDENT ELECT	0.00			x						_			
(20) T.D. HUGHES	0.00	H	-	Δ.	├	$\vdash$	├─	0.		0.	<u> </u>		0.
PRESIDENT EMERITUS				x	ĺ		ĺ	0.		0.			0.
(21) JENNIFER BASTOS	0.00				$\vdash$				-	-	$\vdash$		0.
SECRETARY				X				0.		0.			0.
(22) JEB H HEAD	0.00												
PRESIDENT EMERITUS (23) WILLIAM DECAMP	0.00		Щ	X		-		0.		0.			0.
TREASURER	0.00			x									
		$\dashv$					$\vdash$	0.		0.	——		0.
			ľ	ł									
				$\Box$		П				$\dashv$			
		$\Box$											
1h Sub-total						$\Box$		114405					
1b Sub-total c Total from continuation sheets to Part VII	Continu A					ا		114405.		0.			0.
d Total (add lines 1b and 1c)	, Section A					ا		114405.		0.			0.
2 Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove	) wh	o re	ceived more than \$100	000 of reportable	0.1			0.
compensation from the organization						,	010	oowed more than \$100,	ooo or reportable	3			1
•			_									Yes	No
3 Did the organization list any former officer,	director, or trus										48		
line 1a? If "Yes," complete Schedule J for su	ich individual			· · · · · ·	•••••	·····				[	3		X
	n of reportable	OO CO	mpe	nsal	tion	and	oth	er compensation from the	ne organization				
and related organizations greater than \$150  5 Did any person listed on line 1a receive or an	Ocrise compon	con	npie	re Si	cne	aule	Jto	or such individual			4		X_
rendered to the organization? If "Yes," comp	olete Schedule	J fo	or su	om a ch n	any serse	unre ว <i>ก</i>	are	organization or individ	lual for services		-		x
Section B. Independent Contractors		- 10		011 0	-07-00						5		
1 Complete this table for your five highest con	npensated inde	eper	nder	nt co	ntra	acto	rs th	at received more than \$	100,000 of com	oensa	ation t	irom	
the organization. Heport compensation for the	ne calendar ye	ar e	ndin	g wi	ith o	r wil	thin :	the organization's tax y	ear.				
(A) Name and business a	addrees '	BTO:	NTTO					(B)			(C		
Tamo and papinood		NO	NE				+	Description of se	rvices	Cc	mper	nsation	1
									1				
			_				+		<del></del>				
							Т			_			
							$\perp$						
			_		_		+						
2 Total number of independent contractors (inc	cluding but no	t lim	ited	to th	hos	e list	ed a	above) who received mo	re than	-			
\$100,000 of compensation from the organization	ation				0								
												200	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**C**) Unrelated (D)
Revenue excluded from tax under sections 512 - 514 Total revenue Related or exempt function business revenue revenue Gifts, Grants illar Amounts 1 a Federated campaigns 101000. 1a b Membership dues ..... 1b c Fundraising events ..... 833868. 10 d Related organizations 1d Contributions, and Other Simi e Government grants (contributions) 285930. 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 2411446 55449. g Noncash contributions included in lines 1a-1f; \$ h Total. Add lines 1a-1f ..... 3632244 **Business Code** Program Service Revenue 2 a f All other program service revenue ..... g Total. Add lines 2a-2f . Investment income (including dividends, interest, and other similar amounts) 116381. 116381. Income from investment of tax-exempt bond proceeds Royalties ..... (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses ..... c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses ..... c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 833868. of contributions reported on line 1c). See Part IV, line 18 \_\_\_\_\_ a 35262. b Less: direct expenses \_\_\_\_\_ b c Net income or (loss) from fundraising events -2655. -2655. 9 a Gross income from gaming activities. See Part IV, line 19 ..... a b Less: direct expenses \_\_\_\_\_ b c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances \_\_\_\_\_a b Less: cost of goods sold \_\_\_\_\_ b c Net income or (loss) from sales of inventory .... Miscellaneous Revenue Business Code 11 a UNREALIZED AND REALIZE 900099 453028 453028. b UNREALIZED LOSS ON BEN 900099 -8. c d All other revenue ..... e Total. Add lines 11a-11d 453020. Total revenue. See instructions.

4198990.

0.

# Form 990 (2017) PROKIDS Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete

Sec	tion 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All oth	er organizations must co	mplete column (A).	<del></del>
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations			geriotal expenses	СХРОПОСО
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic		-		
	individuals. See Part IV, line 22	11442.	11442.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	J			
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	114404.	57202.	34321.	22881.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and		ļ		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1388645.	1076126.	101982.	210537.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		1		
9	Other employee benefits	150870.	113773.	13676.	23421.
10	Payroll taxes	116483.	87841.	10559.	18083.
11	Fees for services (non-employees):				
а	Management		[	İ	
b	Legal			-	
C	Accounting	8700.		8700.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	20446.	20446.		
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	22272.	19859.	1840.	573.
12	Advertising and promotion	11628.	4553.		7075.
13	Office expenses	7211.	7211.		
14	Information technology	24472.	24472.		
15	Royalties				
16	Occupancy	31300.	22671.	3181.	5448.
17	Travel	33882.	33882.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6735.	4877.	685.	1173.
23	Insurance	6226.	4509.	633.	1084.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a	VOLUNTEER EXPENSES	73108.	73108.		
b	REPAIRS AND MAINTENANCE	18018.	13049.	1832.	3137.
C	PRINTING AND PUBLICATIO	16624.	5884.		10740.
d	TELEPHONE	14637.	10601.	1488.	2548.
е	All other expenses	56639.	45504.	2103.	9032.
25	Total functional expenses. Add lines 1 through 24e	2133742.	1637010.	181000.	315732.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			J	
	Check here if following SOP 98-2 (ASC 958-720)				
732010	11-28-17				E 000 (201)

Form 990 (2017)
Part X Balance Sheet

Part	X	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			357149.	2	246035
	3	Pledges and grants receivable, net			1245039.	3	1150552
	4	Accounts receivable, net		1684.	4	1910	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	4958(	c)(3)(B), and contributing			
-		employers and sponsoring organizations of sect					
<b>1</b>		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net		·	7		
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			7114.	9	11608
1	l0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	126315.			
	b	Less: accumulated depreciation		113559.	17871.	10c	12756
1	11	Investments - publicly traded securities		"		11	
1	12	Investments - other securities. See Part IV, line 1		2732567.	12	5024514	
1	13	Investments - program-related. See Part IV, line			13		
1	14	Intangible assets		_	14		
- 1	15	Other assets. See Part IV, line 11		13086.	15	13339	
-   1	16	Total assets. Add lines 1 through 15 (must equi	4374510.	16	6460714		
1	17	Accounts payable and accrued expenses			131780.	17	152736
1	18	Grants payable		18			
1	19	Deferred revenue		19			
12	20	Tax-exempt bond liabilities	•••••		20		
- 1	21	Escrow or custodial account liability. Complete I	Part IV	of Schedule D		21	
	22	Loans and other payables to current and former					
<u> </u>		key employees, highest compensated employee					
		Complete Part II of Schedule L				22	
ہ ا ڌ	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	
- 1		Unsecured notes and loans payable to unrelated			<del>-</del>	24	
		Other liabilities (including federal income tax, pa			-	24	
-		parties, and other liabilities not included on lines					
		Schedule D				25	
2	26	Total liabilities. Add lines 17 through 25			131780.	26	152736
7		Organizations that follow SFAS 117 (ASC 958			2027001	20	132730
سِ ا		complete lines 27 through 29, and lines 33 an		in liere			
Net Assets or Fund Balances	27	Unrestricted net assets			2589862.	27	4365350
		Temporarily restricted net assets	•••••		1245039.	28	1150552
	29				407829.	29	792076
<u> </u>		Organizations that do not follow SFAS 117 (A	SC 959	3) check here		23	7,520,70
声		and complete lines 30 through 34.	J J J J J J	sy chock here		(5)	
၌ အ	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or eq	uinma	nt fund		31	
<u>د</u> ا ک		Retained earnings, endowment, accumulated in				32	
E   3	33	Total net assets or fund balances	oone,	or outer fullus	4242730.	33	6307978
- 1	34	Total liabilities and net assets/fund balances			4374510.	34	6460714
1 9		TOWN HUMBINGS and HEL assets/fully Dalatices			42/4210	J4	Form <b>990</b> (2017

	m 990 (2017) PROKIDS	31-102	20021	De	age 12				
Pa	art XI Reconciliation of Net Assets				ige iz				
_	Check if Schedule O contains a response or note to any line in this Part XI								
			****						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	41	989	90.				
2	rotal expenses (must equal Part IX, column (A), line 25)	2	_	_	42.				
3	nevertue less expenses. Subtract line 2 from line 1	3		_	248.				
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))								
5	Net unrealized gains (losses) on investments	5			30.				
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			_					
_	column (B))	10	631	779	78.				
Pa	TI All Financial Statements and Reporting				70.				
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			100	100				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	0.	2a		x				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	00.0	. 20		_				
	separate basis, consolidated basis, or both:	Ulla							
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	X					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	hania	20	_					
	consolidated basis, or both:	F Dasis,							
	X Separate basis Consolidated basis Both consolidated and separate basis								
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	a a a dit		=1					
	review, or compilation of its financial statements and selection of an independent accountant?	audit,		x					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	alula O	2c	A					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	ala Audit							
	Act and OMB Circular A-133?	gi <del>e</del> Audit			X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		3a	$\dashv$					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ea snoit	21						
		······································	3b	000 4	0047				
			Form \$	7 <b>3</b> U (	2017)				

#### **SCHEDULE A**

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** PROKIDS 31-1020021 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(lii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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 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. 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. 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. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 PROKIDS 31-1020021 Page 2 Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1465865. 2080960. 1960822 2641872. 3632244.11781763. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 1465865. 4 Total. Add lines 1 through 3 2080960. 1960822. 2641872. 3632244.11781763. 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) 1618193. 6 Public support. Subtract line 5 from line 4. 10163570. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015(f) Total (d) 2016 (e) 2017 2080960. 7 Amounts from line 4 1465865. 3632244.11781763. 1960822 2641872. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 19668. 28834 and income from similar sources 40836 68320 116381 274039. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ..... 11 Total support, Add lines 7 through 10 12055802. 12 Gross receipts from related activities, etc. (see instructions) 127352. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 84.30 14 % 15 Public support percentage from 2016 Schedule A, Part II, line 14 89.56 15 % 16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ....... Schedule A (Form 990 or 990-EZ) 2017

# Schedule A (Form 990 or 990-EZ) 2017 PROKIDS 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.)

20	ction A. Public Support						<del></del>			
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
1	Gifts, grants, contributions, and		1	(-)	(4) 2010	(6) 2017	(i) iotai			
	membership fees received. (Do not		1							
	include any "unusual grants.")									
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose									
3	Gross receipts from activities that				<del></del>					
	are not an unrelated trade or bus-									
	iness under section 513									
4	The state of the s				1					
	ization's benefit and either paid to		]	Į						
_	or expended on its behalf	<u> </u>	<del></del>							
5	The value of services or facilities				]					
	furnished by a governmental unit to									
_	the organization without charge									
	Total. Add lines 1 through 5									
7a	Amounts included on lines 1, 2, and									
	3 received from disqualified persons									
b	Amounts included on lines 2 and 3 received from other than disqualifled persons that exceed the greater of \$5,000 or 1% of the									
	amount on line 13 for the year									
C	Add lines 7a and 7b									
8	Public support. (Subtract line 7c from line 6.)	W IIII								
Sec	tion B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(40.0016	(=) 0047	(O.T.)			
	Amounts from line 6	(=) 2.010	(5) 2014	(6) 2013	(d) 2016	(e) 2017	(f) Total			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources									
b	Unrelated business taxable income									
	(less section 511 taxes) from businesses									
_	acquired after June 30, 1975									
11	Add lines 10a and 10b  Net income from unrelated business									
	activities not included in line 10b, whether or not the business is regularly carried on		,							
12	or loss from the sale of capital									
13	assets (Explain in Part VI.)									
		the numericality	- florida and a first	1.5.0						
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,			
Sac	check this box and stop heretion C. Computation of Publi	o Cunnert De					<u></u> ▶∟_			
10	Public support percentage for 2017 (I	ine 8, column (f) di	ivided by line 13, c	olumn (f))		15	%			
900	Public support percentage from 2016	Schedule A, Part	III, line 15			16	%			
	tion D. Computation of Inves			<u></u>						
1/	investment income percentage for 20	r 2017 (line 10c, column (f) divided by line 13, column (f)) 17 %								
18	Investment income percentage from 2	016 Schedule A,	Part III, line 17			18	%			
19a	33 1/3% support tests - 2017. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not			
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	upported organiza	tion				
b	33 1/3% support tests - 2016. If the	organization did n	ot check a box on	line 14 or line 19a	and line 16 is mo	re than 33 1/3%.	and			
	line 18 is not more than 33 1/3%, che	ck this box and sto	op here. The organ	nization qualifies a	s a publicly suppo	rted organization				
20	Private foundation. If the organization	n did not check a l	box on line 14, 19a	i, or 19b, check th	is box and see ins	tructions				

Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? if "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes, provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	2-		
	_ 3a	1 1	
	3b		
	3c	-	
	4a	-	
	70		
	4b		
	5 -		
	4c		
	_5a		
	5b		
	5c		
	6		
	_ 7		
	0		
	8		
	9a		
	9b		
	9c		
		18	
	10a		
	404		
- O	10b 90 or 99	N E71	20.47

	Supporting Organizations (continued)			
11	Has the organization acconted a gift or contribution from any of the following		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		y 11	
3.5	below, the governing body of a supported organization?			
b	A family member of a person described in (a) above?	11a		-
	A 35% controlled entity of a person described in (a) or (b) above?// "Yes" to a, b, or c, provide detail in Part VI.	11b	-	├
Sec	ction B. Type I Supporting Organizations	11c		
4.54			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	100		
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			4
	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			
0	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	2,53		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization.  tion C. Type II Supporting Organizations	2		L
	or type in cupper ting Organizations			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
_	the supported organization(s).	1	-	-
Sec	tion D. All Type III Supporting Organizations			
1	Did the experientian available and the State of the state		Yes	No
٠	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	100		
	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			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	_ 1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.			
Sec	tion E. Type III Functionally Integrated Supporting Organizations	3		—
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee Instruction	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	a instructions	5).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			TE
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
la.	that these activities constituted substantially all of its activities.	2a		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		- 10	
3	activities but for the organization's involvement.	2b		
a	Parent of Supported Organizations. Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI</b> .			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard			

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ections A through E.	,
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1_	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4_	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			<del>                                     </del>
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7		7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1		
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
_	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		· · · · · · · · · · · · · · · · · · ·
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	+ + +		
	see instructions)	4		İ
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	11		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	d Type III supporting org	anization (see
	instructions).	,		MINIMATOR 1900

Schedule A (Form 990 or 990-EZ) 2017

	11 V   Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations (continued)	
Sec	tion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
_3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			· · · · · · · · · · · · · · · · · · ·
_5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
_7_	Total annual distributions. Add lines 1 through 6.			·
8	Distributions to attentive supported organizations to which t	the organization is responsive	e	<del>-</del>
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6		· · · · · · · · · · · · · · · · · · ·	
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1_	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years	Later to the same of the same		
<u>h</u>	Applied to 2017 distributable amount			
<u> </u>	Carryover from 2012 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016		LE TOTAL TOTAL	
ө	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 PROKIDS	31-1020021 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17. Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; P Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	a or 17b; Part III, line 12; les 1 and 2; Part IV, Section C,
		<del></del>
-		
<del></del> -		
<del>.</del>		
<del></del>		

# Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization		Employer identification number
	ROKIDS	31-1020021
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 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	
Note: Only a section 501(c  General Rule  For an organization	is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (9), (8), or (10) organization can check boxes for filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions on contributor. Complete Parts I and II. See instructions for determining a contributor.	g \$5.000 or more (in money or
Special Rules	y site softender. Complete Farts Farid II. See instructions for determining a contributo	r's total contributions.
sections 509(a)(1) any one contribut	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppor and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount, line 1. Complete Parts I and II.	. or 16b, and that received from
year, total contrib	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III.	any one contributor, during the cational purposes, or for
year, contributions is checked, enter l purpose. Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled makere the total contributions that were received during the year for an exclusively religious makere any of the parts unless the <b>General Rule</b> applies to this organization because it e, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
out it <b>must</b> answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F I Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	Form 990, 990-EZ, or 990-PF), orm 990-PF, Part I, line 2, to

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

Name of organization

Employer identification number

31-1020021

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$100000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$101005.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$1000000.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 100275.	Person X Payroll

Name of organization Employer identification number

PROKIDS 31-1020021

Part I	Contributors (see instructions). Use duplicate copies of Part I if additionate	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payrolt Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part !! for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

P	R	0	K	I	D	S

31-1020021

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		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part i	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part !	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		\$			

Schedule	В	(Form	990,	990-EZ,	or 990-PF)	(2017)
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Page 4

Name of orga	inization		Employer identification number
PROKID	S		31-1020021
Part III	Exclusively religious, charitable, etc., contributes to the year from any one contributer. Complete co- completing Part III, enter the total of exclusively religious,	iumns (a) inrough (e) and the folio charitable, etc., contributions of \$1,000 o	of in section 501(c)(7), (8), or (10) that total more than \$1,000 for
(a) No.	Use duplicate copies of Part III if additional	space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		<del></del>	
-			
		(e) Transfer of gif	I
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee
-			
(a) No. from	(h) Durnoco of gift	(a) Upo of aith	7.2
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
		(e) Transfer of gif	ft
	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
-			
-			
$\vdash$		(e) Transfer of gift	65
h	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
-			
(a) Na			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-		(e) Transfer of gift	ft
	Tourist on the second of the s		
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
-			

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

PROKIDS

Employer identification number 31-1020021

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds of	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose co	nferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or	education) Preservation of a historic	cally important land area
	Protection of natural habitat	Preservation of a certifie	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	rganization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser-	vation easements during the year
7	Amount of expenses incurred in monitoring inconsting ben	dline of violations and out-using a second	
,	Amount of expenses incurred in monitoring, inspecting, hand > \$	uling of violations, and enforcing conservation	n easements during the year
8	Does each conservation easement reported on line 2(d) abor-	ve esticity the requirements of a still of 70% V	(4) (7) (7)
•	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170(n)(	4)(B)(I) Yes No
9	In Part XIII, describe how the organization reports conservat	ion egeaments in its royanua and avnance at	ctomant and balance sheet and
	include, if applicable, the text of the footnote to the organiza		
	conservation easements.	indicate date incite and describes the	organization's accounting for
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statemen	nt and balance sheet works of art.
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	of public service, provide, in Part XIII.
	the text of the footnote to its financial statements that descri		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement an	nd balance sheet works of art. historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:	•	,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial ga	ain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		•

	dule D (Form 990) 2017 PROKIDS				31-	102002	1 p	age 2
Pai	t III Organizations Maintaining (	Collections of A	rt, Historical Tr	easures, or Oth	ner Similar A	ssets(conti	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check any of the	following that are a	significant use o	f its collection	n iten	าร
	(check all that apply):							
8	Public exhibition	d		hange programs				
b	Scholarly research	е	Other					
C	Preservation for future generations							
4	Provide a description of the organization's c	ollections and explai	n how they further t	he organization's ex	empt purpose in	Part XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	sures, or other simil	ar assets		_	
	to be sold to raise funds rather than to be m	aintained as part of t	the organization's co	ollection?		Yes		No
Pai	t IV Escrow and Custodial Arran	<b>gements.</b> Comple	ete if the organization	n answered "Yes" o	n Form 990, Par	t IV, line 9, o	r	
	reported an amount on Form 990, Pa			<u>.</u>				
1a	Is the organization an agent, trustee, custod						_	
	on Form 990, Part X?	***************************************				└── Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					
						Amoun	<u>t</u>	
C	Beginning balance				1c			
d	Additions during the year				1d			
	Distributions during the year				1e			
f	Ending balance			.,	1f		—	
	Did the organization include an amount on F					└── Yes	<u> </u>	No
Dai	If "Yes," explain the arrangement in Part XIII.  † V   Endowment Funds. Complete	. Check here if the ex	(planation has been	provided on Part XI	<u>   _,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
I GI	t V Endowment Funds. Complete							
10	Reginning of year belones	(a) Current year 790112	(b) Prior year 523114.	(c) Two years back		ack (e) Fou	r years	back
b	Beginning of year balance Contributions	310100	204373.	520000				
	Net investment earnings, gains, and losses	74147.	62625.	-8806				
٥	Grants or scholarships	/313/.	02025.	-0000		_		
	Other expenditures for facilities							
•	·							
f	and programs							
g	End of year balance	1174359	790112.	523114.		_		
2	Provide the estimated percentage of the cur							
a	Board designated or quasi-endowment	rent year end baland	e (arie 19, column (a	ij) neid as:				
b	Permanent endowment	%						
C	Temporarily restricted endowment	^ %						
_	The percentages on lines 2a, 2b, and 2c sho							
За	Are there endowment funds not in the posse		ation that are held a	nd administered for	the organization			
	by:			na aaniinistoroa loi	the organization	1	Yes	No
	(i) unrelated organizations					3a(i)	X	140
	(ii) related organizations			***************************************		3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?	***************************************	•••••••	3b	$\overline{}$	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.					
Par	t VI Land, Buildings, and Equipm				<del></del>			
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, line 11a. S	ee Form 990, Part X	(, line 10.			
	Description of property	(a) Cost or or			ccumulated	(d) Boo	k valu	 e
		basis (investn	nent) basis		preciation	(-,		_
1a	Land							
b	Buildings							
C	Leasehold improvements							
	Equipment							
	Other		1	26315.	113559.		127	56.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990. Part	X. column (B), line 1	Oc.)			127	56.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  (a) Discription disquiry interests (b) Book value  (c) Method of valuation: Cost or end of year market value  (p) Method of valuation: Cost or end of year market value  (p) Morer  (p) CosePyhoda quity interests (p) Other  (p) CORPORATE STOCKS  (p) MUTUAL FUNDS  (p) MUTUAL FUNDS  (p) MONEY MARKET  (p	investments - Other Securities.			
11   Financial derivatives	Complete if the organization answered "Yes"			
(2) Closely-hold equily interests   (3) Other   (4) CORPORATE SPOCKS   (4) 4994.   END-OF-YEAR MARKET VALUE   (5) MUTUAL FUNDS   2941775.   END-OF-YEAR MARKET VALUE   (5) MUTUAL FUNDS   1996571.   END-OF-YEAR MARKET VALUE   (6) KENLANGE TRADED FUNDS   1996571.   END-OF-YEAR MARKET VALUE   (7) (8)   (9)   (1)		(b) Book value	(c) Method of valuation: Cost or el	nd-of-year market value
(8) Other (A) CORPORATE STOCKS 44994. BND-OF-YEAR MARKET VALUE (B) MUTUAL PUNDS 2941775. END-OF-YEAR MARKET VALUE (C) EXCHANGE TRADED FUNDS 1996571. END-OF-YEAR MARKET VALUE (D) MONEY MARKET 41174. END-OF-YEAR MARKET VALUE (E) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	***************************************			
CORPORATE STOCKS				
(b) MUTUAL FUNDS  (c) EXCHANGE TRADED FUNDS  (d) MONEY MARKET  (e) MONEY MARKET  (f) END-OF-YEAR MARKET VALUE  (f) END-OF-YEAR MARKET VALUE  (g) MONEY MARKET  (h) END-OF-YEAR MARKET VALUE  (g) (h) END-OF-YEAR MARKET VALUE  (h) END-OF-YEAR MARKET VALUE  (g) (h) END-OF-YEAR MARKET VALUE  (g) (h) END-OF-YEAR MARKET VALUE  (h) END-OF-YEAR MARKET VALUE  (g) (h) END-OF-YEAR MARKET VALUE  (h) END-OF-YEAR MARKET VALUE  (g) (h) END-OF-YEAR MARKET VALUE  (g) (h) END-OF-YEAR MARKET VALUE  (g) (h) END-OF-YEAR MARKET VALUE  (g) (h) END-OF-YEAR MARKET VALUE  (g) (h) END-OF-YEAR MARKET VALUE  (g) (h) END-OF-YEAR MARKET VALUE  (g) (h) END-OF-YEAR MARKET VALUE  (g) (h) END-OF-YEAR MARKET VALUE  (g) (h) END-OF-YEAR MARKET VALUE  (g) (h) END-OF-YEAR MARKET VALUE  (g) (h) END-OF-YEAR MARKET VALUE  (g) (h) END-OF-YEAR MARKET VALUE  (g) (h) END-OF-YEAR MARKET VALUE  (g) (h) END-OF-YEAR MARKET VALUE  (h) END-OF-YEAR MARKET VALUE  (g) (h) END-OF-YEAR MARKET VALUE  (h) END-OF-YEAR MARKET VALUE  (h) END-OF-YEAR MARKET VALUE  (g) END-OF-YEAR MARKET VALUE  (h) PARKET VALUE  (h) END-OF-YEAR MARKET  (h) END-OF-YEAR M				
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Complete if the organization answered "Yes" on Form 990, Part X, line 11d. See Form 990, Part X, line 15d. (5b) Book value   Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 13d. (6c) Method of valuation: Cost or end-of-year market value   Cost				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VII   Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market value   (1)     (2)   (3)   (4)   (6)   (7)   (8)   (9)   (9)     (9)   (9)   (9)   (1) must equal Form 990, Part X, col. (B) line 13.)     (a) Description   (a) Description   (b) Book value   (b) Book value   (c) Method of valuation: Cost or end-of-year market value   (c) Method of valuation: Cost or end-of-year market value   (c) Method of valuation: Cost or end-of-year market value   (d) Method of valuation: Cost or end-of-year market value   (d) Method of valuation: Cost or end-of-year market value   (d) Method of valuation: Cost or end-of-year market value   (d) Method of valuation: Cost or end-of-year market value   (d) Method of valuation: Cost or end-of-year market value   (d) Method of valuation: Cost or end-of-year market value   (d) Method of valuation: Cost or end-of-year market value   (e) Method of valuation: Cost or end-of-year market value   (e) Method of valuation: Cost or end-of-year market value   (e) Method of valuation: Cost or end-of-year market value   (e) Method of valuation: Cost or end-of-year market value   (e) Method of valuation: Cost or end-of-year market value   (e) Method of valuation: Cost or end-of-year market value   (e) Method of valuation: Cost or end-of-year market value   (e) Method of valuation: Cost or end-of-year market value   (e) Method of valuation: Cost or end-of-year market value   (e) Method of valuation: Cost or end-of-year market value   (e) Method of valuation: Cost or end-of-year market value   (e) Method of valuation: Cost or end-of-year market value   (e) Method of valuation: Cost or end-of-year market value   (e) Method of valuation: Cost or end-of-year market value   (e) Method of valuation: Cost or end-of-year market value   (e) Method of valuation: Cost or end-of-year market value   (e) Method of valuat				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  [a] Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)  [2]  [3]  [4]  [5]  [6]  [7]  [8]  [9]  [9]  Total. (Coli, (b) must equal Form 990, Part X, col. (B) line 15.)  [9]  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  [9]  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  [9]  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  [9]  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  [9]  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  [9]  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  [9]  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  [9]  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  [9]  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	5024514.		
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State   Column (b) must equal Form 990, Part X, col. (B) line 13.)			-	<del></del>
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<del></del>	· ·		
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	Part Y Other Liabilities	9 75.)		
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(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			(b) Book value	
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
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(6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(4)			
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(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(7)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(8)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)  Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	(9)			
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the	Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)		
	2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements	that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

732054 10-09-17

PROKIDS

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							ntification number
PROKIDS						31-1020	
Fundraising Activities required to complete this par	Complete if the organization answert.	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E2	I filers are not
<ul> <li>Indicate whether the organization rais a Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a written of key employees listed in Form 990, P</li> <li>If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the</li> </ul>	e Solicita  f Solicita g Special  or oral agreement with any individual fart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includer (includer)	non-g gover aising ding o	overnment grants nment grants events fficers, directors, tru undraising services?	stees	Yes	
or entity (fundraiser)   or control of   from activity   fu		Amount paid or retained by) fundraiser ted in col. (i)	(vI) Amount paid to (or retained by) organization				
		Yes	No				
Total							
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	or has been notified	d it is	exempt from re	egistration
	-				—		
				<u> </u>			
	•						
	<del>-</del>						

Sch	Schedule G (Form 990 or 990 EZ) 2017 PROKIDS 31-1020021 Page 2  Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000										
	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.										
Ф			(a) Event #1 FRIENDS OF	(b) Event #2 RUN FOR KIDS (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))					
Revenue	1	Gross receipts	833868.	35262.		869130.					
	2	Less: Contributions	833868.			833868.					
_	3	Gross income (line 1 minus line 2)		35262.		35262.					
	4	Cash prizes									
S	5	Noncash prizes									
Direct Expenses	6	Rent/facility costs									
Direct E	7	Food and beverages									
	8	Entertainment									
	9	Other direct expenses	22193.	15724.		37917.					
	10	Direct expense summary. Add lines 4 through				37917.					
HD-	11	Net income summary. Subtract line 10 from I	ine 3, column (d)	***************************************		-2655.					
Pa	II L I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or t	eported more than						
_	_	\$13,000 on Form 990-EZ, line 6a.	<del></del>	(b) Pull tabs/instant	·	1 ( a = 1 ) · · · · · · ·					
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))					
eve				310		oon (a) anoagn oon (o)					
<u>~</u>	1	Gross revenue									
ses	2	Cash prizes									
Direct Expenses	3	Noncash prizes									
Direct	4	Rent/facility costs									
	5	Other direct expenses									
	6	Volunteer labor	Yes % No	Yes %	Yes %						
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)								
_	8	Net gaming income summary. Subtract line 7	from line 1, column (d)								
a	9 Enter the state(s) in which the organization conducts gaming activities:  a Is the organization licensed to conduct gaming activities in each of these states?  b If "No," explain:										
10a	We	ere any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or to	erminated during the tax y	/ear?	Yes No					
	_										

	edule G (Form 990 or 990 EZ) 2017 PROKIDS	<u>31-1020021</u>	L Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No.
13	Indicate the percentage of gaming activity conducted in:		
ε	r The organization's facility	13a	%
t	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	3:	,,,
	Name ►		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	nt	
	of gaming revenue retained by the third party >\$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
47	Management attention of		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	└── No
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the	
Da	organization's own exempt activities during the tax year \$\ \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\		
га	and (v), and Far	t III, lines 9, 9b, 10	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			
		<del></del>	

Schedule G (Form 990 or 990-EZ) PROKIDS	31-1020021 Page 4
Schedule G (Form 990 or 990-EZ) PROKIDS  Part IV   Supplemental Information (continued)	
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#### SCHEDULE M (Form 990)

#### Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Open To Public Inspection

Employer identification number

PROKIDS 31-1020021 Types of Property (a) (b) (c) (d) Noncash contribution Check if Number of Method of determining contributions or applicable amounts reported on noncash contribution amounts items contributed Form 990, Part VIII, line 1a Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods ..... 5 Cars and other vehicles \_\_\_\_\_ 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded ..... 16 55449 MEAN PRICE 9 Securities - Closely held stock ..... 10 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial ..... 16 17 Real estate - Other 18 Collectibles \_\_\_\_\_ 19 Food inventory Drugs and medical supplies 20 21 Taxidermy \_\_\_\_\_ 22 Historical artifacts Scientific specimens 23 Archeological artifacts 25 Other Other 26 27 Other -Other > 28 Number of Forms 8283 received by the organization during the tax year for contributions Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? X 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2017

Schedule M	(Form 990) 2017 Supplemental	PROKIDS	31-1020021	Page 2
Part II	Supplemental is reporting in Part this part for any ac	<b>Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, I, column (b), the number of contributions, the number of items received, or a comb diditional information.	and whether the organiza ination of both. Also comp	tion plete
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#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2017
Open to Public

Internal Revenue Service ► Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization **Employer identification number** PROKIDS 31-1020021 FORM 990, PART VI, SECTION B, LINE 11B: FINANCE COMMITTEE AND/OR EXECUTIVE COMMITTEE REVIEWED FORM 990 AT MEETING. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS REQUIRED TO SIGN CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS. NEW BOARD MEMBERS SIGN THE POLICY RIGHT AWAY. FORM 990, PART VI, SECTION B, LINE 15: DETERMINED BASED ON A COMPENSATION SURVEY PERFORMED ALL STAFF SALARIES ARE BY AN INDEPENDENT FIRM. COMPARABILITY DATA IS UTILIZED. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FINANCIAL INFORMATION IS PROVIDED TO AND PUBLISHED BY THE BETTER BUSINESS BUREAU. THE ANNUAL REPORT IS ALSO AVAILABLE ON THE ORGANIZATION'S WEBSITE. FORM 990, PART XII, LINE 2C: THE EXECUTIVE COMMITTEE MEMBERS ALSO SERVE AS THE AUDIT COMMITTEE.

### 4562

Department of the Treasury Internal Revenue Service Name(s) shown on return

#### **Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

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

990

OMB No. 1545-0172

Attachment Sequence No. 179

Business or activity to which this form relates Identifying number PROKIDS FORM 990 PAGE 10 31-1020021 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 510000. 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2030000. 3 Threshold cost of section 179 property before reduction in limitation 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -D-. If married filing separately, see instructions (a) Description of property (b) Cost (business use only) 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 ..... 10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction, Add lines 9 and 10, but don't enter more than line 11. 12 13 Carryover of disallowed deduction to 2018. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during ..... 14 15 Property subject to section 168(f)(1) election 15 555. 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2017 6141. 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ....... Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery (a) Classification of property (e) Convention (g) Depreciation deduction (f) Method year placed in service 19a 3-year property 1620. 5 YRS. SL 40. MO b 5-year property 7-year property C 10-year property d θ 15-year property f 20-year property 25-year property g 25 yrs. S/L 27.5 yrs. MM S/L h Residential rental property 27.5 yrs. ММ S/I ММ S/L 39 yrs. i Nonresidential real property MM S/I Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System 20a Class life 12-year b 12 yrs. S/L 40-year 40 yrs. ММ c S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 6736. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 22 23 For assets shown above and placed in service during the current year, enter the

23

portion of the basis attributable to section 263A costs ,

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

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes \_ No (b) Date (c) (e) (i) (a) Type of property (g) (h) (d) Business/ Basis for depreciation Elected Recovery Method/ Depreciation Cost or placed in investment (business/investment section 179 (list vehicles first) other basis period Convention deduction service use percentage use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use ...... 25 26 Property used more than 50% in a qualified business use: % % 27 Property used 50% or less in a qualified business use: % S/L % S/L -% S/L · 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

#### Section B - Information on Use of Vehicles

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

30	Total business/investment miles driven during the	(a Vehi	-	(t Veh	•	(c Veh	•	(c Veh	i) icle	(€ Veh	*	(1 Veh	f) iicle
	year (don't include commuting miles)												
31	Total commuting miles driven during the year												
32	Total other personal (noncommuting) miles driven												
33	Total miles driven during the year.  Add lines 30 through 32		·										
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36 	Is another vehicle available for personal use?								·				

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

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

011	ners of related persons.							
37	7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?							
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your								
	employees? See the instructions for vehicles u	ised by corp	orate officers, directors, o	r 1% or more owner	'S			
39 Do you treat all use of vehicles by employees as personal use?								
40 Do you provide more than five vehicles to your employees, obtain information from your employees about								
	the use of the vehicles, and retain the informat	tion received	?					
41	Do you meet the requirements concerning qua	alified automo	obile demonstration use?		***			
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.								
P	art VI Amortization				-			
	(a) Description of costs	(b) Date amortization	(c) Amortizable	(d) Code	(e) Amortization	Amo	(f) rtization	

	(a)  Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percer		(f) Amortization for this year			
42	Amortization of costs that begins during your 2017 tax year:									
	·	1 1								
43	Amortization of costs that began before your 2		43							
44	Total. Add amounts in column (f). See the inst		44							

#### Form **8868**

(Rev. January 2017)

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

OMB No. 1545-1709

Enter filer's identifying number

Department of the Treasury Internal Revenue Service

File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit

### Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Type o	Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) or				
print	PROKIDS				31-1020021				
File by the due date t filing your	2605 BURNET AVENUE			Social se	Social security number (SSN)				
return. Se instruction	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  CINCINNATI, OH 45219								
Enter th	ne Return Code for the return that this application is for (fil	e a separa	te application for each return)			0 1			
Application		Return	Application			Return			
Is For		Code	Is For			Code			
Form 990 or Form 990-EZ			Form 990-T (corporation)	07					
Form 990-BL		02	Form 1041-A			08			
Form 4	720 (individual)	03	Form 4720 (other than individual)	09					
Form 9	90-PF	04	Form 5227			10			
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069	11					
Form 9	90-T (trust other than above)	06	Form 8870	12					
• If the box • If	request an automatic 6-month extension of time until or the organization named above. The extension is for the important calendar year 2017 or tax year beginning the tax year entered in line 1 is for less than 12 months, or	Group Exe and atta NOVEN organizatio , an	emption Number (GEN) In the character of the char	f this is fo f all memb	r the whole g ers the exter opt organizat	roup, check this			
	Change in accounting period								
	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069, c	enter the tentative tax, less any			0.			
_	onrefundable credits. See instructions.		a vali va da la la la cua ditta la cal	3a	\$	<u> </u>			
	this application is for Forms 990-PF, 990-T, 4720, or 6069	OL.	۵	0.					
_	stimated tax payments made. Include any prior year over	3b	\$	<u> </u>					
	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.					0.			
	n: If you are going to make an electronic funds withdrawal			3c  453-EO ai	nd Form 887				

### Form **8879-EO**

## IRS e-file Signature Authorization for an Exempt Organization

_			3				
	For calendar year 2017, or fiscal year be				<i>2</i> 017		
Department of the Treasury			Keep for your records.		2011		
Name of exempt organization	Go to www	.irs.gov/Form8879E	O for the latest information.	Employer in	lantification number		
The or generation				Employer id	lentification number		
PROKIDS				21 10	31_1020021		
Name and title of officer					31-1020021		
WILLIAM DECAM	P .						
TREASURER							
	Return and Return Inforr	mation (Mhole Do	llare Onty)		<del></del>		
	ırn for which you are using this F			. Framatia vatur	n liferen elegate de la com		
on line <b>1a, 2a, 3a, 4a,</b> or 5	a, below, and the amount on tha lank (do not enter -0-). But, if you	at line for the return b	eing filed with this form was bla	ınk, then leave lii	ne 1b. 2b. 3b. 4b. or 5b.		
1a Form 990 check here	b Total revenue.	if any (Form 990, Pa	ırt VIII, column (A), line 12)	16	4198990		
2a Form 990-EZ check he	ere b Total rever	nue if any (Form 990	)-EZ, (ine 9)	ID _	41505501		
3a Form 1120-POL check	here b D b Total to	ax (Form 1120-POI	line 22)	20 =			
4a Form 990-PF check he		on investment inco	me (Form 990-PF, Part VI, line 5				
5a Form 8868 check here		Form 8868 line 3c)		" 4D			
	, and the second	om 6000, m 6 00)		ob =			
Part II Declarat	ion and Signature Autho	rization of Offic	er				
return, and the financial in 1-888-353-4537 no later th processing of the electron payment. I have selected a	applicable, I authorize the U.S. Tr I institution account indicated in stitution to debit the entry to this an 2 business days prior to the p ic payment of taxes to receive or a personal identification number electronic funds withdrawal.	the tax preparation s account. To revoke payment (settlement) onfidential informatio	software for payment of the organized a payment, I must contact the ladge at the finance of the contact the finance of the contact the finance of the contact the contact in the contact i	anization's feder U.S. Treasury Fir cial institutions in and resolve issi	al taxes owed on this nancial Agent at nvolved in the		
Officer's PIN: check one	box only						
X Lauthoriza SO	PER, SOPER & WEI	NRT. T.T.D			PIN 45219		
Taddioize 50	THE POLICE OF WHITE	ERO firm name		to enter my.	Enter five numbers, b		
		THO IIIII HAME			do not enter all zero:		
is being filed wit	on the organization's tax year 20 h a state agency(ies) regulating o the return's disclosure consent :	charities as part of the	d return. If I have indicated with e IRS Fed/State program, I also	in this return tha authorize the at	t a copy of the return orementioned ERO to		
indicated within	he organization, I will enter my P this return that a copy of the retu ter my PIN on the return's disclo	urn is being filed with	a state agency(ies) regulating o	17 electronically charities as part	r filed return. If I have of the IRS Fed/State		
Officer's signature	zun her		Date ▶ /	1/14/18	<u> </u>		
Part III   Certifica	tion and Authentication'						
			<u> </u>				
	ur six-digit electronic filing identif your five-digit self-selected PIN.		315234391 Do not enter all ze				
I certify that the above nur confirm that I am submittir e-file Providers for Busines	neric entry is my PIN, which is m ig this return in accordance with is Returns.	y signature on the 20 the requirements of	017 electronically filed return for <b>Pub. 4163,</b> Modernized e-File (N	the organization leF) Information	n indicated above. I for Authorized IRS		
FRO's signature			Data &				

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

OMB No. 1545-1878