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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. OMB No 1545-0047

Open to Public Inspection

A F	or the	2011 calendar year, or tax year beginning JUL 1, 2011 and	ending J	UN 30, 2012				
Вс	heck if pplicable	C Name of organization		D Employer identific	cation number			
	Addres change	s EDUCATE THE CHILDREN, INC.						
	Name change	Doing Business As			383981			
\vdash	_return Termin	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number				
\vdash	ated Amend	PU BUA 414	(607					
<u></u>	∟return	City or town, state or country, and ZIP + 4	G Gross receipts \$	219,155.				
	Applica tion pending			H(a) is this a group re				
	,	F Name and address of principal officer ELISABETH PRENTICE		for affiliates?	Yes X No			
		SAME AS C ABOVE		H(b) Are all affiliates inc				
_		mpt status: X 501(c)(3) 501(c) () ((Insert no.) 4947(a)(1) (or 527	1	list. (see instructions)			
		e: ► WWW.ETC-NEPAL.ORG	 	H(c) Group exemption				
		organization: X Corporation Trust Association Other ►	L Year	of formation: 1990 N	State of legal domicile: NY			
Pa		Summary			TODILG LITTIN			
ė	1	Briefly describe the organization's mission or most significant activities EDUC						
aŭ	"	NOMEN AND CHILDREN IN NEPAL TO IMPROVE H		• •				
ern		Check this box if the organization discontinued its operations or dispose if the organization discontinued its operation discontinued i	sed of more	than 25% of its net as				
30		Number of voting members of the governing body (Part VI, line 1a)		. 3	12			
જ		Number of independent voting members of the governing body (Part VI, line 1b)	•	4	12			
ies		Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	2			
Activities & Governance		Total number of volunteers (estimate if necessary)		6	3			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.			
	1 d	Net unrelated business taxable income from Eorm 990-T, line 34	·····	7b	0.			
		Contributions and grants (Part VIII, line 14)	-	Prior Year	Current Year			
Ze Per				212,342.	219,155.			
Sen Ven	9 F	Program service revenue (Part VIII, line 20) nvestment income (Part VIII, column (A) ines 3, 4, and 3d) 2 112		0.	0.			
hevenue	10	1811		0.	0.			
⊋		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e		0.	0.			
)		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	··	212,342.	219,155.			
7 1	[Grants and similar amounts paid (Part IX, column (A), lines 1:3)	.	157,700.	153,500.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
SC/Experises		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		43,739.	39,367.			
₩		Professional fundraising fees (Part IX, column (A), line 11e)	40 -	0.	0.			
素		Total fundraising expenses (Part IX, column (D), line 25) 39, 1	42.	21 (11	27 042			
2		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	·	31,611.	37,243.			
B	l	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		233,050.	230,110.			
_ S	19	Revenue less expenses. Subtract line 18 from line 12		-20,708.	-10,955.			
Vet Assets or und Balances		5.4.1	Re	ginning of Current Year	End of Year			
Sse	20	Total assets (Part X, line 16)		58,720.	48,018. 1,548.			
und/	21	Total liabilities (Part X, line 26)		1,295. 57,425.	46,470.			
<u> </u>	<u>22 1</u> art	Net assets or fund balances Subtract line 21 from line 20 Signature Block		37,443.	40,470.			
		ties of perjury, I declare that I have ex <u>amin</u> ed this return, including accompanying schedule	e and statem	ante and to the heet of m	knowledge and heliof it is			
		, and complete. Declaration of preparer (other than officer) is based on all information of wi			y knowledge and belief, it is			
uue,	Correct		iicii preparei	lias any knowledge.	7/12			
O:	_	Signature of officer		Date	5/1×			
CONTRACTOR OF THE PROPERTY OF								
Her	e	Type or print name and title		MICESIDE				
			I	Date/ / Check	PTIN			
Paid		Print/Type preparer's name Preparer's signature		10/12- 1				
		DUANE SHOEN FIRM'S ROWN - COMPANY CDA'S LLD		Setf-employe	16-1171627			
		Firm's name CDLM & COMPANY CPA'S, LLP Firm's address 401 E. STATE ST., SUITE 500		Firm's EIN	10-11/102/			
U3E	Jy	Firm's address 401 E. STATE ST., SUITE 500 ITHACA, NY 14850		Dhona no S	07-272-4444			
Mari	, the ID	S discuss this return with the preparer shown above? (see instructions)		j riioile iio. O	X Yes No			
ινιάγ	uie in	o discuss uns return with the preparer snown above? (see instructions)			LALITES LLINO			

orm	1990 (2011) EDUCATE THE CHILDREN, INC.	16-1383981	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Bnefly describe the organization's mission.	<u> </u>	
'	EDUCATE THE CHILDREN WORKS WITH WOMEN AND CHILDREN IN NE	םםואד חיי זגמי	OVE.
	HEALTH, WELFARE AND SELF-SUFFICIENCY BY BUILDING SKILLS	THAT FAMILI	ES
	CAN PASS DOWN TO LATER GENERATIONS.	· · · · · · · · · · · · · · · · · · ·	
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Ves	X No
	If "Yes," describe these new services on Schedule O.		
_	·		77.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	∟ Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	3
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of g	rants and allocations t	io
	others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 168,111. including grants of \$ 153,500.) (Revenue	- 0	0.)
	EDUCATIONAL OPPORTUNITES, SKILLS TRAINING, KINDERGARTEN		,
		PROGRAMS,	
	TEACHER TRAINING, AND AGRICULTURAL DEVELOPMENT.		
			
			-
			
4b	(Code) (Expenses \$) (Revenue	e\$)
	Table 1		
4c	(Code) (Expenses \$ including grants of \$) (Revenue	e \$)
		 	
		·	
		 	
		<u> </u>	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 168,111.		_ -
		Form Q	90 (2011)
3200 2 -09 -		. 5	- (=011)

Form 990 (2011) EDUCATE THE CHILDREN, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1_	_X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
_	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
U	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 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	_		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_7 _		
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide	-		
•	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	<u> </u>		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
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	<u> </u>		
	as applicable			ı .
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		ļ	
	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		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	<u> </u>	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?		ŀ	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
O	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV			v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		<u> </u>
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	x	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15	A	
. •	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10	—— 	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-''-		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	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	19		<u>x</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (2	2011)

Form 990 (2011) EDUCATE THE CHILDREN, INC.
Part IV Checklist of Required Schedules (continued)

		Τ -	T	l
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		Yes	No
21	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	<u> </u>		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			7.
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	_26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	0.7		v
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	Instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I. Part IV.	28a		х
a h	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	<u> </u>	X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
٠	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	l	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l
	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	37	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		_v	[
	Note. All Form 990 filers are required to complete Schedule O	<u>38</u>	990 /	2011)
		rorm	シ ラリ (2U I T)

Section 501(c)(12) organizations. Enter.

a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Section 501(c)(29) qualified nonprofit health insurance issuers. 13

a Is the organization licensed to issue qualified health plans in more than one state?

Note. See the instructions for additional information the organization must report on Schedule O

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

13a 13b 13c X 14a

11a

11b

Form 990 (2011)

12a

Pai	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions		"No" r	espon:	se					
	Check if Schedule O contains a response to any question in this Part VI				\mathbf{x}					
Sec	tion A. Governing Body and Management			-	<u> </u>					
				Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	12								
	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 0.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b	12								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?		2		<u> </u>					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervise	ion								
	of officers, directors, or trustees, or key employees to a management company or other person?		3		<u>X</u>					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X					
5	<u> </u>									
6	6 Did the organization have members or stockholders?									
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	,	7a		<u> </u>					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	,	7b		<u> </u>					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		_	۱ ,,						
	The governing body?		8a	X						
b	Each committee with authority to act on behalf of the governing body?		_8b_	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		_		v					
300	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		9		<u> </u>					
-	tion B. I Olicies (This Section B requests information about policies not required by the internal Revenue Code)			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	ſ	10a	162	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates		iva							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	'	10b							
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b Describe in Schedule O the process, if any, used by the organization to review this Form 990										
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	х						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12b		X					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	ın Schedule O how this was done		12c		<u>X</u>					
13	Did the organization have a written whistleblower policy?		13		X					
14	Did the organization have a written document retention and destruction policy?		14		X					
15	Did the process for determining compensation of the following persons include a review and approval by independent	ıt [
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official		15a		<u>X</u>					
b	Other officers or key employees of the organization		15b		X					
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?		16a		_X_					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	'n		1						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	ļ								
	exempt status with respect to such arrangements?		16b							
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►NY, TX, NC, OH, GA, IL									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest	policy, and	i finan	icial						
statements available to the public during the tax year.										
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	organizat	ion: 🗩	-						
	THE ORGANIZATION - (607) 272-1176									
3200	PO BOX 414, ITHACA, NY 14851		Eorm	990 (2011)					

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

Check if Schedule O contains a response to any question 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.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per week	box	not c , unle cer ar	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KATHERINE ANDERSON	1 00									_
DIRECTOR	1.00	X	ļ			_	_	0.	0.	0.
(2) KELLI BOSMAN	1 00									
DIRECTOR	1.00	X			<u> </u>	-		0.	0.	0.
(3) BARBARA BUTTERWORTH	1 00	7.7	i							
DIRECTOR	1.00	X	<u> </u>				<u>-</u> -	0.	0.	0.
(4) SUSAN FLEMING	1 00	.							_	_
DIRECTOR (5) PETER FRITTS	1.00	X						0.	0.	0.
TREASURER	1.00	x		x				0.	0.	0.
(6) MELVIN GOLDMAN	1.00	^	 	^			_	<u> </u>		<u></u>
VICE PRESIDENT	1.00	X	ļ	х				0.	0.	0.
(7) CHARLES GOODMAN	1.00	<u> </u>		1						
DIRECTOR	1.00	X						0.	0.	0.
(8) SUSANNA PEARCE		-	\vdash						<u></u>	<u> </u>
DIRECTOR	1.00	X						0.	0.	0.
(9) ELISABETH PRENTICE										
PRESIDENT	1.00	X	;	Х				0.	0.	0.
(10) MARCY SCHAEFFER	,									
SECRETARY	1.00	X		X				0.	0.	0.
(11) DAN SISLER										-
DIRECTOR	1.00	X						0.	0.	0.
(12) COLLEEN THAPALIA										
DIRECTOR	1.00	X						0.	0.	0.
(13) DONNA FLEMING										
DIRECTOR	1.00	X			_			0.	0.	0.
(14) CAITLIN WOOD										
INTERIM EXECUTIVE DIRECTOR	40.00			X			<u> </u>	23,500.	0.	0.
(15) LISA ANNE LYONS										
EXECUTIVE DIRECTOR	40.00			X				1,692.	0.	0.
									· · · · · · · · · · · · · · · · · · ·	
100007 04 00 40		<u> </u>				L	L			Form 990 (2011)

Form **990** (2011)

132008 01-23-12

X5045 1

Total Add lines 1a-1f All other program service revenue	Pa	art VI	II Statement of Reve	nue					
Business Code Part Business Code Busine					,		Related or exempt function	Unrelated business	(D) Revenue excluded from tax under sections 512, 513, or 514
Business Code Part	nts	1 a	Federated campaigns	1a	2,127.				
Business Code Part	ar our	b	Membership dues	1b			•		
Business Code Part	s, C	C	Fundraising events	1c					
Business Code Part	a ii	d		1d					
Business Code Part	s, C	e	•		· ·				
Business Code Part	<u>i</u>	f		• —					
Business Code Part	it et	•			217 028				<u> </u>
Business Code Part	至				<u>ZII, UZU.</u>				
Business Code Part	2.5	9		s ia- ir \$		210 155			
2 a b c c d d d d d d d d d d d d d d d d d	<u></u>	"	Total. Add inles 1a-11		T	219,133.			
g Total. Add lines 2a:27 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) f Net gain or (loss) c Net income or (loss) from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less cost of godds sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b C d All other revenue	•				Business Code				
g Total. Add lines 2a:27 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) f Net gain or (loss) c Net income or (loss) from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less cost of godds sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a b C d All other revenue	ÿ	2 a							
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b c d All other revenue		11 a							
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a Total Add lines 112.11d	İ	d	All other revenue					· · · · · · · · · · · · · · · · · · ·	
e rotali Add inico i la rid		е	Total. Add lines 11a-11d		•				
· · · · · · · · · · · · · · · · · · ·	_			-		219.155.	0 -	0 -	0.
40000	13200 01-23	9		-				<u> </u>	Form 990 (2011)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a respons	se to any question in thi	s Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				. = -
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	152 500	452 500		
_	United States See Part IV, lines 15 and 16	153,500.	153,500.		
4	Benefits paid to or for members		·		·
5	Compensation of current officers, directors,	04 046	2 522	- 464	4.0.00
	trustees, and key employees	21,846.	3,500.	5,461.	12,885.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	42 454		2 222	
7	Other salaries and wages	13,151.		3,288.	9,863.
8	Pension plan accruals and contributions (include				
_	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits			4 222	
10	Payroll taxes	4,370.		1,093.	3,277.
11	Fees for services (non-employees)				
	Management				
	Legal		4 004		
	Accounting .	6,436.	1,931.	3,218.	1,287.
	Lobbying				
е	Professional fundraising services. See Part IV, line 17			`,,	
f	Investment management fees				
g	Other .				
12	Advertising and promotion	6,167.	2,467.	1,542.	2,158.
13	Office expenses	8,828.	2,755.	3,329.	2,744.
14	Information technology	606.	243.	242.	121.
15	Royalties .				
16	Occupancy _	7,472.	3,556.	3,736.	180.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				···
19	Conferences, conventions, and meetings				<u>.</u>
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	239.		239.	
23	Insurance	318.	159.	159.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	BAD DEBTS	5,737.			5,737.
b	DUES AND SUBSCRIPTIONS	1,100.		550.	550.
С	FILING FEES	340.			340.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	230,110.	168,111.	22,857.	39,142.
26	Joint costs. Complete this line only if the organization		-		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

132010 01-23-12

Form 990 (2011)

		Balance Sheet	·		(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			31,602.	1	32,377.
	2	Savings and temporary cash investments			01/0021	2	32/3//
	3	Pledges and grants receivable, net		26,484.	3	14,964.	
	4	Accounts receivable, net	•	20,101.	4	14,004	
	5	Receivables from current and former officers, di	trustoes key				
		employees, and highest compensated employee	· ·		1 1		
		of Schedule L		5			
	6	Receivables from other disqualified persons (as	dofina	d under section		-3-	
	"	4958(f)(1)), persons described in section 4958(c)				1 1	
		employers and sponsoring organizations of sect		*			
ţ		employees' beneficiary organizations (see instru	CHORS	' · · · ·	••	6	
Assets	7	Notes and loans receivable, net		••		7	
Ä	8	Inventories for sale or use		· · -	A7.C	8	100
	9	Prepaid expenses and deferred charges	ı	,	476.	9	128
	10a			12 001			
		basis. Complete Part VI of Schedule D	10a	13,891.	150		F 40
	b	Less: accumulated depreciation	10b	13,342.	158.		549
	11	Investments - publicly traded securities			11	==	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	al line	34)	58,720.	16	48,018
	17	Accounts payable and accrued expenses	-	1,295.	17	1,548	
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
es	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D .		21	
Ħ	22	Payables to current and former officers, director	s, trus	tees, key employees,			
Liabilities		highest compensated employees, and disqualifie	ed per	sons Complete Part II			
_		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ted th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated	third	parties		24	
	25	Other liabilities (including federal income tax, pay	/ables	to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,295.	26	1,548.
		Organizations that follow SFAS 117, check he	re 🕨	X and complete			
S		lines 27 through 29, and lines 33 and 34.		·			
JC.	27	Unrestricted net assets		_	57,425.	27	31,500
ala	28	Temporarily restricted net assets				28	14,970.
8 P	29	Permanently restricted net assets		<u> </u>		29	<u> </u>
5		Organizations that do not follow SFAS 117, ch	eck h	nere 🕨 🔲 and			
Net Assets or Fund Balances		complete lines 30 through 34.					
ts	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or eq	ulome	nt fund		31	
ا کے	32	Retained earnings, endowment, accumulated inc				32	
Ž	33	Total net assets or fund balances	JJ:110,	-	57,425.	33	46,470.
	34	Total liabilities and net assets/fund balances	• •	• • • • •	58,720.	34	48,018

Form **990** (2011)

	990 (2011) EDUCATE THE CHILDREN, INC.	16-1383	981	Pag	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	219	9,1	55.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	230),1	10.		
3	Revenue less expenses. Subtract line 2 from line 1	3	-10),9	55.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5'	7,4	25.		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4(5,4	70.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				\mathbf{x}		
				Yes	No		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			>,		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	iona	ŀ	*	32		
	separate basis, consolidated basis, or both				<u> </u>		
	X Separate basis Consolidated basis Both consolidated and separate basis						
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit	T	7			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b				
			Form 9	990 (2	2011)		

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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. ► See separate instructions.

2011 2011

Open to Public Inspection

Name of the organization **Employer identification number** 16-1383981 EDUCATE THE CHILDREN, INC. 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 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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 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) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 that describes the type of supporting organization and complete lines 11e through 11h. a L Type I **b** Type II c Type III - Functionally integrated d ____ Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) is the organization in col. (i) listed in your governing document?		(v) Did you organizat (i) of you	u notify the ion in col. r support?	(vi) Is organizatio (i) organiza U.S.	the on in col. ed in the	(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
									
						<u> </u>			
									
					_				-
otal									

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

Provide the following information about the supported organization(s)

Schedule A (Form 990 or 990-EZ) 2011

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h

Schedule A (Form 990 or 990 EZ) 2011 EDUCATE THE CHILDREN, INC. 16-1383981 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)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")	293,421.	213,439.	169,544.	212,342.	219,155.	1107901.
2	Tax revenues levied for the organ-		•		•		
	zation's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						-
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	293,421.	213,439.	169,544.	212,342.	219,155.	1107901.
5	The portion of total contributions						220,3020
	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)						77,240.
6	Public support. Subtract line 5 from line 4						1030661.
	ction B. Total Support	,				·· ·	1030001.
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 4	293,421.	213,439.	169,544.	212,342.	219,155.	1107901.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	12,849.	-9,673.	5,839.			9,015.
9	Net income from unrelated business			<u> </u>			370131
	activities, whether or not the						
	business is regularly carned on						
10	Other income. Do not include gain			-			
	or loss from the sale of capital						
	assets (Explain in Part IV)	15,963.	10,619.	3,593.			30,175.
11	Total support. Add lines 7 through 10						1147091.
	Gross receipts from related activities,	etc (see instruction	ons)	•		12	22270321
	First five years. If the Form 990 is for		•	d. fourth, or fifth ta	ں۔ ax vear as a section		·
	organization, check this box and stop	here		-,	5. you. 40 4 000	. 00 . (0)(0)	
Sec	tion C. Computation of Publi	ic Support Per	rcentage			·······	
	Public support percentage for 2011 (li			olumn (f))		14	89.85 %
15	Public support percentage from 2010	Schedule A, Part	II, line 14		•	15	82.98 %
	33 1/3% support test - 2011. If the o			$\frac{1}{1}$ line 13, and line $\frac{1}{1}$	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies					•	. ▶ [X]
b	33 1/3% support test - 2010. If the o	rganization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	
	and stop here. The organization quali					,	
17a	10% -facts-and-circumstances test	t - 2011, If the orga	anization did not c	heck a box on line	e 13. 16a. or 16b. a	nd line 14 is 10%	or more.
	and if the organization meets the "fac-						
	meets the "facts-and-circumstances"						▶□
b	10% -facts-and-circumstances test	•	•	• • •	•	7a, and line 15 is	10% or
	more, and if the organization meets th	_				•	
	organization meets the "facts-and-circ				•		
18	Private foundation. If the organization		-	•	-	• •	
				.,,,,	,	55556.4661011	

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II	If the organization fails to
qualify under the tests listed below, please complete Part II)	

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	İ					
	ınclude any "unusual grants.")						L
2	Gross receipts from admissions,			1			
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the					İ	
	organization's tax-exempt purpose	 	_				
3	Gross receipts from activities that			ļ			
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf			}		Ì	
5	The value of services or facilities					<u> </u>	
	furnished by a governmental unit to						
	the organization without charge			<u> </u>		<u>l</u>	
6	Total. Add lines 1 through 5						
7 8	Amounts included on lines 1, 2, and			1			
	3 received from disqualified persons						
Ł	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income	i					
	(less section 511 taxes) from businesses						İ
	acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)	<u> </u>					
13	Total support (Add lines 9, 10c, 11, and 12)	l	L		<u> </u>	<u> </u>	<u> </u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thu	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	zation,
	check this box and stop here						
	ction C. Computation of Publ						
	Public support percentage for 2011 (I	,	•	column (f))		15	
	Public support percentage from 2010					16	%
	ction D. Computation of Inves					1r	
	Investment income percentage for 20		•	ne 13, column (f))		17	%
	Investment income percentage from 2					[18]	%
19a	33 1/3% support tests - 2011. If the						17 is not
	more than 33 1/3%, check this box as		-	= =			▶∟_
t	33 1/3% support tests - 2010. If the						
	line 18 is not more than 33 1/3%, che		-	-		-	
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check ti	his box and see in:	structions .	▶∟

Schedule A	4 (Form 990 or	<u>r 990-EZ) 2</u>	2011 EDUCA	ATE THE	CHILDREN	, INC.			<u>16-1383981</u>	Page 4
Part IV	Supplem	ental In	formation.	Complete this	part to provide th	e explanatio	ns required by	Part II, line 1	0, Part II, line 17a or	r 17b;
	and Part III,	line 12 A	lso complete th	nis part for any	additional inform	ation (See ii	nstructions).	-		•
	·		,			,	,-			
Ошппр	TNCOME	TC A	COMPTN		MICCRIT	ANTECTIC	TNCOME	TBEMC	DDTWADTEW	•
OINEK	INCOME	_10 H	COMPINE	ATTON OF	MISCELLE	AMEOUS	INCOME	TTEMS,	PRIMARILY	
RENTAL	L INCOM	E FRO	M SUBLET	OF LEA	SED SPACE	Ε				
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

2011
Open to Public Inspection

Name of the organization

Employer identification number

EDUCATE THE CHILDREN, INC. 16-1383981 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 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 Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2011

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<u>Sche</u>		THE CHILD				383981 Page 2	
Pa	rt III Organizations Maintaining C	collections of A	rt, Historical Tre	easures, or Oth	ner Similar Ass	ets (continued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significant use of it	s collection items	
	(check all that apply):						
а	Public exhibition	d	Loan or excl	hange programs			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co					art XIV	
5	During the year, did the organization solicit of				ar assets		
Day	to be sold to raise funds rather than to be m					Yes No	
Pai	rt IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" t	o Form 990, Part IV	, line 9, or	
	reported an amount on Form 990, Pa						
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	is or other assets no	ot included		
	on Form 990, Part X?				L.	Yes	
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table.		l		
_	Doguerus halanaa					Amount	
	Beginning balance Additions during the year		•		1c		
	Distributions during the year				1d		
f	Ending balance				1e 1f		
22	Did the organization include an amount on Fi	orm 990 Part V line	212		<u> </u>	Yes No	
	If "Yes," explain the arrangement in Part XIV	onn 550, Fan A, ine	21,		_	res No	
	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.						
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	k (e) Four years back	
1a	Beginning of year balance	0.	1,200.	9,375	1,080		
b	Contributions	14.970.	1,200.	1,200	10,500		
c	Net investment earnings, gains, and losses	14,570.		1,200,	10,300	-	
d	Grants or scholarships						
_	Other expenditures for facilities					-	
	and programs		1,200.	9,375,	2,205		
f	Administrative expenses		_,	, , , ,			
g	End of year balance	14,970.		1,200,	9 375		
2							
а							
b	Permanent endowment	%					
С	c Temporarily restricted endowment ▶ 100.00 %						
	The percentages in lines 2a, 2b, and 2c should equal 100%.						
3a	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization						
	by					Yes No	
	(i) unrelated organizations					3a(i) X	
	(ii) related organizations	•				3a(ii) X	
b	If "Yes" to 3a(ii), are the related organizations	· ·			•	3b	
4	Describe in Part XIV the intended uses of the						
Par	t VI Land, Buildings, and Equipm	··-	· · · · · · · · · · · · · · · · · · ·				
	Description of property	(a) Cost or of basis (investing	1 , ,	, ,	Accumulated epreciation	(d) Book value	
1a	Land .						
b	Buildings						
С	Leasehold improvements						
d	Equipment .		1	3,891.	13,342.	549.	
	Other						
otal	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0(c).) ,	<u>▶</u>	549.	

Schedule D (Form 990) 2011

EDUCATE THE CHILDREN,

INC

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 EDUCATE THE CHILDREN, INC.			<u> 16-138</u>	33981	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to A	Audited Finar	ncial Stat	tements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	- 12 1	1		219	,155.
2	Total expenses (Form 990, Part IX, column (A), line 25)	•	2			110.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	•	3			955.
4	Net unrealized gains (losses) on investments		4			, , , , ,
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV.)		8			
9	Total adjustments (net). Add lines 4 through 8		9			
10 Par	Excess or (deficit) for the year per audited financial statements Combine lines 3 and t XII Reconciliation of Revenue per Audited Financial Statement	9 Its With Reve	10 nue per	Return	-10	<u>.955.</u>
1	Total revenue, gains, and other support per audited financial statements		•	1	219	155.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		• •	•		
	Net unrealized gains on investments	2a				
a				-		
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c		-		
d	Other (Describe in Part XIV)	2d		- l		_
е	Add lines 2a through 2d			2e		<u> </u>
3	Subtract line 2e from line 1			3	219	155.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 !		
b	Other (Describe in Part XIV)	4b		7		
c	Add lines 4a and 4b			- 4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	•	•	5	219	155.
_	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts With Exp	enses pe			<u> </u>
1	Total expenses and losses per audited financial statements		······································	1	230	,110.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			2		
а	Donated services and use of facilities	2a		(%)		
_	Prior year adjustments	2b		⊣ • • • • •		
b	· · · ·			-		
С.	Other losses	2c		-		
d	Other (Describe in Part XIV)	2d		-		^
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	230	<u>,110.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			18.		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b		_] `		
С	Add lines 4a and 4b	•		4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	230	
Pai	t XIV Supplemental Information				-	
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	lines 1a and 4; P	art IV, lines	1b and 2b, P	art V, line	4; Part
X, line	e 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also comple	ete this part to pr	ovide anv a	dditional info	rmation	
	RT V, LINE 4: TO FUND BUILDING CONSTRUCTION		-			
	V BENG IV 10 1040 BOILDING COMBINGOILON			- -		
ם אם	OM V IING 2. EDUCAME MUE CUTIDDEN'C ECDMC	1000 ppm1	יוסאו אברו			
PAI	RT X, LINE 2: EDUCATE THE CHILDREN'S FORMS	990, REI	TKTA OF			
OB C	NITAMION EVENOM EDON INCOME MAY EOD MUE	VEXDC ENT	TNIC T	חכ ישוחו	2000	.
OKC	SANIZATION EXEMPT FROM INCOME TAX, FOR THE	IEARS ENI	O DITIC	ONE 30	2003	,
201	0, AND 2011 ARE SUBJECT TO EXAMINATION BY	THE IRS.	GENER.	ALLY FO	R THE	REE
						_ _ =
YE <i>I</i>	ARS AFTER THEY WERE FILED.					
						

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990,
 Part IV, line 14b, 15, or 16.
 ► Attach to Form 990.
 ► See separate instructions.

2011
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Nam	ne of the organization					Employer ident	ification number
ED	UCATE THE CHI	LDREN. T	NC.			16-13839	81
	rt I General Info	rmation on A	ctivities Ou	tside the United States. Comple	te if the orgai	nization answered	"Yes"
	to Form 990, Par						
1				ds to substantiate the amount of its gra the selection criteria used to award the			Yes No
	the grantees enginity i	or the grants or a	assistance, and	the selection chiena used to award the	grams or ass	Istance? [」Yes No
2	For grantmakers. Desc United States	cribe in Part V the	organization's	procedures for monitoring the use of its	grants and o	ther assistance ou	itside the
3		he following Part	t I. line 3 table c:	an be duplicated if additional space is n	eded)		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region		vity listed in (d)	(f) Total
		offices in the region	employees, agents, and independent contractors in region	(by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	is a pro describe	gram service, e specific type ce(s) in region	expenditures for and investments in region
		-					
							
			7.7				
	(Sic		H 15		, .		
3 a	Sub-total	0	0				0.
	Total from continuation		 				
c	sheets to Part I Totals (add lines 3a	0	0				0.
	and 3b)	0	0				
_HA	For Paperwork Reduct	ion Act Notice,	see the Instruc	tions for Form 990.		Schedule F	(Form 990) 2011

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<u>`</u> ▲

Schedule F (Form 990) 2011

Part II Grants and Other

Grants and Other Assistance to Organizations of Entitles Outside the United States. Complete if the organization answered Test to Form 990, Part IV, line 15, for any
recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000
Part II can be dublicated if additional space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NEPAL	EDUCATIONAL OPPORTUNITES, SKILLS TRAINING, KINDERGARTEN	153,500,	WIRE TRANSFERS	o		
2 Enter total number of the IRS, or for which t	recipient organizatioi the grantee or counse	ns listed above that are	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country,	recognized as tax-ех	empt by		1

SEE PART V FOR COLUMN (D) DESCRIPTIONS 27

Schedule F (Form 990) 2011

3 Enter total number of other organizations or entities

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EDUCATE THE CHILDREN, INC.	stolamo - attack bestell and abstacle of the last of a second
Schedule F (Form 990) 2011	Action & section of the control of t

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed

Schedule F (Form 990) 2011 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (c) Number of recipients cash grant (b) Region (a) Type of grant or assistance

Schedule F (Form 990) 2011

X No

for Form 5713)

Schedule F (Form 990) 2011 EDUCATE THE CHILDREN, INC.	16-1383981	Page 5
Part V Supplemental Information		
Complete this part to provide the information required by Part I, line 2 (monitoring of funds), Part I, line	3, column (f) (accounting	method,
amounts of investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (acco		
(c) (estimated number of recipients), as applicable. Also complete this part to provide any additional in		
	<u> </u>	
PART II, COLUMN (D):		
REGION: NEPAL		
(D) PURPOSE OF GRANT: EDUCATIONAL OPPORTUNITES, SKILLS TR	AINING,	
KINDERGARTEN PROGRAMS, TEACHER TRAINING, AND AGRICULTURAL	DEVELOPMENT.	
		
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	7	

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Department of the Treasur Internal Revenue Service	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	Open to Public Inspection
Name of the organi	eation EDUCATE THE CHILDREN, INC.	Employer identification number 16-1383981
FORM 990,	PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
SELF-SUFF]	CIENCY BY BUILDING SKILLS THAT FAMILIES CAN PAS	S DOWN TO
LATER GENE	RATIONS.	
FORM 990,	PART VI, SECTION B, LINE 11: THE FORM 990 IS RE	VIEWED BY THE
EXECUTIVE	COMMITTEE BEFORE BEING SUBMITTED TO THE ENTIRE	BOARD PRIOR TO
FILING WIT	H THE IRS.	
FORM 990,	PART VI, SECTION C, LINE 19: THE ORGANIZATION M	AKES ITS
GOVERNING	DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINA	NCIAL STATEMENTS
AVAILABLE	TO THE PUBLIC UPON REQUEST.	
		4,
FORM 990,	PAGE 12, PART XII, LINE 2C	
AUDIT OVER	SIGHT AND AUDITOR SELECTION PROCESS	
THE PROCES	S FOR AUDIT OVERSIGHT AND AUDITOR SELECTION HAS	NOT CHANGED
FROM THE E	RIOR YEAR.	190
	<u>-</u>	