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**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Α	For th	e 2013 calendar year, or tax year beginning and er	nding					
В	Check if applicab	C Name of organization		D Employer identificat	ion number			
Г	Addre	ss EDUCATION FOR ALL CHILDREN						
Ē	Name	D. D. Land		26-197	79493			
Ē	Initial	by the state of the D.O. have freely a get delivered to street address?	oom/suite	E Telephone number				
┌	Termi	· 1		· ·	36-3437			
F	Amen	ded Characteria state or province country and ZID or foreign postal code	·	G Gross receipts \$	307,619.			
Ē	Appli			H(a) Is this a group retui				
	pendi	F Name and address of principal officer:ROD VAN SCIVER		for subordinates?	Yes X No			
		11 HEATHER DR., RYE, NH 03870		H(b) Are all subordinates inclu-	ded? Yes No			
ī	Tax-ex	empt status: X 501(c)(3)	527	If "No," attach a list	(see instructions)			
		te: ► WWW.EDUCATIONFORALLCHILDREN.ORG		H(c) Group exemption n	umber 🕨			
K	Form o	forganization: X Corporation Trust Association Other	L Year	of formation: 2008 M S	tate of legal domicile: NH			
F	art I	Summary			_			
α	, 1	Bnefly describe the organization's mission or most significant activities $\ \underline{TO}\ \underline{ED}\ $			EGED			
Activities & Governance	<u> </u>	KENYAN CHILDREN THROUGH SCHOLARSHIPS AND		•	<del></del>			
Ë	2	Check this box	ed of more	than 25% of its net asse				
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	10			
e e	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	10			
9	3 5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	2			
<u> </u>	6	Total number of volunteers (estimate if necessary)	-	6	0			
Αct	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
_	<u> </u>	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
			-	Prior Year	Current Year			
4	3   8	Contributions and grants (Part VIII, line 1h)	-	162,158.	<u>243,669.</u>			
Revenue	9	Program service revenue (Part VIII, line 2g)	-	0.	0.			
هُ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	10.	98.			
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	.	41,927.	46,213.			
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		204,095. 80,726.	289,980. 157,007.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	20,279.	41,851.			
Fynenses	15	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.			
5	loa		o. 🗀		<u></u>			
Ĭ	3   17	Other expenses Farty column (A), lines 11a-11d, 11f-24e)	<del>••</del>	29,171.	65,610.			
	18	Total expenses-Add lines 13-17 (mustrequal Part IX, column (A), line 25)		130,176.	264,468.			
	19	Revenue less expenses Subtract line 18 from line 12		73,919.	25,512.			
ъ	Se lo	ISI MAY US EUT. ISI	Be	ginning of Current Year	End of Year			
ets	E 20	Total assets (Part-X-Ine 16)		214,296.	243,614.			
ASS	21	Total liabilities (Part X lime 26)		3,893.	7,699.			
Net Assets or	를 <b>22</b>	Net assets or fund traitances. Subtract line 21 from line 20		210,403.	235,915.			
	art II	Signature Block						
Un	der pen	alties of perjury, declare hat I have examined this return, including accompanying schedules	and statem	ents, and to the best of my k	nowledge and belief, it is			
tru	ie, corre	ct, and complete Declaration of preparer (other than officer) is based on all information of which	ch preparer	has any knowledge.				
		N /X//ll			14.			
Si	gn	Signature of office		Date				
He	Here ROD VAN SCIVER, TREASURER							
_		Type or print name and title		Date Check	II PTIN			
		Print/Type preparer's name  Propager's signature		n -	1			
Paid MARIE C. MCKAY 04/30/14 self-employed P00294931								
	eparer	Firm's name BIGELOW & COMPANY, CPA, P.C.		Fırm's EIN ▶ (	02-0394333			
US	e Only	Firm's address 500 COMMERCIAL STREET		Dhara an 6034	5277650			
_	a., 46 - 1	MANCHESTER, NH 03101		Phone no. 603				
		RS discuss this return with the preparer shown above? (see instructions)  29-13 LHA For Paperwork Reduction Act Notice, see the separate instruction		<del></del>	X Yes No Form <b>990</b> (2013) 7			
33	2001 10-	29-10 Link For Paperwork heduction Activation, see the separate insulation			. 5 200 (2010)			

Form 990 (2013)

	990 (2013) EDUCATION FOR ALL CHILDREN 26-197	<u>9493</u>	P	age
Pa	rt 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)?		ļ	
	If "Yes," complete Schedule A	_1_	_X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	. 2	X	L
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	l		
	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 effection of the organization engage in lobbying activities, or have a section 501(h) election in effection of the organization engage in lobbying activities, or have a section 501(h) election in effection of the organization engage in lobbying activities, or have a section 501(h) election in effection engage.	:t		
	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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	/ 6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	i		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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	:		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	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			
	as applicable.		_	•
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			į
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			ŀ
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	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			ŀ
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		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		X
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,			
	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	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	L	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	L	X

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a

20b

Form 990 (2013) EDUCATION FOR ALL CHILDREN
Part IV Checklist of Required Schedules (continued)

	Chocking of Frequency Continued			
	Did the second to second the off 000 of greate as other apparatus to any demostic organization or		Yes	<u>No</u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			X
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			v
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		<u> </u>
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		
	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			
_	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
07	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
27				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		X
	of any of these persons? If "Yes," complete Schedule L, Part III	27		
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).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		_X_
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, Part II, III, or IV, and			
	Part V, line 1	34		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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			_ <del>-</del>
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<b>—</b>	-	<del></del>
30	Note. All Form 990 filers are required to complete Schedule O	38	x	
	Mote. Air 1 of the 200 file to de required to complete ophedule o			(2013)
				الانانات

Form 990 (2013)	EDUCATION FOR ALL CHILDREN	26-1979493	Page
Part V Statements	Regarding Other IRS Filings and Tax Compliance		

	Check if Schedule O contains a response or note to any line in this Part V	<del></del>		<u></u>
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	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 reportable gaming	_	-	-
	(gambling) winnings to prize winners?	1c		
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 2		7.7	-
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			w
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
þ	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	_		37
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
b	If "Yes," enter the name of the foreign country. ▶	,		'
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		·	·
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_ <u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible as charitable contributions?	_6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	G.L		
_	were not tax deductible?	_6b	-	
7	Organizations that may receive deductible contributions under section 170(c).	 7-	o atraca	X
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	_7a _7b		
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	76		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7c		х
	to file Form 8282?	70	<b></b>	-22
d	,, (00)	7e	1	ĺ '
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <del>6</del>		
T _	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	79 7h		
h o	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	_	-
9	Sponsoring organizations maintaining donor advised funds.			,
а	Did the organization make any taxable distributions under section 4966?	9a	1	
h	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	]		
11	Section 501(c)(12) organizations. Enter.			
а	Gross income from members or shareholders	]		١.
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?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ļ	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	<u> </u>
	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	1		
С	Enter the amount of reserves on hand			<u> </u>
14a	· · · · · · · · · · · · · · · · · · ·	14a	ļ	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	
		Forn	n <b>990</b>	(2013)

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

	Check if Schedule O contains a response or note to any line in this Part VI			$\mathbf{X}$					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 10								
	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 10								
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	X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?	7a		х					
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
_	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	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	0.0	41						
3	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			- 22					
	tion 2:10 one to fine booken 2 requeste information about periode not required by the internal nevertage code.		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х						
u	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Х					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
·	in Schedule O how this was done	12c		X					
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								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		X					
	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).	.00							
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	-	$\mathbf{x}$					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		_						
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b		-					
Sec	tion C. Disclosure	100							
17	List the states with which a copy of this Form 990 is required to be filed ▶NH		-						
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	vailah	le						
	for public inspection. Indicate how you made these available. Check all that apply.		-						
	Own website Another's website X Upon request Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d finan	cial						
19	statements available to the public during the tax year	- 111011	Cial						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ion 🕨							
20	RODMAN VAN SCIVER - 603-436-3437								
	11 HEATHER DRIVE, RYE, NH 03870								

 COO	(2013)	

## EDUCATION FOR ALL CHILDREN

26-1979493

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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 ar	ny line in this Part VII

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

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

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

						_	ed any current officer, o			
(B)			(0	>)			(D)	(E)	(F)	
Average	(do not ched box, unless p					one	Reportable	Reportable	Estimated	
hours per			box, unless person is both an				compensation	compensation	amount of	
week				a di ector/i uste		tee)	from		other	
, ,	iecto								compensation from the	
	506	e e			sated			(VV-2/1099-MISC)	organization	
	nste	trust		8	ngen		(44-2/1099-141130)		and related	
_	) nal t			ê	st co				organizations	
line)	Indivi	Institu	Office	Key er	E Be	Form	., -		organizations	
25.00										
ļ <u></u>	X		X		1		0.	0.	0.	
10.00										
	X		X		_		0.	0.	0.	
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	Average hours per week (list any hours for related organizations below line)	Average hours per week (list any hours for related organizations below line)  25.00  X  10.00  X  5.00  X  5.00  X  5.00  X  5.00  X  5.00  X  5.00  X  X  X  X  X  X	Average hours per week (list any hours for related organizations below line)  25.00  X  10.00  X  5.00  X	Average hours per week (list any hours for related organizations below line)  25.00  X X X  10.00  X X X  5.00  X X  5.00	Average hours per week (list any hours for related organizations below line)  25.00  X X X  10.00  X X X  5.00  X X  5.00  X S  5.00	Average hours per week (list any hours for related organizations below line)  25.00  X X X  10.00  X X X  5.00  X X  5.00  X S  5.00	Average hours per week (list any hours for related organizations below line)  25.00  X X X  10.00  X X X  5.00  X X  5.00	Average hours per week (list any hours for related organizations below line)  25.00  X X X 0.  10.00  X X X 0.  5.00  X X 0.  5.00  X 0.	Average   hours per   week   (list any   hours for related organizations   below   line)	

(A) Name and title		(B) Average hours per week (list any	(do not check box, unless pe			Sition more than one erson is both an director/trustee)			(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation		of
		hours for related organizations below	te o	Institutional trustee	cer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS		fi org an	om th anizat d relat anizati	e tion ted
		line)	Pal	Inst	Officer	Key	DH.	For			<del></del>			
										-				
											····· •			
	<del></del>													
	Sub-total Sub-total							<u> </u>	0.		0.			0
	Total from continuation sheets to Part  Total (add lines 1b and 1c)  Total number of individuals (including but			liste	ed al	hove			0.	000 of reportable	0.			0
	compensation from the organization									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Yes	No
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, ke	у <b>е</b> л	nplo	yee,	or l	highest compensated e	mployee on 		3	,	х
4	For any individual listed on line 1a, is the and related organizations greater than \$1	50,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	or such individual			4	'	x
5	Did any person listed on line 1a receive o rendered to the organization? If "Yes," co					-		elat	ed organization or indivi	dual for services		5		х
Sec 1	Complete this table for your five highest of										pens	sation 1	from	
	the organization. Report compensation for (A)  Name and business			ONE		VILTI	Or W	117111	(B)  Description of s			(Compe	C) nsatio	n
				<u> </u>	<b>-</b>	<del></del>			·					
												,		
												<u></u>		
	Total number of independent contractors	(mali salama ha d				<u>.</u>			l abaya) who may a si					
2		ancillaina nut r	INT II				CO III	- TAA	i angual uma ragaluad m	IOTO TOOD				

Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any line				
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
ran		Membership dues	1b			:		
E G		Fundraising events	1c					
# is		Related organizations	1d					
S,E		Government grants (contribut	ions) 1e					
ë		All other contributions, gifts, gran						
FE		similar amounts not included abo	ve 1f	243,669.				
들의	q	Noncash contributions included in lines	1a-1f \$					
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		<b>•</b>	243,669.			<u> </u>
				Business Code				_
ایو	2 a							
اه ځ	b							
Se	С							
Program Service Revenue	d							
	е							
4	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		<b>•</b>				
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		<b>▶</b>	98.			98.
	4	Income from investment of ta	x-exempt bond p	oroceeds <b>&gt;</b>				
	5	Royalties		<b>&gt;</b>				
			(i) Real	(II) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)			•			
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ıi) Other				
		assets other than inventory						
	b	Less cost or other basis						
		and sales expenses						
	c	Gain or (loss)						
- 1	d	Net gain or (loss)		<b></b>				
une	8 a	Gross income from fundraisin including \$						
Other Rever		contributions reported on line						
<u>بر</u>		Part IV, line 18		63,452.				
흁	b	Less: direct expenses	b	17,463.				
0	С	Net income or (loss) from fund	draising events	<b></b>	45,989.	<u></u>		45,989.
	9 a	Gross income from gaming a	ctivities. See		<del></del>			
		Part IV, line 19	а					
	b	Less. direct expenses	b					
	С	Net income or (loss) from gan	ning activities					
	10 a	Gross sales of inventory, less	returns					
		and allowances	. а					
	b	Less: cost of goods sold	. b	176.				
		Net income or (loss) from sale	es of inventory	<b>•</b>	224.			224.
		Miscellaneous Revenu	•	Business Code				
	11 a							
	b							
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d		<b>&gt;</b>				
	12_	Total revenue See instructions.		<b>&gt;</b>	289,980.	0.	0	46,311.

Form 990 (2013) EDUCATION FOR ALL CHILDREN
Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			mpiete column (A)	
	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	( <b>D)</b> 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				
	United States. See Part IV, lines 15 and 16	157,007.	157,007.		- 11
4	Benefits paid to or for members .				
5	Compensation of current officers, directors,			}	
	trustees, and key employees				
6	Compensation not included above, to disqualified			ľ	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	39,161.		39,161.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			0.600	
10	Payroll taxes	2,690.		2,690.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	75.		75.	
С	Accounting	1,620.		1,620.	
d	Lobbying .				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	5 456	4 020	E 2.7	
	column (A) amount, list line 11g expenses on Sch O.)	5,476.	4,939.	537.	<del></del>
12	Advertising and promotion	2 224		2,334.	
13	Office expenses	2,334.		4,334.	
14	Information technology	···			· · · · · · · · · · · · · · · · · · ·
15	Royalties				
16	Occupancy	9,413.	9,413.		
17	Travel	7,413.	9,413.	,,,,	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to affiliates				
21	Depreciation, depletion, and amortization				
22		502.	***	502.	
23 24	Other expenses, Itemize expenses not covered	3021	1 4		
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MENTHOD /MITHOD EVDENCE	17,231.	17,231.		
a b	STATIONARY & PRINTING	6,479.		6,479.	
C	WEB SITE	5,952.	5,952.		
d	CONTRACTOR OF THE CONTRACTOR	5,522.	5,522.		
_	All other expenses	11,006.	9,372.	1,634.	
25	Total functional expenses. Add lines 1 through 24e	264,468.	209,436.	55,032.	0.
<u>23</u>	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)				

EDUCATION FOR ALL CHILDREN Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 201,795. 187,281. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 13,640 247. 3 Pledges and grants receivable, net 8,595. 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets 7 Notes and loans receivable, net 4,780 4,780 8 Inventories for sale or use 2,000 9 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10b 10c b Less: accumulated depreciation 11 Investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 214,296. 243,614 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 7,699 3,893. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 3,893. 7.699. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 176,356. 235,915. 27 Unrestricted net assets 34,047. 28 Temporarily restricted net assets 28 29 29 Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Total net assets or fund balances

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

243,614. Form **990** (2013)

235,915.

30

31

32

33

210,403.

214,296.

31

32

33

	990 (2013) EDUCATION FOR ALL CHILDREN	<u> 26-197</u>	<u>9493                                   </u>	Pag	<sub>1e</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	····	·		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>80.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>68.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			<u>12.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	210	),4	<u>03.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B)) .	10	235	<u>5,9</u>	<u> 15.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<del></del> ,		<u> </u>
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other				1
	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?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:		1 :		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	-		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		-	
	Act and OMB Circular A-133?		3a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2013)

### **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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Name of the organization

Open to Public Inspection **Employer identification number** 

				LON FOR ALL C						4	<u>6-19/</u>	<u> 1493</u>	
Pa	rt I	Reason	for Public Cha	r <b>ity Status</b> (All organiz	ations mu	st complet	te this par	t) See inst	ructions				
The	orgar	nization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1		A church, co	nvention of churche	es, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)	١.				
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).											
4		A medical res	search organization	operated in conjunction	with a hos	prtal desc	rıbed ın <b>s</b> e	ction 170	(b)(1)(A)(ii	i). Enter	the hospita	ıl's nam	ie,
		city, and stat											
5		An organizat	on operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental uni	t describ	ed in		
		section 170	(b)(1)(A)(iv). (Comp	lete Part II.)									
6		A federal, sta	ate, or local governn	nent or governmental uni	t describe	d in sectio	n 170(b)(	1)(A)(v).					
7		An organizat	on that normally red	ceives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general	public des	cribed i	n
		section 170(	(b)(1)(A)(vi). (Comple	ete Part II)									
8	닏			section 170(b)(1)(A)(vi).									
9	X	An organizat	on that normally red	ceives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, a	nd gross re	ceipts	from
		activities rela	ited to its exempt fu	inctions - subject to certa	aın exceptı	ons, and (2	2) no more	than 33 1	/3% of its	support	t from gros	ınvest	ment
		income and i	unrelated business	taxable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon	after June	30, 197	<b>'</b> 5.
	<del></del>	See section	509(a)(2). (Complet	e Part III)									
10	닐	•	•	perated exclusively to te	•				•				
11	Ш		-	perated exclusively for th									or
			• • •	ations described in secti		•		2) See <b>se</b> o	ction 509(	<b>a)(3).</b> Ch	eck the bo	k that	
			· · · · · · · · · · · · · · · · · · ·	organization and compl		•							
		a L Type		··	ype III - Fu	-	•				n-functiona		•
е			-	at the organization is not									n
			=	than one or more publicly						∂(a)(1) or	section 50	9(a)(2)	
f		•		tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
			rganization, check t	•	<b>5</b> 1					•			. Ш
9		•		organization accepted ar			_						·
				directly controls, either al	one or tog	etner with	persons o	iescribed	ın (II) and (	iii) below	[	Yes	No
		_	• .	supported organization?	•		•				11g(i)		
		. ,	•	n described in (i) above?		-0				•	11g(ii		<u> </u>
_		• •	·	a person described in (i) o				•	•	-	. 11g(iii	ι	l
h		Provide the t	ollowing information	about the supported or	ganization	(S).							
			T z	T	Kin) le the c	raanization	(v) Did vo	u potify the	(vi) Is	the			
(i)		of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) la	organization sted in vour		u notify the ion in col.	organization	on in col.	(vii) Amour		netary
	org	anization		above or IRC section	governing document				(i) organiz U.S	ea in the .?	Su	pport	
				(see instructions))	Yes	No	Yes	No	Yes	No			
				<del> </del>						1			
			•				İ						
				<del> </del>	<del></del>			<del>                                     </del>			-		
						<del></del>	<u> </u>						
									1				
			}		}	1	}	1	}				
F-4-	.1		1	1	1	l	1		1	İ			

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

Schedule A (Form 990 or 990-EZ) 2013

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 (e) 2013 Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Calendar year (or fiscal year beginning in) (a) 2009 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 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 2013 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2012 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .

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

Schedule A (Form 990 or 990-EZ) 2013 EDUCATION FOR ALL CHILDREN

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

Sec	etion A. Public Support	elow, please comp	piete Part II )				·	
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
	Gifts, grants, contributions, and	(a) 2009_	(0) 2010	(0) 2011	(4) 2012	(e) 2013	(i) Total	
•	membership fees received. (Do not			i				
	include any "unusual grants ")	197,788.	173,812.	145,983.	81,599.	243,570.	842,752.	
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	26,787.	34,061.	62,625.	37,181.	•	206,867.	
3	Gross receipts from activities that	,		•	•			
Ū	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							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	224,575.	207,873.	208,608.	118,780.	289,783.	1049619.	
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.	
c	: Add lines 7a and 7b						0.	
	Public support (Subtract line 7c from line 6)						1049619.	
	ction B. Total Support				(			
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
-	Amounts from line 6	224,575.	207,873.	208,608.	118,780.	289,783.	1049619.	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	33.	19.	13.	10.	98.	173.	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
c	: Add lines 10a and 10b	33.	19.	13.	10.	98.	173.	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
	Total support. (Add lines 9, 10c, 11, and 12)	224,608.			118,790.			
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organız	ation,	
	check this box and stop here	a Current De						
	ction C. Computation of Publ			-1 (0)			00 00 0	
	Public support percentage for 2013 (I	•	•	column (t))	•	15	99.98 %	
	16 Public support percentage from 2012 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage							
	Investment income percentage for 20			no 13 column (fl)	-	17	.02 %	
	Investment income percentage from 2	•	-	ie 13, column (1 <i>))</i>	•	18	**************************************	
	33 1/3% support tests - 2013. If the		-	on line 14. and line	· 15 is more than 3		_	
.00	more than 33 1/3%, check this box a	-					<b>→ X</b>	
b	33 1/3% support tests - 2012. If the		•	• •	• • •			
	line 18 is not more than 33 1/3%, che	ck this box and st	t <b>op here.</b> The orga	anization qualifies a	as a publicly suppo	orted organization	. ▶□	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Schedule A	(Form 990 or 990-EZ) 20°	13 EDUCATION	FOR ALL	CHILDREN		26-1979493 Page 4
Part IV	(Form 990 or 990-EZ) 20° Supplemental Info	rmation. Provide th	ne explanations r	equired by Part II. I	line 10; Part II, line 17a or	17h: and Part III line 12
لتتتا			,		mo ro, r are n, mile rra or	175, and raitin, line 12
	Also complete this part	tor any additional info	mation (See ins	tructions)		<del></del>
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## SCHEDULE F (Form 990)

# **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

See separate instructions.

2013
Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

m990. Inspection
Employer identification number

EDUCATION FOR A	TF CHIPD	REN		26-197949	93
			tside the United States. Comple		
Form 990, Part IV			<u> </u>	-	
		maintain record	ds to substantiate the amount of its gra	ants and other assistance,	
			the selection criteria used to award the		Yes X No
	_				
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance out	tside the
United States.					
3 Activities per Region. (TI	he following Part	I, line 3 table ca	an be duplicated if additional space is r	needed)	
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
,,,	offices	employees, agents, and	(by type) (e.g., fundraising, program	ıs a program service,	expenditures for and
	in the region	l independent	services, investments, grants to	describe specific type	investments
		contractors in region	recipients located in the region)	of service(s) in region	ın region
SUB-SAHARAN AFRICA -			SCHOLARSHIPS TO RECIPIENTS		
KENYA		1	IN THE REGION		157,007.
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3 a Sub-total		11			157,007.
b Total from continuation		[		1	
sheets to Part I					0.
c Totals (add lines 3a					
and 3b)	c	1_			157,007.

EDUCATION FOR ALL CHILDREN Schedule F (Form 990) 2013

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

(i) Method of valuation (book, FMV, appraisal, other)	FMV				
(h) Description of non-cash assistance					
(g) Amount of non-cash assistance	0				
(f) Manner of cash disbursement	WIRE TRANSFER				
(e) Amount of cash grant	0				
(d) Purpose of grant	TUITION ASSISTANCE AND SCHOLARSHIPS				
(c) Region	AFRICAN NAZARENE				
(b) IRS code section and EIN (if applicable)					
1 (a) Name of organization					

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities က

26-1979493

Page 3

EDUCATION FOR ALL CHILDREN

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(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) 2013

ched	lule F (Form 990) 2013 EDUCATION FOR ALL CHILDREN	26-1979493	Page 4
Parl	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	🗀 Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	· Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	. Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No

## **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" to Form 990, Part IV, lines 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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

OMB No 1545-0047

**Open To Public** 

Name of the organization

Employer identification number

Inspection

26-1979493 EDUCATION FOR ALL CHILDREN Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations а Solicitation of government grants Internet and email solicitations b Special fundraising events Phone solicitations C In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? \_\_ Yes . No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did fundraiser (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) have custody or control of contributions? or entity (fundraiser) from activity fundraiser organization listed in col (i) Yes No. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Sche Pa		le G (Form 990 or 990-EZ) 2013 EDUCATI  Fundraising Events. Complete if the				1979493 Page 2
ra		of fundraising event contributions and gr				
			(a) Event #1 AUCTION	(b) Event #2 GOLF AND TENNIS EVENT	(c) Other events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
nue			(5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,5,	(**************************************	(,	
Revenue	1	Gross receipts			*	
	2	Less <sup>.</sup> Contributions			·	
	3_	Gross income (line 1 minus line 2)				
	4	Cash prizes				
se	5	Noncash prizes			<del></del>	
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment .				
İ	9	Other direct expenses				
	10	Direct expense summary Add lines 4 through	n 9 ın column (d)		<b>&gt;</b>	
	11					
Pa		<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a	answered "Yes" to For	m 990, Part IV, line 19, or r	eported more than	
		\$13,000 0111 01111 990-LZ, line 0a		(b) Pull tabs/instant	<del></del>	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col (c)
eve						
<u>"</u>	1	Gross revenue				
ses	2	Cash prizes .				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
Ì	5	Other direct expenses				
		one chock on periods	Yes %	6  Yes %	Yes %	
	6	Volunteer labor .	No No	No No	□ No	
	7	Direct expense summary. Add lines 2 through	n 5 ın column (d)		. •	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d			
	<u> </u>	Net gaining income summary. Subtract line 7	nomine i, column (a			
		ter the state(s) in which the organization opera the organization licensed to operate gaming ac	-			Yes No
		No," explain		, siales, .	•	res No
		ere any of the organization's gaming licenses re			rear?	Yes No

Sch	edule G (Form 990 or 990-EZ) 2013 EDUCATION FOR ALL CHILDREN 2	<u>6-19</u>	<u> 7949</u>	3 Page 3
11	Does the organization operate gaming activities with nonmembers?	ſ	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 operated in	1		
	a The organization's facility		13a	%
	o An outside facility	- Г	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		102	
	Littor die name and accione et als person me propilities in enganitation gammig approximation and			
	Name			<del></del>
	Address >			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[	Yes	No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	t		
	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			
17	Mandatory distributions:			
а	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	. [	Yes	: 🔲 No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	he		
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instruction		es 9, 9b,	10b, 15b,
	100, 10, and 110, as applicable 7430 complete this part to provide any additional information (see instruction	¥1		
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Schedule G	(Form 990 or 990-EZ)	EDUCATION FOR	ALL CHILDREN	26-1979493_Page 4
Part IV	Supplemental In	EDUCATION FOR formation (continued)		-
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## **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization 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.

OMB No 1545-0047

**Employer identification number** 

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Open to Public Inspection

26-1979493 EDUCATION FOR ALL CHILDREN FORM 990, PART VI, SECTION A, LINE 2: EXPLANATION: THE ORGANIZATION'S PRESIDENT AND TREASURER ARE MARRIED. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: A COPY OF THE 990 IS EMAILED TO THE ORGANIZATION'S GOVERNING BODY MEMBERS BEFORE IT IS FILED, AND IT IS FILED WITH THE IRS UPON THEIR APPROVAL. FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND THE FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.