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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)

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

Department of the Treasury Internal Revenue Service

SCANNED JAN 1 3 2016

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

Open to Public Inspection

OMB No 1545-0047

A	or the	\approx 2014 calendar year, or tax year beginning $JUL~1~,~2014$ and	ending J	UN 30, 2015	
В	Check if applicab	C Name of organization		D Employer identific	ation number
	Addre	EDUCATE THE CHILDREN, INC.		j	
	Name chang		<u></u>	16-13	383981
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return			(607)	272-1176
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	372,826.
	Amen return	ded ITHACA, NY 14851		H(a) Is this a group ret	turn
	Application	Finame and address of principal officer ELISABETH PRENTICE		for subordinates?	Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates ind	cluded? Yes No
1 7	Гах-ех	empt status $X = 501(c)(3)$ $501(c)()$ $()$ (insert no.) $4947(a)(1)(0)$	or 527	If "No," attach a I	ist (see instructions)
		te: WWW.ETC-NEPAL.ORG		H(c) Group exemption	
KF	orm of	organization: X Corporation Trust Association Other	L Year		State of legal domicile: NY
	art I	Summary			
	1	Briefly describe the organization's mission or most significant activities EDUC	ATE TH	E CHILDREN W	VORKS WITH
Governance	1	WOMEN AND CHILDREN IN NEPAL TO IMPROVE H		WELFARE ANI	- '' '''- '
Гпа		Check this box if the organization discontinued its operations or dispose			
Ş		Number of voting members of the governing body (Part VI, line 1a)		3	9
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)	• •	4	9
•ජ ග		Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	2
Activities		Total number of volunteers (estimate if necessary)	•	6	30
훉	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ĕ	1	Net unrelated business taxable income from Form 990-T, line 34		7a 7b	0.
			7	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	ال	315,948.	372,826.
Revenue	١	Program service revenue (Part VIII, line 2g)	080-8	0.	0.
Ver	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	※	0.	0.
æ	10	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c)		0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VILL Guerra) Jine 12)	- } -	315,948.	372,826.
	1		 	118,485.	240,713.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		110,403.	240,713.
	ı	Benefits paid to or for members (Part IX, column (A), line 4)		38,621.	44,401.
Expenses	l .	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		30,021.	
en	ŀ	Professional fundraising fees (Part IX, column (A), line 11e)	06	<u> </u>	0.
Ä		Total fundraising expenses (Part IX, column (D), line 25) 41,99	90.	0 0 0 1	25 022
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,921.	25,933.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		166,027.	311,047.
- 8	19	Revenue less expenses Subtract line 18 from line 12		149,921.	61,779.
ts o			Ве	ginning of Current Year	End of Year
SSe	20	Total assets (Part X, line 16)	-	237,403.	272,737.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		56,849.	30,404.
	22 art	Net assets or fund balances Subtract line 21 from line 20 Signature Block		180,554.	242,333.
		<u> </u>			leadar en de la latencia
		Ities of perjury, I declare that I have examined this return, including accompanying schedule:		•	knowledge and belief, it is
true,	correc	t, and complete. Declaration of prepare) (other than officer) is based on all information of wh	iich preparer	nas any knowledge.	_/_
		Signature of officer		Date	1 12
Sigr			0040		
Her	e		1-45	DENT	
		Type or print name and title		Ooto Oracle	DTM
		Print/Type preparer's name Printer's signature	·	Date Check	PTIN
Paid		DUANE SHOEN NIGHT SHOEN	1	2/16/15 self-employed	
Prep		Firm's name CDLM & COMPANY CPA'S, LLP		Firm's EIN	16-1171627
Use	Only	Firm's address 401 E. STATE ST., SUITE 500			
		ITHACA, NY 14850	· 	Phone no. 607	7-272-4444
May	the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

	990 (2014) EDUCATE THE CHILDREN, INC.	<u> 16-1383981</u>	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	EDUCATE THE CHILDREN WORKS WITH WOMEN AND CHILDREN IN N	EPAL TO TMPR	OVE
	HEALTH, WELFARE AND SELF-SUFFICIENCY BY BUILDING SKILLS		
	CAN PASS DOWN TO LATER GENERATIONS.	THAT TAMEUR	110
	CAN PASS DOWN TO DATER 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?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
_	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	magazirad by avpancar	
4		•	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses, a	ano
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$148, 427. including grants of \$131, 293.) (Reven)
	EDUCATIONAL OPPORTUNITES, SKILLS TRAINING, KINDERGARTEN	PROGRAMS,	
	TEACHER TRAINING, AND AGRICULTURAL DEVELOPMENT.		
			
			
4b	(Code) (Expenses \$109, 420 . including grants of \$109, 420 .) (Revenue	¢	<u> </u>
	EARTHQUAKE RELIEF		
	EARTHQUAKE RELIEF		
		 	
		<u></u>	
		 	
4c	(Code) (Expenses \$) (Revenience) (Revenience)	ue \$)
			
			
			
	· · · · · · · · · · · · · · · · · · ·		
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 257,847.		
<u>+c</u>	231,031		100 4004 41
432002 11-07-		Form 9	90 (2014)

EDUCATE THE CHILDREN, INC. 16-1383981 Form 990 (2014) Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 1 X Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х Schedule D. Part III 8 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? Х If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 10 X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 X 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII.

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

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

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

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

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

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

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

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

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?

20b Form 990 (2014)

X

X

X

Х

Х

Х

Х

X

Х

11f

12a

12b

13

14a

14b

15

16

17

18

19

20a

X

X

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		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		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		
đ	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), 501(c)(4), and 501(c)(29) 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			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	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		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?			
٠.	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	<u> </u>		
0 2	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	JZ		- 21
•	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	33		- 21
3-4	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	SSa		
IJ		25.		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(a)(2) experimentations. Did the organization make any transfers to an expert pen charitable related organization?	35b	-	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "You " complete Schoolvin P. Port V. Iran 2.			v
27	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			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_		
	Note. All Form 990 filers are required to complete Schedule O	38	<u>X</u> 990 ((001.4)
		⊢orm	シンひ(ZU 14)

Form 990 (2014) EDUCATE THE CHILDREN, INC.

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	<u> </u>			<u> </u>
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable	_1a0			İ
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		ļ	1
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eportable gaming		}	1
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				l
	filed for the calendar year ending with or within the year covered by this return	2a 2			l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined	ns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s) .			l
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authority over, a			l
	$financial\ account\ in\ a\ foreign\ country\ (such\ as\ a\ bank\ account,\ securities\ account,\ or\ other\ financial$	account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶				l
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	.ccounts (FBAR).			l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	•	5a_		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	5b_		_X_
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	ne organization solicit			l
	any contributions that were not tax deductible as charitable contributions?		6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ions or gifts			
	were not tax deductible?		6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).				l
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			
	to file Form 8282?	,	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contract?	7e		_X_
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file February	orm 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the			1
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	-	9a_		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	- +	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	1 1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1 1			
а	Gross income from members or shareholders	11a			l
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1	12a		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?	•	13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ı İ			1
	organization is licensed to issue qualified health plans	13b			1
С	Enter the amount of reserves on hand	13c	 		<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		<u>X</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b_	065	L
			Form	990	(2014)

Form 990 (2014) EDUCATE THE CHILDREN, INC. 16-1383981 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 9			
	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.			
h	Enter the number of voting members included in line 1a, above, who are independent 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	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		X
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization of a significant diversion of the organization of	6		X
6	Did the organization have members of stockholders: Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
7a		7a		х
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	'a		
b		7b		х
_	persons other than the governing body?			- 41
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	8a	x	
a	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	OU		
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
10-	Did the event vetice have lead chapters bronches or effiliates?	10a	163	X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	iva		
Ь	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
44.	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<u> 11a</u>		
b 10-	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120	- 22	_
С	in Schedule O how this was done	12c	x	
12	·	13	X	
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14		X
14 15	Did the process for determining compensation of the following persons include a review and approval by independent			
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
		15a		\mathbf{x}
a	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization.	15a		X
O	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16-				
ıча	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16a		х
	taxable entity during the year?	100		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b		
800	exempt status with respect to such arrangements?	IOU		L
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY, TX, GA			
17 19	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	
18	for public inspection. Indicate how you made these available. Check all that apply	· unab	.5	
40	Own website Another's website Word Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
19		man	ciai	
20	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:			
20				
	LISA ANNE LYONS - 607-272-1176 21 BEAN HILL LANE, ITHACA, NY 14850			
	21 BEAN HILL LANE, ITHACA, NY 14850			

432006 11-07-14

Form 990 (2014)	
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EDUCATE THE CHILDREN, INC.

16-1383981

Page 7

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

Check is Scriedule O Contains a response of note to any line in this hart v	O contains a response or note to any line in this Part VII
---	--

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

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

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

(A) Name and Title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	ed any current officer, of (D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	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) BARBARA BUTTERWORTH	1.00								•	0
DIRECTOR	1 00	X				-	-	0.	0.	0.
(2) PETER FRITTS	1.00	x		х				0.	0.	0.
TREASURER (3) MELVIN GOLDMAN	1.00	Δ.		Λ	ļ	-	-	0.	<u>_</u>	
VICE PRESIDENT	1.00	х		х				0.	0.	0.
(4) CHARLES GOODMAN	1.00		-						., =	
DIRECTOR		Х						0.	0.	0.
(5) SUSANNA PEARCE	1.00									
DIRECTOR		Х				<u>_</u>		0.	0.	0.
(6) ELISABETH PRENTICE	1.00									•
PRESIDENT	1 00	X		X				0.	0.	0.
(7) MICHAEL ESPOSITO	1.00	X						0.	0.	0.
DIRECTOR AND TOPPORTOR	1.00				-		-	0.	U • I	
(8) JAMES JOHNSTON DIRECTOR	1.00	x						0.	0.	0.
(-9) SALLY MCCONNELL-GINET	1.00						-			
DIRECTOR		X						0.	0.	0.
(10) LISA ANNE LYONS	40.00				!					
EXECUTIVE DIRECTOR				X			L	24,000.	0.	0.
	<u></u>					;				
										
		<u></u>								
						لـــا		<u> </u>		

(B)

Average

hours per

week

(list any

hours for

related

organizations

below

line)

ndividual trustee or director

nstitutional trustee

(C)

Position

(do not check more than one box, unless person is both an

officer and a director/trustee)

(ey employee

(D)

Reportable

compensation

from

the

organization

(W-2/1099-MISC)

24,000

24,000.

0.

1b Sub-total

(A)

Name and title

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section	R	Inde	nandant	Contractors
Section	D.	moe	penueni	Contractors

Total (add lines 1b and 1c)

compensation from the organization

Total from continuation sheets to Part VII, Section A

line 1a? If "Yes," complete Schedule J for such individual

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	NONE	(B) Description of services	(C) Compensation
				
2	Total number of independent contractors (including but \$100,000 of compensation from the organization	t not limited to those liste	d above) who received more than	

	<u>1990</u> rt VI		NIE THE C	TITDKEN'	INC.		10-130.	J J O I Tage			
		Check if Schedule O contains a response or note to any line in this Part VIII									
		Check it Schedule O Cons	anis a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514			
ats ots	1 a	Federated campaigns	1a								
or ar	b	Membership dues	1b								
S, G	С	: Fundraising events	1c			1					
a t	d	Related organizations	1d								
Contributions, Gifts, Grants and Other Similar Amounts	е	Government grants (contribut	tions) 1e								
tion S	f	All other contributions, gifts, gran	nts, and								
ig #		similar amounts not included abo	ove 1f	372,826.							
a st	g	Noncash contributions included in lines	s 1a-1f \$								
<u>ਲੂ ਵ</u>	h	Total. Add lines 1a-1f		, >	<u>372,826.</u>			 			
				Business Code		:					
Se	2 a	·									
er.	b	·									
Program Service Revenue	C	:						 			
rar Rev	d	1						 			
Por Por	е	•		ļ							
<u>а</u>	f	All other program service reve	enue		<u> </u>						
		Total. Add lines 2a-2f		<u> </u>							
	3	Investment income (including	dividends, inter	est, and							
		other similar amounts)						 			
	4	Income from investment of ta	x-exempt bond p	proceeds							
	5	Royalties .	(2.D1	(4) Davidani							
	_		(i) Real	(II) Personal							
	6 a		· · · · · · · - · · · · · · · · · · · ·	 							
	b	•	-								
	C	Rental income or (loss) Net rental income or (loss)	<u> </u>	•							
		Gross amount from sales of	(ı) Securities	(ii) Other							
	1 a	assets other than inventory	(i) Securities	(ii) Otriei							
	h	Less cost or other basis		 							
		and sales expenses									
	c										
-		Net gain or (loss)		>							
		Gross income from fundraisin	a events (not								
ğ		including \$									
Other Revenue		contributions reported on line									
<u>ا</u> ۳		Part IV, line 18	a								
흎	b	Less: direct expenses	b								
١	С	: Net income or (loss) from fund	draising events								
	9 a	Gross income from gaming ac	ctivities See								
		Part IV, line 19	а								
	b	Less. direct expenses	b								
	С	: Net income or (loss) from gam	ning activities								
	10 a	Gross sales of inventory, less	returns								
		and allowances	а								
	b	Less: cost of goods sold	. b	,[
	С	: Net income or (loss) from sale		<u> </u>				<u></u>			
		Miscellaneous Revenu	ıe	Business Code							
	11 a	l									
	þ			}				 			
ļ	С						·				
	d	•			······································						
- 1	е	Total. Add lines 11a-11d		?	272 026			 			

	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				•
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	· · · · · · · · · · · · · · · · · · ·			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	040 540	040 513		
	individuals. See Part IV, lines 15 and 16	240,713.	240,713.		
4	Benefits paid to or for members		·		
5	Compensation of current officers, directors,	26 105	6 000	4 451	14 006
_	trustees, and key employees	26,185.	6,808.	4,451.	14,926
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	12 (16	2.540	2 215	7 761
7	Other salaries and wages	13,616.	3,540.	2,315.	7,761
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	77.7	001		444
9	Other employee benefits	774.	201.	132.	441
10	Payroll taxes	3,826.	995.	650.	2,181
11	Fees for services (non-employees)				
а	· · · · · · · · · · · · · · · · · · ·				
b	Legal	5 016	1 204	0.52	2 050
С	Accounting	5,016.	1,304.	853.	2,859
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	500	120		205
12	Advertising and promotion	500.	130.	85.	285
13	Office expenses	12,777.	3,321.	2,173.	7,283
14	Information technology	338.	88.	57.	193
15	Royalties				
16	Occupancy	1 100			620
17	Travel	1,120.	291.	190.	639
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	106			70
22	Depreciation, depletion, and amortization	126.	33.	21.	72
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	•			
а	BAD DEBTS	4,426.			4,426
b	DUES AND SUBSCRIPTIONS	1,520.	395.	258.	867
С	FILING FEES	110.	28.	19.	63
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	311,047.	257,847.	11,204.	41,996
<u>26</u>	Joint costs. Complete this line only if the organization		23,,01,		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	occount our ipagir and initiationly something.		1		

Га	π λ	Balance Sneet				
		Check if Schedule O contains a response or not	e to any line in this Part X		Т	
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		101,969.	1	203,470.
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	134,749.	3	69,029.	
	4	Accounts receivable, net	·		4	
	5	Loans and other receivables from current and fo	ormer officers, directors.			
		trustees, key employees, and highest compensa-				
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	tion 501(c)(9) voluntary			
ts		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
Ÿ	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		433.	9	112.
	10a	Land, buildings, and equipment: cost or other				
		basis Complete Part VI of Schedule D	10a 2,000.			
	b	Less accumulated depreciation	1,874.	252.	10c	126.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 1	11		12	
	13	Investments · program-related. See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·	15		
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	237,403.	16	<u>272,737.</u>
	17	Accounts payable and accrued expenses	. 1	349.	17	654.
	18	Grants payable			18	
	19	Deferred revenue		56,500.	19	29,750.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
es	22	Loans and other payables to current and former	officers, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and disqualified persons			
ig		Complete Part II of Schedule L	-		22	
_	23	Secured mortgages and notes payable to unrela	· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated	· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa	·			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of			
		Schedule D		F.C. 0.4.0	25	20 404
	26	Total liabilities. Add lines 17 through 25	.	56,849.	26	30,404.
		Organizations that follow SFAS 117 (ASC 958				
Ses		complete lines 27 through 29, and lines 33 and	d 34.	80,554.		191,188.
lan	27	Unrestricted net assets	[100,000.	27	51,145.
Ba	28	Temporarily restricted net assets	<u> </u>	100,000.	28	31,143.
n n	29	Permanently restricted net assets	SC 058) short have		29	
Ē		Organizations that do not follow SFAS 117 (A	SC 958), Check here			
S	20	and complete lines 30 through 34.			20	
sse	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ed	unipment fund		30 31	
Net Assets or Fund Balances	31 32	Retained earnings, endowment, accumulated in	The state of the s		32	
Š	33	Total net assets or fund balances	Joine, or other fullus	180,554.	33	242,333.
	34	Total liabilities and net assets/fund balances	· -	237,403.	34	272,737.
		TOTAL HADRINGS AND HOL ASSELS/IUTIO DAIGHOES .	- 	<u> </u>		Form 990 (2014)

Form	1990 (2014) EDUCATE THE CHILDREN, INC. 16-1	1383981	Page 1	2
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			<u>]</u>
1	Total revenue (must equal Part VIII, column (A), line 12)		2,826	
2	Total expenses (must equal Part IX, column (A), line 25)		1,047	
3	Revenue less expenses. Subtract line 2 from line 1		L,779	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	180	0,554	•
5	Net unrealized gains (losses) on investments		·-··-	
6	Donated services and use of facilities			_
7	Investment expenses 7			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)		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	242	2,333	•
Pa	rt XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII		x	<u></u>
			Yes No	<u> </u>
1	Accounting method used to prepare the Form 990 Cash Other		ŀ	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a	X	<u>. </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		į	
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	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 Schedule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	t		
	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 audit	t T		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990 (201	4)

SCHEDULE A (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

Open to Public Inspection

Department of the Treasury iternal Revenue Service

Name of the organization Employer identification number EDUCATE THE CHILDREN, 16-1383981 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is. (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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, 4 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.) 8 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1.9 support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

Form 990 or 990-EZ. 432021 09-17-14

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 EDUCATE THE CHILDREN, Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2010 (b) 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 238,034. 315,948. 372,826. include any "unusual grants.") 212,342. 219,155. 1358305. 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 212.342. 219,155. 238,034. 315.948. 372,826. 1358305. 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) 162,945. 1195360. 6 Public support. Subtract line 5 from line 4 Section B. Total Support

Cale	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	212,342.	219,155.	238,034.	315,948.	372,826.	1358305.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						1358305.
						1 1	

12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years, If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Se	ection C. Computation of Public Support Percentage	
14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)	

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))			14	88.00 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	•	•	15	89.83 %
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and	line 14	ıs 33 1/3% or	more, ch	eck this box and

stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. 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 - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2013. 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 VI 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) 2014

 $\triangleright |X|$

Part III	Support Schedu	le for (Organizations	Described in	n Section 509(a)(2

	Support Schedule for t	•		•			
	(Complete only if you checked			organization failed	to qualify under Pa	art II If the organiz	ation fails to
<u>c-</u>	qualify under the tests listed b	elow, please com	plete Part II)				
	ction A. Public Support	T				T	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")		ļ		 		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that	;					
	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						İ
	the organization without charge		<u></u>				
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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	_					
c	: Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)			<u> </u>		<u> </u>	
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6			- "			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			,			
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	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 VI)						
13	Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
	check this box and stop here	-					
Sec	tion C. Computation of Publ	ic Support Pe	rcentage	<u></u>			
	Public support percentage for 2014 (I			column (fl)		15	%
	Public support percentage from 2013	•	•	(//		16	%
	ction D. Computation of Inves			·		_ ' <u>% 1</u>	<u></u>
	Investment income percentage for 20					17	%
	Investment income percentage from 2	•	• • • • • • • • • • • • • • • • • • • •	rie 75, column (i))		18	<u> </u>
	33 1/3% support tests - 2014. If the			on line 14, and line	a 15 ie mara than		
ı y a	• •	•		•		•	I / IS HUL
L	more than 33 1/3%, check this box at 23 1/3%, support toota, 2013. If the						₽ []
O	33 1/3% support tests - 2013. If the						
~	line 18 is not more than 33 1/3%, che		-			-	
ZU	Private foundation. If the organization	н ию посспеска	DOX OF THE 14, 19	a, or 190, check th	nis dux and see in	อแนบแบทร	

Part IV

Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

~			_	anizations
L'AAtiAA	A A 11	Cunnordia	~~ (\r~~	mitations
Sec. 111.114	A- AII		14 47142	1111/4111115

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1		
2		
3a		
3b		
3c		
	_	
4a		
4b		
4c	-	
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b	0-E7\	2011

Sche	dule A (Form 990 or 990 EZ) 2014 EDUCATE THE CHILDREN, I	NC.		16-1383981 Pa
	t V Type III Non-Functionally Integrated 509(a)(3) Supporting		izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov 20, 1970 See inst	ructions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.	
ecti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1_	Net short-term capital gain	1		
2_	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		·	
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
_	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of pnor-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ecti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lv-integrate	d Type III supporting or	ganization (see

Schedule A (Form 990 or 990-EZ) 2014

Sche Pa i	dule A (Form 990 or 990-EZ) 2014 EDUCATE THE C			.6-1383981 Page 7
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem		······································	
_	organizations, in excess of income from activity	F. F. F. F. C. C. C. C. F. F. C. C. C.		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	 		
6	Other distributions (describe in Part VI) See instructions	·····		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	<u> </u>	
0	(provide details in Part VI) See instructions.	ne organization is responsive	7	
9	Distributable amount for 2014 from Section C, line 6	·····		
		·····		
10	Line 8 amount divided by Line 9 amount	(5)	(::)	(:::)
		(i)	(ii)	(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	Distributed in the control of the co		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3_	Excess distributions carryover, if any, to 2014.			
a	<u>. </u>			
<u>b</u>				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i_	Carryover from 2009 not applied (see instructions)	-		
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$	<u> </u>		
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			Í
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			1
7	Excess distributions carryover to 2015. Add lines 3;			
•	and 4c.			
8	Breakdown of line 7:			
	COUNTY OF HITE 1.			
<u>a</u> b			,	
<u>с</u>	Excess from 2013	*		

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line Also complete this part for any additional information (See instructions)	16-1383981 Page 17a or 17b; and Part III, line 12
Also complete this part for any additional information (See instructions)	
	· · · · · · · · · · · · · · · · · · ·
	
	

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.

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

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

Employer identification number

	EDUCATE THE CHILDR	EN, INC.	16-1383981
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
Ŭ	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	-	
Ū	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	or donor advisor, or for any other purpose	Yes No
Par		ganization answered "Ves" to Form 990. F	
·	· · · · · · · · · · · · · · · · · · ·	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	are re, mio 7.
1	Purpose(s) of conservation easements held by the organizat		orically important land area
	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a cen	tified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	t holds?	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, and enforcing conservation easements d	luring the year
7	Amount of expenses incurred in monitoring, inspecting, and	-	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or O	ther 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 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e	· · · · · · · · · · · · · · · · · · ·	
	relating to these items	,	
	(i) Revenue 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 tre	age urae or other similar assets for financia	
2			a gain, provide
	the following amounts required to be reported under SFAS 1	TO (ASC 330) relating to these items	•
а	Revenue included in Form 990, Part VIII, line 1		\$
þ	Assets included in Form 990, Part X		▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

		THE CHILD	REN, INC.		16-1	383981 Page 2
Pa	rt III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or Otl	ner Similar As	sets(continued)
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that are a	significant use of	ts collection items
	(check all that apply)					
а	Public exhibition	d	Loan or exc	hange programs		
b	Scholarly research	е	Other	.		
С	Preservation for future generations					
4	Provide a description of the organization's c	ollections and explair	n how they further t	he organization's ex	empt purpose in F	Part XIII.
5	During the year, did the organization solicit of	or receive donations of	of art, historical trea	sures, or other simil	ar assets	
	to be sold to raise funds rather than to be m	aintained as part of t	he organization's co	ollection?		Yes No
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizatio	n answered "Yes" t	o Form 990, Part I	V, line 9, or
1a	Is the organization an agent, trustee, custod		liary for contribution	e or other assets no	ot included	
ıa	on Form 990, Part X?	ian or other intermed	nary for contribution	is or other assets in		Yes No
h	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table			165110
	1 105, explain the arrangement in rate XIII	and complete the for	nowing table.		<u></u>	Amount
С	Beginning balance				1c	Amount
4	Additions during the year	•			1d	
ч •	Distributions dumas the year			•		·····
•	Ending balance			-	1e	
20	Did the organization include an amount on F	orm 000 Part V line	O1 for an arous or as	todial account hal		Yes No
					•	Yes No
Pai	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete					
	2 - Zirastriiotte I arrasi complete			T	T	ck (a) Four years back
1.	Pograping of year balance	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bar	
1a	Beginning of year balance	100,000.	17,644.	14,970	·	1,200.
D	Contributions	1,145.	100,000.	17,644	14.97	0.
С	Net investment earnings, gains, and losses				<u> </u>	_
d	Grants or scholarships					
е	Other expenditures for facilities	İ				
	and programs	50,000.	17,644.	14,970		1,200.
f	Administrative expenses		·			
g	End of year balance	51,145.	100,000.	17,644	. 14,97	0.
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a	ı)) held as.		
а	Board designated or quasi-endowment	.00	%			
b	Permanent endowment ► .00	%	_			
С	Temporarily restricted endowment ▶ 10	0.00 %				
	The percentages in lines 2a, 2b, and 2c shou					
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the organization	
	by.	-			-	Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations	• •				3a(ii) X
ь	If "Yes" to 3a(ii), are the related organization:	s listed as required or	n Schedule R?			3b
4	Describe in Part XIII the intended uses of the	·			•	<u> </u>
Par			William Grade			
	Complete if the organization answere		Part IV. line 11a Sc	ee Form 990. Part X	C. line 10	
	Description of property	(a) Cost or of			Accumulated	(d) Book value
	besomption of property	basis (investm			epreciation	(u) book value
4-	1 and	240/3 (11403111	Justs 1	(53.161)	op. 00/01/01/	·
	Land					
	Buildings					
C	Leasehold improvements			2 000	1 074	100
d	Equipment			2,000.	1,874.	126.
	Other					
<u> </u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0c.)		<u> 126.</u>

Schedule D (Form 990) 2014

432053 10-01-14 Schedule D (Form 990) 2014

	t XI Reconciliation of Revenue per Audited Financial State		ts V	Vith Revenue per	Return	1383981 Page 4
<u> </u>	Complete if the organization answered "Yes" to Form 990, Part IV, line 1:		13 1	vitil Neventie per	rietari	1.
1	Total revenue, gains, and other support per audited financial statements	za.			1	372,826.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-		••		314,040.
a	Net unrealized gains (losses) on investments	ļ	0-	1		
b	Donated services and use of facilities		2a	 	-	
_	Recoveries of prior year grants	·	2b	 		
c d	Other (Describe in Part XIII)		2c			
	Add lines 2a through 2d	. L	<u>2d</u>	<u> </u>	ا ہے ا	0
е 3	Subtract line 2e from line 1	•	•	•	2e	372,826.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	•			3	312,020.
a	Investment expenses not included on Form 990, Part VIII, line 7b	1	4-	1		
b	Other (Describe in Part XIII.)	ŀ	4a 4b	 	-	
0	Add lines 4a and 4b	L	40	<u> </u>	ا ء ا	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		•	•	4c 5	372,826.
Par	t XII Reconciliation of Expenses per Audited Financial State	emer	ıts \	With Expenses pe		
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12			Milli Expenses pe	1100	
1	Total expenses and losses per audited financial statements	<u> </u>				311,047.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		-	•	1	311,047.
	Donated services and use of facilities	1	•	1		
a	Prior year adjustments	F	2a	· · · · · · · · · · · · · · · · · ·	-	
b	Other losses	-	2b	1	-	
4		-	2c		\dashv \mid	
d	Other (Describe in Part XIII)	L	2d	<u> </u>	$\dashv $ \mid	0
e	Subtract line 2e from line 1	• •			2e	$\frac{0.}{311,047.}$
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1	٠		•	3	311,047.
-	Investment expenses not included on Form 990, Part VIII, line 7b	1		I		
a	Other (Describe in Part XIII)	-	4a		-	
b	Add lines 4a and 4b	. L	4b	L	┥╻╽	٥
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			• • • • • • • • •	4c	0. 311,047.
	t XIII Supplemental Information.			· · · · · · · · · · · · · · · · · · ·	5	311,047.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P.	204 11/	linos	1h and 2h Part V line	1 Dort	V line 2 Part VI
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any a				3 4, Fail	A, IIIIe Z, Part AI,
	and to, and that the most and 40. 7000 complete this part to provide any a	additio	ı ıaı ıı	Hormation		
					· -	····
PAF	T V, LINE 4:					
						
то	FUND FUTURE PROGRAMS IN ACCORDANCE WITH	THE	3 0	RGANIZATION	'S T2	AX EXEMPT
						
PUR	POSE.					
		_				
						·····
				······································		
		•		· 		
-						
	· · · · · · · · · · · · · · · · · · ·					
						

432054 10-01-14

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Nam	ie of the organization					Employer ident	ification number		
ED	UCATE THE CHI	LDREN, I	NC.			16-13839	81		
	rt I General Info	rmation on A	ctivities Ou	tside the United States. Complete	e if the organ				
1		the organization		ds to substantiate the amount of its gran the selection criteria used to award the g			Yes No		
2	For grantmakers. Desc United States	ribe in Part V the	e organization's	procedures for monitoring the use of its	grants and o	ther assistance ou	itside the		
3	Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.)								
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region		
							-		
3 2	Sub-total		0						
	Total from continuation sheets to Part I	0	0				0		
	Totals (add lines 3a and 3b)	0	0				0		
LHA	For Paperwork Reduct	ion Act Notice,	see the Instruc	tions for Form 990.		Schedule F	(Form 990) 2014		

432071 09-24-14

EDUCATE THE CHILDREN,

Schedule F (Form 990) 2014

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 Part II

Page 2

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(i) Method of valuation (book, FMV, appraisal, other)					
(h) Description of non-cash assistance					
(g) Amount of non-cash assistance	C				
(f) Manner of cash disbursement	240 713 WIRE TRANSFERS				
(e) Amount of cash grant	240 713.	U			
(d) Purpose of grant	EDUCATIONAL OPPORTUNITES, SKILLS TRAINING, KINDERGARTEN				
(c) Region	NEPAL				
(b) IRS code section and EIN (if applicable)					
1 (a) Name of organization					

Schedule F (Form 990) 2014

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 entitles

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EDUCATE THE CHILDREN, INC.

Schedule F (Form 990) 2014

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.

Page 3

16-1383981

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					
(d) Amount of cash grant				:	
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

Schedule F (Form 990) 2014

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

Schedule F (Form 990) 2014

Yes

X No

6

for Form 5713; do not file with Form 990)

	383981 Page 5
Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method	
investments vs. expenditures per region), Part II, line 1 (accounting method); Part III (accounting method); and Par	i III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information.	
PART II, COLUMN (D):	
TIME IT COLORIN (D).	
REGION: NEPAL	
(D) PURPOSE OF GRANT: EDUCATIONAL OPPORTUNITES, SKILLS TRAINING	,
KINDERGARTEN PROGRAMS, TEACHER TRAINING, AND AGRICULTURAL DEVEL	OPMENT AND
EARTHQUAKE RELIEF.	
,	
	
	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public

internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/f	om 990. Inspection
Name of the organization EDUCATE THE CHILDREN, INC.	Employer identification number 16-1383981
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
SELF-SUFFICIENCY BY BUILDING SKILLS THAT FAMILIES CAN PAS	
LATER GENERATIONS.	
FORM 990, PART VI, SECTION B, LINE 11:	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
THE FORM 990 IS REVIEWED BY THE EXECUTIVE COMMITTEE BEFOR	E BEING SUBMITTED
TO THE ENTIRE BOARD PRIOR TO FILING WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	<u> </u>
SELF MONITORING.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQ	UEST.
FORM 990, PAGE 6, PART VI, LINE 14	
THE ORGANIZATION HAS ADOPTED A WRITTEN DOCUMENT RETENTION	AND
DETRUCTION POLICY DURING THE FISCAL YEAR ENDED JUNE 30, 2	016.
FORM 990, PAGE 12, PART XII, LINE 2C	
THE PROCESS FOR AUDIT OVERSIGHT AND AUDITOR SELECTION HAS	NOT CHANGED
FROM THE PRIOR YEAR.	