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EXTENDED TO FEBRUARY 15, 2017

Return of Organization Exempt From Income Tax

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

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

Open to Public

Department of the Treasury

Inspection Information about Form 990 and its instructions is at www.irs.gov/form990. and ending JUN 30, 2016 A For the 2015 calendar year, or tax year beginning JUL 1, 2015 D Employer identification number C Name of organization Check if applicable EDUCATE THE CHILDREN, INC. Name change 16-1383981 initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 272-1176 Final return (607)PO BOX 414 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 303,188. ITHACA, NY 14851 H(a) Is this a group return F Name and address of principal officer: ELISABETH PRENTICE Yes X No for subordinates? pending SAME AS C ABOVE Yes No H(b) Are all subordinates included? Tax-exempt status X 501(c)(3) 501(c) (527 If "No," attach a list. (see instructions) 4947(a)(1) or) (insert no.) J Website: WWW.ETC-NEPAL.ORG H(c) Group exemption number K Form of organization: X Corporation Trust L Year of formation: 1990 M State of legal domicile NY Other > Association Part I Summary Briefly describe the organization's mission or most significant activities: EDUCATE THE CHILDREN WORKS WITH Governance WOMEN AND CHILDREN IN NEPAL TO IMPROVE HEALTH, WELFARE AND Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets 10 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 2 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 30 6 Total number of volunteers (estimate if necessary) 6 Ō. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year** Current Year 303,188. 372,826. Contributions and grants (Part VIII, line 1h) 0. 0. Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 372,826. 303,188. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 240,713. 155,125. 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) 44,401. 47,813. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 42,600. b Total fundraising expenses (Part IX, column (D), line 25) 25,933. 23,890. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 311,047. 226,828. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 61,779. 76,360. 19 Revenue less expenses Subtract line 18 from line 12 CSC Beginning of Current Year End of Year 332,801. 272,737. 20 Total assets (Part X, line 16) 11FC 2 10 2018 30,404. 14,108. 21 Total liabilities (Part X, line 26) ur, 242,333. 318,693. Net assets or fund balances. Subtract line 21 from line 20-Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than office) is based on all information of which preparer has any knowledge. 1200 Signature of officer Sign 12/13/2016 PRESIDENT PREMICE ELISA BETH Here Type or print name and title PTIN Presarer's signature Print/Type preparer's name P00503316 Paid DUANE SHOEN 47-5324570 INSERO & CO. CPAS. LLP Firm's EIN Preparer Firm's name Firm's address 🛌 401 E. STATE STREET Use Only Phone no. (607) 272-4444 ITHACA, NY 14850 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2015) EDUCATE THE CHILDREN, INC.	16-1383981 Pa	ge 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
			<u></u>
1	Briefly describe the organization's mission		
	EDUCATE THE CHILDREN WORKS WITH WOMEN AND CHILDREN IN NEE		
	HEALTH, WELFARE AND SELF-SUFFICIENCY BY BUILDING SKILLS T	HAT FAMILIES	
	CAN PASS DOWN TO LATER GENERATIONS.		
			
2	Did the organization undertake any significant program services during the year which were not listed on		,
	the pnor 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 in		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expenses, and	
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 163,408. including grants of \$ 145,125.) (Revenue	• \$	
	EDUCATIONAL OPPORTUNITES, SKILLS TRAINING, KINDERGARTEN E		— <i>'</i>
		ROGRAMS,	
	TEACHER TRAINING, AND AGRICULTURAL DEVELOPMENT.		
		 	
			
4b	(Code) (Expenses \$	•	
10	EARTHQUAKE RELIEF		 ′
	BANTIQUARE RELIEF		
			
			
4c	(Code) (Expenses \$		
70	(Code //Expenses 3 including grants of 3 // (Revenu	*	/
4d	. •		
4d	(Expenses \$ including grants of \$) (Revenue \$		
) Form 990 (

Form 990 (2015) EDUCATE THE CHILDREN, INC.
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	ļ		
	Yf "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			7.5
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			V
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
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?	9	1	х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	 -	s s	~?
••	as applicable	, 4	S \$	** **
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			32
_	Part VI	11a	х	
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII .	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		v
40	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
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
U	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		Х
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	х	
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		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		<u> </u>
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	لييا	X
		Form	990	(2015)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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
þ	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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			3.5
	complete Schedule L, Part II	26		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		3.	·
	instructions for applicable filing thresholds, conditions, and exceptions)	<u> </u>	λ.	
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b_		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	~		Х
~	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		х
31	Contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
. .	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
_	Schedule N, Part II	32		х
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		Х
ь	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			
	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>	
		Form	99U /	(2015)

Form 990 (2015) 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						
	•		Yes	No			
1a	• Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		100				
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			1 1			
С	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,	1 11	3				
	filed for the calendar year ending with or within the year covered by this return 2a 2	,					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	X				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	4 J	- (<i>(</i> 2)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X			
b	If "Yes," enter the name of the foreign country.	*	, o.	*			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	{ '	3,3	'', ''			
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	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 organization solicit			1			
	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 contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).	5 8	4	* % \$ ^			
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		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		. }				
	to file Form 8282?	7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		لئے	* 8			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<u>X</u>			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u>X</u>			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			لئا			
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.			لــــــــــــــــــــــــــــــــــــــ			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
_	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:	1	. 1	, 1			
a	Initiation fees and capital contributions included on Part VIII, line 12	1	. 1	.]			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			. 1			
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders						
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	1					
D		1	. !				
122	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	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	, f	. }				
~	organization is licensed to issue qualified health plans	j	}				
С	Enter the amount of reserves on hand	j	. 1				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b					
			990	(2015)			

EDUCATE THE CHILDREN, INC. 16-1383981 Form 990 (2015) 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 Section A. Governing Body and Management No 10 1a Enter the number of voting members of the governing body at the end of the tax year 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. 10 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 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? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? **7b** Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8<u>a</u> X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Х 10a Did the organization have local chapters, branches, or affiliates? 10a 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 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 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? X 14 14 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? X a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a 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 exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY, TX, GA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Other (explain in Schedule O) Own website Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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: LISA ANNE LYONS - 607-272-1176

Form **990** (2015)

14850

BEAN HILL LANE, ITHACA,

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

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

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

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

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

Check this box if neither the organizate (A)	(B)	l ga	. 112a)	pei	Jalt	(D)	(E)	(F)
Name and Title	Average	1		Pos	ition	1		Reportable	(E) Reportable	(r) Estimated
Name and me	hours per	(do	not c	heck i	more	than o	ne	compensation	compensation	amount of
	week	offic	cer an	d a d	recto	x/trus	ee)	from	from related	other
	(list any	ğ						the	organizations	compensation
	hours for	g.e		1		8		organization	(W-2/1099-MISC)	from the
	related	tee o	ustee			ensa		(W-2/1099-MISC)		organization
	organizations	Individual trustee or director	institutional trustee		Key employee	d mo		}		and related
	below	vidua	rtutio	Je J	ешр	oloyee	Je.			organizations
	line)	E E	inst	Officer	Key	Highest compensated employee	ᅙ			<u> </u>
(1) BARBARA BUTTERWORTH	1.00	,,								•
DIRECTOR		X		ļ	_	\vdash	_	0.	0.	0.
(2) PETER FRITTS TREASURER	1.00	x		$ \mathbf{x} $				0.	0.	0
(3) MELVIN GOLDMAN	1.00	Δ	-	_	-	-		0.	<u> </u>	0.
VICE PRESIDENT	1.00	x		x				0.	0.	0.
(4) CHARLES GOODMAN	1.00	<u> </u>		<u> </u>	-	 				
DIRECTOR	1.00	х						0.	0.	0.
(5) SUSANNA PEARCE	1.00			\vdash	_	\vdash				
DIRECTOR	- 	x						0.	0.	0.
(6) ELISABETH PRENTICE	1.00									
PRESIDENT		х		x				0.	0.	0.
(7) MICHAEL ESPOSITO	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JAMES JOHNSTON	1.00									
DIRECTOR		X		L		_		0.	0.	0.
(9) SALLY MCCONNELL-GINET	1.00								_	
DIRECTOR		Х	<u> </u>					0.	0.	0.
(10) DAN WEED	1.00	i								
DIRECTOR	40 00	X		<u> </u>		⊢ -		0.	0.	0.
(11) LISA ANNE LYONS	40.00							06.000		•
EXECUTIVE DIRECTOR	20.00	-	⊢	Х	_	<u> </u>	—	26,000.	0.	0.
					ł					
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		L		L	<u></u>					
				<u> </u>	<u> </u>			l		E 990 (0045)

<u> </u>	ILV				or poto to povilim	o in this Dort VIII			
	•		Check if Schedule O conta	ains a response	or note to any lir	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b c d e f g	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions), gifts, grant similar amounts not included above Noncash contributions included in lines 1 Total. Add lines 1a-1f	s, and re 1f	303,188. Business Code	303,188.	revenue	revenue	sections 512 - 514
Pro		f	All other program service rever	nue	•		.71		
	3 4 5		Investment income (including of other similar amounts) Income from investment of tax Royalties		st, and				
		b c	Gross rents Less rental expenses Rental income or (loss)	(i) Real	(II) Personal				
	7	a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss)	(i) Securities	(ii) Other		, , , , ,		**
Other Revenue	8	а	Net gain or (loss) . Gross income from fundraising including \$	of	>				>5
ō	9	c a	Net income or (loss) from fund Gross income from gaming act Part IV, line 19 Less: direct expenses	raising events	>				
	10	а	Net income or (loss) from gaming Gross sales of inventory, less rand allowances Less cost of goods sold	_	▶				
	11		Net income or (loss) from sales Miscellaneous Revenue		Business Code				
			All other revenue Total. Add lines 11a-11d Total revenue. See instructions.		>	303,188.	0.	0.	0.

Page 10

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 155,1<u>25</u> individuals See Part IV, lines 15 and 16 155,125. Benefits paid to or for members Compensation of current officers, directors, 26,954. 7,008. 4,582. 15,364. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,262. 2,786. 9,342. 16,390. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 747. 194.127. 426. Other employee benefits 3,722. 2,121. 968. 633. Payroll taxes 10 Fees for services (non-employees) Management b Legal 876. 5,151 1,339 2,936. c Accounting Lobbying XX. Professional fundraising services. See Part IV, line 17 Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 782. 203. 133. 446. Advertising and promotion 12 9,979. 3,655. 1,256. 5,068. Office expenses 250. 65. 43. 142. Information technology 15 Royalties 16 Occupancy 626. 163. 106. 357. 17 Travel 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 $\overline{1}26$. 33. 21 72. 22 Depreciation, depletion, and amortization 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 5,463. 5,463. BAD DEBTS DUES AND SUBSCRIPTIONS 374. 244. 820. 1,438. 19. FILING FEES 75 43. С d All other expenses 173,408. 10,820. 42,600. Total functional expenses. Add lines 1 through 24e 226,828. 25 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)

INC.

EDUCATE THE CHILDREN, INC.

Pai	tΧ	Balance Sheet					
		Check if Schedule O contains a response or note	e to an	y line in this Part X			
	•	_			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			203,470.	1	329,926.
	2	Savings and temporary cash investments		ļ		2	
	3	Pledges and grants receivable, net		•	69,029.	3	2,449.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo	rmer o	fficers directors	7	-	/ ×
	3	trustees, key employees, and highest compensa				^	* * * * · · · · · · · · · · · · · · · ·
		Part II of Schedule L	ica cii	ipioyees. complete		5	
	6	Loans and other receivables from other disqualif	ied ne	rsons (as defined under	· · · ·	_ Ŭ	
		section 4958(f)(1)), persons described in section			2, , ,		the state of the state of
		employers and sponsoring organizations of section					
40		employees' beneficiary organizations (see instr).			!	6	
Assets	7	Notes and loans receivable, net	Comp	icte i ait ii oi con L		7	
Ass		Inventories for sale or use				8	
1	8 9	Prepaid expenses and deferred charges			112.	9	426.
	_		1	I	* * * * / \\	5	
	10 a	basis Complete Part VI of Schedule D	10a	2,000.		*/	
	ь	Less accumulated depreciation	10b	2,000.	126.	10c	0.
		Investments - publicly traded securities	_100	27000		11	
	11	Investments - other securities. See Part IV, line 1	1	•		12	
	12	·		•		13	
	13	Investments - program-related See Part IV, line 1				14	
	14	Intangible assets Other assets See Part IV line 11				15	
	15	Qther assets See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal)	عميا اد		272,737.	16	332,801.
	16 17	Accounts payable and accrued expenses	ai illie s	J -1	654.	17	20.
	18	Grants payable		•		18	
	19	Deferred revenue		•	29,750.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D		21	
	22	Loans and other payables to current and former			10 m	,	*
Liabilities		key employees, highest compensated employee					, , , , ,
Ē	1	Complete Part II of Schedule L	, -	, .		22	
<u>:</u>	23	Secured mortgages and notes payable to unrela	ted th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa				Ţ	
		parties, and other liabilities not included on lines				ĺ	İ
		Schedule D			0.	25	14,088.
	26	Total liabilities. Add lines 17 through 25			30,404.	26	14,108.
		Organizations that follow SFAS 117 (ASC 958), che	ck here X and		1	
ģ		complete lines 27 through 29, and lines 33 an	d 34.				
ng L	27	Unrestricted net assets			191,188.	27	197,508.
<u>a</u>	28	Temporanly restricted net assets			51,145.	28	121,185.
B	29	Permanently restricted net assets				29	<u> </u>
5		Organizations that do not follow SFAS 117 (A	SC 95	8), check here 🕨 🔛			
ŏ	ĺ	and complete lines 30 through 34.				<u> </u>	
əts	30	Capital stock or trust principal, or current funds				30	
\SS(31	Paid-in or capital surplus, or land, building, or ed			ļ	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	222
Ž	33	Total net assets or fund balances			242,333.	33	318,693.
	34	Total liabilities and net assets/fund balances		<u></u>	272,737.	34	332,801.

	•				
	990 (2015) EDUCATE THE CHILDREN, INC.	16-1383	981	Pag	e 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		3,18	
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,82	
3	Revenue less expenses Subtract line 2 from line 1	3		5,36	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	242	2,33	<u>33.</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	318	3,69	93.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		3 1	,%;	,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	D .		·%.	
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a	1 12 3		,
	separate basis, consolidated basis, or both:		※ 3		
	Separate basis Consolidated basis Both consolidated and separate basis		3 8	<u> </u>	
þ	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,	f _	·	
	consolidated basis, or both.		1.3	_ ,	
	X 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	audit,	<u> </u>	* .*	\$5
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		[]		\$
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt	-4		
	Act and OMB Circular A-133?		3a	}	X
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHÈDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

		EDUC	ATE THE CH	ILDREN, INC.				1	6-1383981
Pa	rt I	Reason for Public (Charity Status (All organizations must co	mplete th	ıs part) Se	e instructions		
The	orgar	ization is not a private found	ation because it is (I	For lines 1 through 11, c	heck only	one box)			
1		A church, convention of chu	urches, or associatio	n of churches described	ın sectio	n 170(b)(1)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ))			
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
		city, and state							·
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit	t describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that normal	lly receives a substai	ntial part of its support fi	om a gove	ernmental i	unit or from the	general p	oublic described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II)						
8		A community trust describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II)				
9		An organization that normal	lly receives (1) more	than 33 1/3% of its supp	oort from c	contribution	ns, membership	fees, an	d gross receipts from
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of its	support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organ	nization a	fter June 30, 1975
		See section 509(a)(2). (Cor	mplete Part III.)						
10		An organization organized a	and operated exclusi	vely to test for public sa	fety See :	section 50)9(a)(4).		
11		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functior	ns 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								
а	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving								
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustees	of the su	pporting
		organization You must c	- ·						
b	<u></u>		anızatıon supervised	or controlled in connect	ion with its	s supporte	d organization(s	s), by hav	ing
		control or management of			ame perso	ns that cor	ntrol or manage	the supp	oorted
	_	organization(s) You mus	•	_					
С	L		-				=	integrate	d with,
	_	its supported organization							
d		☐ Type III non-functionally							
		that is not functionally into			-			n attentiv	reness
_	_	requirement (see instructing Check this box if the organization)						Type III	
-		functionally integrated, or					Type i, Type ii,	i ype iii	
f	Ent	er the number of supported o	• •	nany integrated support	ng organiz	ation.			<u> </u>
		vide the following information	_	d organization(s)					<u> </u>
~		(ı) Name of supported	(ii) EIN	(iii) Type of organization			(v) Amount of m	nonetary	(vi) Amount of
		organization		(described on lines 1-9 above (see instructions))	listed i governing o		support (s		other support (see
				above (see instructions))	Yes	No	instruction	ns)	instructions)
									<u> </u>
									
					ĺ				
				<u> </u>	ļ	ļ	ļ		
					 	 	L		<u> </u>
_		 				 -			
]		1	.			

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

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

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

200	tion A. Public Support			 			· · · · · · · · · · · · · · · · · · ·
		(=) 0011	(b) 2012	(a) 2013	(d) 2014	(e) 2015	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(4) 2014	(6) 2010	W Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants.")	219,155.	238.034.	315,948.	372.826.	303.188.	1449151.
_	Tax revenues levied for the organ-	213,1230	200,0010	020,020	<u> </u>		
2	ization's benefit and either paid to					-	
	or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	219,155.	238,034.	315,948.	372,826.	303,188.	1449151.
	The portion of total contributions	7	'&-	**	, , ,	* T. T.	
3	by each person (other than a	179	· ·		K 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	*** × (5)	
	governmental unit or publicly	, ", " 	45			, , , , , , , , , , , , , , , , , , ,	
	supported organization) included	, ć , ć ,	,				
	on line 1 that exceeds 2% of the		,	K , 27	, 35.5		
	amount shown on line 11,	,	, , , , , , , , , , , , , , , , , , ,		,	100	
	column (f)	×	14 °	*3;		, , , , , , , , , , , , , , , , , , ,	208,076.
6	Public support. Subtract line 5 from line 4	.Ž);	, '&' ,	\$X.	7 3	1,13,2	1241075.
	ction B. Total Support				•		
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	219,155.	238,034.	315,948.	372,826.	303,188.	1449151.
-	Gross income from interest,						
	dividends, payments received on				1		
	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						1449151.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ix year as a section	n 501(c)(3)	
	organization, check this box and sto	here					
	ction C. Computation of Publi	******					05 64
	Public support percentage for 2015 (I			column (f))		14	85.64 %
	Public support percentage from 2014					15	88.00 %
16a	33 1/3% support test - 2015. If the				14 is 33 1/3% or m	ore, check this bo	x and ► च्छिन
	stop here. The organization qualifies						▶ X
t	33 1/3% support test - 2014. If the				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qualifies as a publicly supported organization						
17	10% -facts-and-circumstances test						
	and if the organization meets the "fac					rt VI how the organ	nization
	meets the "facts-and-circumstances"					49	100/ ==
t	10% -facts-and-circumstances test						
	more, and if the organization meets to						•
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17t			
					Sch	edule A (Form 990	, ur 99U-E4) 2U 15

Schedule A (Form 990 or 990-EZ) 2015 EDUCATE THE CHILDREN, INC.

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

	qualify under the tests listed by			garnzation taileu	to quality under Fa	it ii ii ine Organizai	non rans to
Se	ction A. Public Support	ciow, picaso comp	noto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				-		
3	Gross receipts from activities that are not an unrelated trade or business 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						
78	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 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						
8	Public support. (Subtract line 7c from line 6)	<u>``</u>	155 158 A	X , 7 , 7	\$ 27. 0		
_	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ı	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for check this box and stop here			d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiza	ation,
_	ction C. Computation of Publi					T1	
16	Public support percentage for 2015 (I Public support percentage from 2014	Schedule A, Part	III, line 15	olumn (f))		15	% %
17	Investment income percentage for 20 Investment income percentage from 20	015 (line 10c, colur	nn (f) dıvided by lır	ne 13, column (f))	·	17 18	<u>%</u> %
	a 33 1/3% support tests - 2015. If the more than 33 1/3%, check this box ar a 33 1/3% support tests - 2014. If the	nd stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
	line 18 is not more than 33 1/3%, che Private foundation. If the organization	ck this box and s	top here. The orga	anızatıon qualıfies	as a publicly supp his box and see ins	orted organization	▶ □
	00 00 00 15				Sch	redule A (Form 990) or 990-F7\ 2015



(Form 990 or 990 EZ) 2015 EDUCATE THE CHILDREN, INC

Supporting Organizations

(Complete only if you checked a box in line 11 on 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)

Section A. All Suppor	ing Organizations
-----------------------	-------------------

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

	Yes	No
1		<u> </u>
	14.	;`
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Sche	dule A (Form 990 or 990-EZ) 2015 EDUCATE THE CHILDREN, INC. 16-13	8398	1 Pa	age 5
Pai	rt IV Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
а	À person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	1 <u>1</u> b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	_11c _		<u></u>
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	- 25		š.
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	\$2		/
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	:		ς
	controlled the organization's activities. If the organization had more than one supported organization,	4	,~	14
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		,	لــــــا
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	- 3	ν,
2	Did the organization operate for the benefit of any supported organization other than the supported		* 5	. <
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		/	_
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
Sac	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2	اليــــــا	
Jec	tion o. Type it oupporting organizations		Vac	Na
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No š
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	`	5	ا ک
		¥.		× \$39%.
	or management of the supporting organization was vested in the same persons that controlled or managed	* 1		لتنح
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	'		
	tion 277th Type in deporting diganizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			*
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	٠,	ì	, y
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		13	` *
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	- 5	·	2.3
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	*		2 (i 3 (i
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	,	,	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		L
<u>Sec</u>	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	uctions)	 1	r
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,			1 1
	how the organization was responsive to those supported organizations, and how the organization determined			\vdash
	that these activities constituted substantially all of its activities	2a_		$\vdash \lnot$
Þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	~-		ļJ
•	activities but for the organization's involvement.	2b	-	
3	Parent of Supported Organizations. Answer (a) and (b) below Did the organization have the power to regulady appoint or elect a majority of the officers, directors, or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI	3a		Ι''
ь.	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja_		
U	of its supported organizations? If "Yes," describe in Part VI, the role played by the organization in this regard.	3b	 	
	or its supported organizations: it les, describe it Part VI IIIe fole played by the organization in this regard.	<u> </u>	لسببا	

	edule A (Form 990 or 990-EZ) 2015 EDUCATE THE CHILDREN, I			6-1383981 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov 20, 1970 See instru	ctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Pnor 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	7:^	1 1 2 1 1	, , , , , , , ,
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	,	** * * * * * *	
	factors (explain in detail in Part VI):	1 *		
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 prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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	1	,	
	emergency temporary reduction (see instructions)	6	` '	
7	Check here if the current year is the organization's first as a non-functionally		tod Type III averaging	

Schedule A (Form 990 or 990-EZ) 2015

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	ilzations (continued)	
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exempt	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions.			
7	Total annual distributions. Add lines 1 through 6		•	
8	Distributions to attentive supported organizations to which th	e organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
Secti	on E - Distribution Allocations (see instructions)			Amount for 20 to
1	Distributable amount for 2015 from Section C, line 6		* * * * * * * * * * * * * * * * * * * *	
	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			<u> </u>
3	Excess distributions carryover, if any, to 2015.	* 100	** ** · · · ·	7 4 7 7 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
а		Q 2 33 - 30 -	** **	· · · · · · · · · · · · · · · · · · ·
b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		- XX - X - X - X	*** *** ****
С				· · · · · · · · · · · · · · · · · · ·
d	From 2013	* * * * *	~	\$ \(\frac{1}{2}\)
е	From 2014		<u>* * * * * * * * * * * * * * * * * * * </u>	· · · · · · · · · · · · · · · · · · ·
f	Total of lines 3a through e		7. X. Š	
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			W7 (8)
i.	Carryover from 2010 not applied (see instructions)		<u> </u>	, , , , ,
ட	Remainder Subtract lines 3g, 3h, and 3i from 3f.			· · · · · ·
4	Distributions for 2015 from Section D,	2 / 13 /	7 × 5	* * * / *
	line 7. \$	` ` `		` //
	Applied to underdistributions of prior years	4		
	Applied to 2015 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7.			
a		 		
b		 		
	Excess from 2013			
٦,	Excess from 2014	1		<u> </u>

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

Schedule A	(Form 990 or 990-EZ) 2015	EDUCATE TI	HE CHILDREN,	, INC.	16-1383981 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1, Part IV, Section D,	mation. Provide th , 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3; Part IV	ne explanations require a, 6, 9a, 9b, 9c, 11a, 1 ', Section E, lines 1c, 2	ed by Part II, line 10, Part II, line 1 1b, and 11c; Part IV, Section B, li 2a, 2b, 3a and 3b, Part V, line 1, F Also complete this part for any ac	7a or 17b, Part III, line 12; nes 1 and 2, Part IV, Section C, lart V, Section B, line 1e, Part V,
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SCHEDULE D

Supplemental Financial Statements

(Form 990) Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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						
	organization answered "Yes" on 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 advise	ed funds			
	are the organization's property, subject to the organization's	•	Yes No			
6	Did the organization inform all grantees, donors, and donor a	•				
•	for charitable purposes and not for the benefit of the donor of					
	impermissible private benefit?		Yes No			
Par		ganization answered "Yes" on Form 990. F				
1	Purpose(s) of conservation easements held by the organization	······································				
	Preservation of land for public use (e.g., recreation or e	· —; · · ·	orically important land area			
	Protection of natural habitat	Preservation of a cert				
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	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	ucture included in (a)	2c			
d	Number of conservation easements included in (c) acquired a					
Ī	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	organization during the tax			
	year ▶	-	-			
4	Number of states where property subject to conservation eas	sement is located >				
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements if	t holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year			
	-					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easements during the year			
	> \$					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h				
_	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservati	•				
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	he organization's accounting for			
Dai	conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Ot	har Similar Assats			
	Complete if the organization answered "Yes" on Form		ner ommar Assets.			
12	If the organization elected, as permitted under SFAS 116 (AS		ent and halance sheet works of art			
10	historical treasures, or other similar assets held for public ext	•				
	the text of the footnote to its financial statements that descri	•	too of paone correct, provide, are all rain,			
b	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art, historical			
-	treasures, or other similar assets held for public exhibition, e	•				
	relating to these items	,	me consider, provide and some many amounts			
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$			
	(ii) Assets included in Form 990, Part X	•	> \$			
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	gain, provide			
_	the following amounts required to be reported under SFAS 1		g			
а	Revenue included on Form 990, Part VIII, line 1	To your soof relating to these items.	▶ \$			
	A		> \$			
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2015			

		THE CHILD				011	0:1-			Page 2
Pai	t III Organizations Maintaining C						_			
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the f	following that	t are a sig	gnificant i	use of its c	offection it	ems
	(check all that apply)							-		
а	Public exhibition	(hange progra	ams				
b	Scholarly research	•	• [_]	Other		 .				
С										
4										
5	During the year, did the organization solicit o	r receive donations	of art, his	storical treas	sures, or othe	er sımılar	assets			
	to be sold to raise funds rather than to be ma					_			Yes	No
Par	t IV Escrow and Custodial Arrang	gements. Compl	ete if the	organizatio	n answered	"Yes" on	Form 996	0, Part IV,	lıne 9, or	
	reported an amount on Form 990, Par	t X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for o	contributions	s or other as:	sets not i	ncluded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able						
									Amount	
С	Beginning balance						1c			
d	Additions during the year	·					1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
-	Did the organization include an amount on Fe	orm 990 Part X line	21 for 6	escrow or cu	istodial acco	unt liabile		<u>'</u>	Yes	No
	If "Yes," explain the arrangement in Part XIII						· · ·	<u> </u>	_ 103	
Par							10			
	Complete	(a) Current year		rior year	(c) Two yea			years back	(e) Four y	nare back
4-	Danagas of combalance	(a) Current year	(10) F	Tior year	(C) I WO YEA	15 Dack	(a) Tillee	years back	(e) roui y	ears back
1a	Beginning of year balance		 			}			 -	
b	Contributions								-	
С	Net investment earnings, gains, and losses					····				
d	Grants or scholarships				<u> </u>					
е	Other expenditures for facilities								1	
	and programs									
f	Administrative expenses		ļ		ļ	}			ļ	
g	End of year balance	L	L						L	
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	j, column (a)) held as					
а	Board designated or quasi-endowment	·	%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment >	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ar	nd administer	red for th	e organız	ation		
	by								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations	·					-		3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the								<u></u>	
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere		D. Part IV	/. line 11a. S	ee Form 990). Part X.	line 10			
	Description of property	(a) Cost or o			or other		ccumulat	ed	(d) Book	value
	bescription of property	basis (investi			(other)		preciation		(u) Dook	Value
	Land	223.5 (- -		
	Land			-						
D	Buildings			<u> </u>						
C	Leasehold improvements				2 000		2 0			0.
d	Equipment			 	2,000.	<u> </u>	2,0	· · ·		
	Other	.						 +-		
Tota	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X. colun	on (B), line 1	Oc.)					0.

Schedule D (Form 990) 2015

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Sched	fule D (Form 990) 2015 EDUCATE THE CHILDREN,	INC.	16-138	3981 Page 4
Par		tements With Revenu		
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	303,188.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
	Net unrealized gains (losses) on investments	2a	1 1	
ь	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d		2e	0.
	Subtract line 2e from line 1	•	3	303,188.
-	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
	investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b	<u> </u>	4c	0.
	Total revenue Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	11	5	303,188.
5 Par	t XII Reconciliation of Expenses per Audited Financial St	atements With Expen		303,100.
	Complete if the organization answered "Yes" on Form 990, Part IV, I	-	oco por motoria	
		ille 12a		226,828.
	Total expenses and losses per audited financial statements		1	220,020.
	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1	/× }	
	Donated services and use of facilities	2a		
	Prior year adjustments	<u>2</u> b		
_	Other losses	2c	, · ·	
	Other (Describe in Part XIII.)	_2d		•
	Add lines 2a through 2d		2e	0.
	Subtract line 2e from line 1		3	226,828.
	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	泠	_
С	Add lines 4a and 4b		4c	0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line t XIII Supplemental Information.	18.)		226,828.
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide a			
				
32054			,	D (Form 990) 201

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No 1545-0047 Open to Public

Inspection

lame	e of the organization					Employer identifi	cation number
n i	CATE THE CHI	LDREN. IN	IC.			16-138398	1
Pai	t General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organ	zation answered "Y	es" on
	Form 990, Part IV						
1	For grantmakers. Does	the organization	maintain record	is to substantiate the amount of its gra	nts and other a	assistance,	
	the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes X No
2	-	nbe in Part V the	organization's p	procedures for monitoring the use of its	grants and otl	her assistance outsi	de the
_	United States.	na fallauma Dart	t kan 2 table so	s he displicated if additional appears a	anded \		
3	(a) Region	(b) Number of	(c) Number of	n be duplicated if additional space is n (d) Activities conducted in region		vity listed in (d)	(f) Total
	(a) hogien	offices in the region	employees, agents, and independent contractors in region	(by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	is a prod describe	gram service, specific type ce(s) in region	expenditures for and investments in region
							, and a second
					<u> </u>		
-							
	Sub-total	0	0				0.
	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a		_] _

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

Schedule F (Form 990) 2015

INC. EDUCATE THE CHILDREN,

Schedule F (Form 990) 2015

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

16-1383981

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(I) Method of valuation (book, FMV, appraisal, other)
			EDUCATIONAL OPPORTUNITES, SKILLS TRAINING,					
		NEPAL	KINDERGARTEN	155,125.	155,125. WIRE TRANSFERS	0		
							-	
							-	-
2 Enter total number of the IRS, or for which the	recipient organization	ns listed above that are	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country, i	ecognized as tax-exi	empt by		~
3 Enter total number of other organizations or entities	other organizations of	or entities				A		0

SEE PART V FOR COLUMN (D) DESCRIPTIONS

532072 10-01-15

Schedule F (Form 990) 2015

16-1383981 EDUCATE THE CHILDREN, INC. Schedule F (Form 990) 2015

Page 3

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

Schedule F (Form 990) 2015 (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 (d) Amount of recipients cash grant Part III can be duplicated if additional space is needed (b) Region (a) Type of grant or assistance

532073 10-01-15

Schedule F (Form 990) 2015

Instructions for Form 5713, do not file with Form 990)

Schedule F (Form 990) 2015 EDUCATE THE CHILDREN, INC.	16-1383981 Page 5
Part V Supplemental Information	
Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (account	unting method, amounts of
investments vs. expenditures per region), Part II, line 1 (accounting method), Part III (accounting method)	
(estimated number of recipients), as applicable. Also complete this part to provide any additional info	
PART II, COLUMN (D):	
REGION: NEPAL	
(5)	
(D) PURPOSE OF GRANT: EDUCATIONAL OPPORTUNITES, SKILLS TR	AINING,
VINDEDGADMEN DOGOANG MEAGUED MOAINING AND AGDIGUEDNIDAL	DEVELOPMENT AND
KINDERGARTEN PROGRAMS, TEACHER TRAINING, AND AGRICULTURAL	DEVELOPMENT AND
EARTHQUAKE RELIEF.	
EARTHQUAKE RELIEF.	
	
	
	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Name of the organization

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

Inspection Employer identification number

EDUCATE THE CHILDREN, INC.	16-1383981
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
SELF-SUFFICIENCY BY BUILDING SKILLS THAT FAMILIES CAN PASS	DOWN TO
LATER GENERATIONS.	
FORM 990, PART VI, SECTION B, LINE 11:	
THE FORM 990 IS REVIEWED BY THE EXECUTIVE COMMITTEE BEFORE	BEING SUBMITTED
TO THE ENTIRE BOARD PRIOR TO FILING WITH THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C:	
SELF MONITORING.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST POLICY
AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQU	EST.
TODA 000 DAGE 12 DADE VII LIVE 20	
FORM 990, PAGE 12, PART XII, LINE 2C	NOT CHANGED
THE PROCESS FOR AUDIT OVERSIGHT AND AUDITOR SELECTION HAS	NUT CHANGED
FROM THE PRIOR YEAR.	
	